

# **The Centre of Excellence for Child and Youth Centred Prairie Communities**

**Edmonton-Site**

**Stage One Research Report**

**Prepared by the**

**Edmonton Social Planning Council**

**October 2002**

# The Centre of Excellence for Child and Youth Centred Prairie Communities

## Edmonton-Site

### Stage One Research Report

- Community-Based Literature Review
- Periodical Content Analysis
- Key Informant Interviews

### Prepared for

The Centre of Excellence for Child and  
Youth Centred Prairie Communities

### Funded by Health Canada

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# Executive Summary – Stage One Research Report

The Centre of Excellence for Child and Youth Centred Prairie Communities (COE) is funded by Health Canada and is composed of six Networks from major Prairie cities– Winnipeg, Brandon, Saskatoon, Regina, Calgary and Edmonton. The COE undertakes practical, action-based research that brings together community knowledge/experience and academic research expertise to explore how communities can best support the development of healthy young people. The COE’s five-year mandate is to build on existing knowledge about the health and well-being of young people and share this new knowledge to influence programming and policy development.

## Key Functions of the COE

- Collect and analyze health and well-being data on children and youth
- Conduct research focused on key development issues
- Generate information and communicate it to a wide range of audiences
- Develop local/national networks of organizations involved in children’s well-being.
- Provide policy advice to governments and child serving agencies

## Report Background and Methodology

The purpose of Stage One was to: 1) describe the societal factors affecting the health and well-being of young people in Edmonton; 2) examine how the community is mediating the influence of these factors; and 3) analyze the effectiveness of these mediating strategies. This report provides information and results from Stage One of COE, which involved three main research activities:

1. A systemic review of community-based literature
2. A content analysis of local newspapers
3. Interviews with key informants.

These three research elements were separate, but integrated activities that focused on the Aboriginal community. Due to time constraints, the Edmonton site could not consult extensively with local stakeholders to help guide the research. Instead, the research was guided by the Centre’s Research Director and based in part on the methodology described in other site reports. Documents published locally between 1995-2002 were considered for the literature review and approximately 100 relevant documents were analyzed and 60 Internet sites were visited. For the periodical content analysis, 815 articles published in six local periodicals between 1999-2001 were analyzed and content themes and depictions of youth were identified. During the six key informant interviews, participants identified new themes and suggested additional documents for the literature review.

## **Key Issues from the Informant Interviews and Literature Review**

The following issues were identified in the community-based literature review and/or the key informant interviews:

**Depth of poverty increasing** – Despite the booming Edmonton economy, poverty continues to undermine the health and well-being of too many children and youth. While the number of low-income families is decreasing, the depth of poverty, the gap between the haves and the have-nots, is growing. For example, the percentage of single parents living below half of LICO increased by almost 300% from 1993 to 1997.

**Inadequate youth services, particularly for Aboriginal youth** – Current youth programming is inadequate to meet the needs of teens, especially Aboriginal youth. Within the next 20 years, Edmonton will have the largest urban Aboriginal population of all Canadian cities. Nearly 40% of the Aboriginal population in Edmonton is under 15 years old. What kind of future will they have? In 1996-97, 39% of admissions to provincial correctional institutions were Aboriginals.

**Increasing child welfare cases** – The number of Edmonton children receiving Child Welfare Services has increased by 62.7% since 1996, an average of 10% per year. A quarter of these children are under the age of six. The number of Edmonton children “in care” has increased by 55.1% from 1996 to 2001. Of the children in care, 60% are in permanent care. Of these children, 57% are Aboriginal and 47% are over the age of 12.

**Incomplete education for Aboriginal youth** – The drop out rates in Edmonton public schools is decreasing: 4.2% of high school students dropped out of school in 1998-99 compared with 7% in 1994-95. However, the picture is much bleaker among Aboriginal students: only 20% of Aboriginal teens finish high school; while 11% of all students in Edmonton are Aboriginal, only 4% of high school students are Aboriginal.

**Family violence widespread** – It is estimated that about one-third of Canadian women have suffered physical or sexual violence at the hands of a current or former partner. Even when they aren't abused themselves, young children who observe violence between parents become more insecure and disturbed. Seeing violence as a normal part of life, young people may model using violence to solve their problems.

## **Themes Discussed and How Youth Depicted in Local Periodicals**

- Edmonton Journal more frequently depicted young people as “troubled/ unhappy” or “substance abuser”, while the Edmonton Sun more often presented them as “criminally active” or “violent/ threatening”.
- All six publications noted that the child welfare system does not meet the need of children and families; other common themes were: bullying is a major problem in public schools; the public school system is failing Aboriginals; Aboriginal youth are at high risk for AIDS and suicide; and child prostitutes need protection.

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# **The Centre of Excellence for Child and Youth Centred Prairie Communities**

**Edmonton-Site**

**Stage One Research Report**

**Section 1**

**Systemic Review of  
Community-Based Literature**

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**Updated October 2002**

## Community- Based Literature Review – Introduction

The Centre of Excellence for Child and Youth Centred Prairie Communities (COE) is one of five Centres of Excellence for Children’s Well-Being funded by Health Canada. Each of the Centres conducts research on important issues related to the development, health, and well-being of young people. The COE was created to advance this vision:

*Prairie communities that nurture and enhance the physical, spiritual, emotional, intellectual and social development of children and youth.*

The COE is composed of six Networks that represent major Prairie cities, or ‘sites’ – Winnipeg, Brandon, Saskatoon, Regina, Calgary and Edmonton. Stakeholders in these Networks are responsible for driving the research agenda in their communities. They oversee the development and documentation of research knowledge and strategies to share that knowledge in their communities. The COE undertakes practical, action-based research that brings together community knowledge/experience and academic research expertise to explore how communities can best support the development of healthy children and youth. Through this research process, the COE will produce information that is relevant and accessible and enhances the community’s capacity to support healthy children and youth. As well, the COE will provide program managers and policy makers with information to support the development of programs and policies that meet the needs of all community members.

### **COE’s Objectives, Research Plan and Mandate**

The key objectives of the COE are to:

- Identify best practice that can ensure the well-being of children and youth, communicating this knowledge community-wide, and engaging families in the process.
- Build the capacity of communities to care for children.
- Build on existing knowledge and further our understanding of how we can enhance capacities to plan, develop and integrate relevant community processes and structure to optimize healthy child development, especially as it pertains to Aboriginal populations.
- Motivate informed action through knowledge sharing and networking.



The COE's five-year research plan involves three stages:

1. Describing the dynamic context and effects on children and youth in Prairie communities
2. Building an understanding of the mediating role of Prairie communities in contributing to child and youth health and well-being
3. Using knowledge gained through community-based action research to develop solutions with Prairie communities.

The COE's five-year mandate is to build on existing knowledge about the health and well-being of young people and share this knowledge with decision makers, front-line workers and community members. With the help of this knowledge, our communities will be better able to support the development of healthy children and youth.

### **Nature of the Research in Stage One**

The focus of the research in Stage One of COE is to investigate how Prairie communities can positively affect the impact of societal factors on the well-being of children and youth. The intention is to build on existing knowledge and further our understanding of how communities can enhance their capacities to better plan, develop and integrate processes and structures to support the development of healthy young people. As a result, communities will be better equipped to understand and mediate the impact of evolving conditions on children and youth to optimize healthy child development, especially among Aboriginal populations.

### **Stage One Research Questions – Describing the Dynamic Context of and Effects on Children and Youth in Prairie Communities**

This first stage in the research project purpose involves: 1) describing the societal factors that affect the health and well-being of children and youth in Edmonton; 2) examining how the community is mediating the influence of these factors; and 3) analyzing the effectiveness of these mediating strategies. These societal factors, the social determinants of health, are the key, social, economic and demographic challenges influencing the health and well-being of children and youth.

### **General Guiding Research Questions**

1. What societal factors affect the well-being of children and youth?
2. What is the history over the past 20 years of these societal factors?
3. What are the projections over the next 20 years of trends in these societal factors?
4. Are these societal factors unique to the Prairies?
5. How can we describe the various ways in which Prairie communities may be mediating the influence of societal factors on the well-being of children and youth?

6. What has been the apparent effect on child and youth well-being of communities' ability to mediate societal factors?

**Societal Factors** – are defined broadly to include cultural, social, economic and political elements, as well as society's effect on the physical environment. In particular, the factors include the social determinants of health (i.e. income and social status, employment, culture, education, etc.).

**Community Mediating Factors** – are broadly defined to include factors based on geography, mutual interest and mutual identity.

**Child and Youth Well-Being Factors** – it's important to take a holistic view of well-being, including spiritual, emotional, physical and intellectual outcomes for children and youth within the context of their relationships with other young people, adults and elders.

### **Research Components in Stage One**

This report provides information and results from the first component of Stage One of the COE, the systemic review of community-based literature. This component was the first of three research activities that comprised Stage One:

1. Systemic review of community-based literature
2. Content analysis of local periodicals
3. Key Informant Interviews

**Community-Based Literature Review** – This review provides a description of the societal factors within the provincial and local environments, how these factors impact the health and well-being of children and youth, and what actions have been taken to mediate these forces.

**Periodical Content Analysis** – This analysis of how youth are portrayed in local mainstream and alternative periodicals helps us to develop a more comprehensive view of how young people are perceived in our community. It also helps us to better understand their “world”, how they interact socially, and the issues they are facing. This snapshot of how local periodicals present child and youth issues also includes an analysis of the characteristics that are most often prescribed to young people.

**Key Informant Interviews** – Interviews with key community informants and experts are conducted to further explore and identify the societal factors that impact child and youth well-being. The interviews are also a check on possible missing factors and help to add the richness of personal experiences to the findings from the literature review and the periodical content analysis.

The three research design components are separate, but integrated activities that build on each other. For example, due to timing, the key informant interviews were conducted after the first draft of the community-based literature review was completed. During the interviews, participants identified new themes and issues and documents that were overlooked during the

initial draft of the literature review. Based on the information obtained through the interviews, the literature review was updated and significantly improved. Throughout the process, the research activities had a specific focus on the Aboriginal population in Edmonton, which is consistent with the vision of COE

### **Limitation – Short timeline precluded local stakeholder participation**

The short timeline to develop this report largely determined the research methodology. Over the past 18 months, the research and networking activities at the Edmonton site have not kept pace with similar activities in the other COE sites. When the Research Director for the COE in Edmonton was hired in May 2002, little work had been done on the Stage One research components and the research report was already overdue. However, within two months, a draft report was prepared and submitted to the Centre.

Unlike the other sites, the Edmonton site research report did not benefit from the participation of local stakeholders guiding the research. Instead, the Research Manager conducted the research based on guidance from the Centre's Research Director and the methodology described in the research reports from other sites. Local stakeholders will have opportunities in Phase 2 and 3 of COE to fully participate in guiding future research activities and achieving the anticipated research outcomes.

Other sites held consultative meetings with local stakeholders to help identify the needs of young people in their community, the issues/challenges children face in being healthy, and how the COE could help address these issues. Given the tight timelines, the COE in Edmonton was unable to hold similar consultations. Instead, it adopted the five themes – economic, social, physical, health/well-being and cultural, developed by the Regina COE through the community meetings it hosted. These five themes were further divided into sub-themes to help expand the scope of the research. The sub-themes were modified slightly during the actual review and analysis of the community-based literature.

## **Data Collection**

### **Specific Research Questions**

1. What societal factors and issues are affecting the health and well-being of children and youth in Edmonton?
2. What effect are they having?
3. What is the community doing to mediate these effects?
4. What have been the results of the actions take?

Community-based literature was defined as documents published by the provincial government, or local municipal governments, and/or non-government organizations (NGOs) operating in the Edmonton-area. This literature included: position papers, evaluations, annual reports, needs assessments, advocacy briefs, etc. Given the short timeline for the report, the literature was largely taken from the Edmonton Social Planning Council's resource library of over 3,000 documents and an extensive search on the Internet. All the documents in the resource library were reviewed and an exhaustive search of the Internet was undertaken to identify more current literature. To be relevant to the review, the literature needed to focus on child and youth issues and be specific to Edmonton or provide useful province-wide information and context. Only documents published between 1995 and June 2002 were considered. For the purposes of this report, children are defined as being between birth and age 12, and youth from aged 13 to 18.

By definition, the review of the documents was selective rather than exhaustive. The short timeline and the inability to involve other stakeholders in the collection of relevant materials is a serious limitation on the review. While a sincere effort was made to include all relevant community literature, materials that are unpublished or not widely distributed were most likely missed. In total, approximately 100 documents from the Council's library were reviewed and analyzed. As well 60 Internet sites were visited and documents were downloaded, reviewed and analyzed from virtually every site.

## **Analysis**

The relevant community-based literature was collected and analyzed, and then entered into a research framework (Appendix 3), which had been adapted from a matrix created by the COE Regina site. The research framework was divided into five major themes – Economic, Social, Physical, Health and Well-Being and Culture, and then further subdivided into sub-themes, such as Incomplete Education, Neighbourhood Safety, Gambling, etc.

The components of the research framework were configured into a table to help shape the research design. The table is an analytic tool that 1) lists the themes/issues/concerns related to the health and well-being of young people; 2) provides an explanation of how these issues affect children and youth; and 3) outlines the mediating actions that have taken place in Edmonton in response to these issues.

While the original research framework was a useful tool, it was modified to improve its usefulness for the literature review and analysis. For example, some of the sub-themes in the research framework were not found in the review documents, so they were eliminated. In other cases, sub-themes were incorporated together and as well, new themes were created. In addition to identifying the themes/issues/concerns, the research framework in the report provides a commentary detailing how these societal factors affect the health and well-being of young people in Edmonton.

While the original research framework outlined the community strategies (i.e. programs and services) that were developed to mediate the affect of these issues and concerns, the modified framework went a step further. The modified research framework provided an analysis of the effectiveness of specific strategies based on the availability of research data and informed opinion.

To assist readers in following the analysis, the themes are outlined in the text, followed by plain text boxes containing descriptions of local strategies and finally, text boxes with a gray screen describing the effectiveness of the strategies.

The literature review involves a qualitative description of the societal factors affecting the health and well-being of young people in Edmonton. The goal was not to evaluate the programs and services that are offered in Edmonton to mediate the affect of these factors. Instead, the goal was to describe the types of programs and services being offered. This required an analysis of the dynamics of service provision for children and youth and identifying the societal factors that negatively affect young people. This literature review was designed to help the community investigate the issues and concerns related to the well-being of children and youth that were identified in the community-based literature and by staff working directly with young people.

## Edmonton Snap Shot

### □ Community Profile

The City of Edmonton is the second largest city in Alberta with a population in 2001 of 666,104 and a population of 937,845 in the census metropolitan area (Statistics Canada, 2002). Between 1996 and 2001, the city's population increased by 8.1%, while the regional population increased by 8.7%. (In the Calgary-Edmonton corridor, the population increased by 12.3 % between 1996 and 2001, compared with a 5.3% Alberta increase outside the corridor during the corresponding period (Statistics Canada, 2002). Edmonton's population is projected to increase from 657,511 in 2000 to 827,621 by 2025, a 26% increase (City of Edmonton, 2001). The Edmonton metropolitan area takes in 36 smaller centres, including the City of St. Albert (population 53,081 in 2001) and Strathcona County (71,986 people in 2001).

Edmonton has the second highest number of Aboriginal people in a Canada city, with over 33,000 and has a high percentage of visible minorities (18.1%) relative to the rest of Canada (11.3%) (1996 Census). The non-Aboriginal population includes more people over the age of 65 (8.7%) than the Aboriginal community (1.8%). About 66% of Edmonton residents are under 45-years old. People in Edmonton originate from about 60 nations, with the largest representation from Britain.

**Table 1: City of Edmonton Current/Projected Population, Under 45 and 65+ years**

<b>Year</b>	<b>Total Population</b>	<b>Under 45 years % of Total Population</b>	<b>65 + Age Group % of Total Population</b>
1996	616,305 (Actual)	69.6%	11%
2002	657,509 (Projected)	NA	NA
2003	679,700 (Projected)	65.4%	12.2%

Source: Edmonton Social Plan – Release 3, City of Edmonton 2002

### **Babies can expect to live a long time.**

A healthy baby girl born in the Capital Health region (Edmonton-area) today can expect to live to 82, while the life expectancy of boys is 76.6 years. The number of babies born in this health region has steadily declined since 1985: over 2,000 fewer babies were born in 1999 compared with 1985 (close to 10,000 babies were born in 1999). For women aged 15-44 years living in the region, the rate of babies born has dropped from 61.7 per 1,000 women in 1985 to 51.6 per 1,000 in 1999 (Capital Health, 2002)

## Aging population, fewer young people

Population growth in the Edmonton area is expected to be modest over the next few years. Net migration for the Edmonton area is anticipated to range between 6,300 to 9,000 persons per year, with the city receiving about two-thirds of the region's net migration. Edmonton's population is expected to increase at an average rate of 1.3% per year from 636,100 in 1998 to 679,700 in 2003. The population in the Edmonton area will rise from 892,300 in 1998 to 955,900 in 2003 (Edmonton Social Plan, 2002).

The population of Edmonton is aging. Those under 45 years will account for 65.4% of the total population in 2003, down from 69.6% in 1996. The population in the 65 plus age group is projected to rise to 12.2% in 2003 from 11% in 1996. Meanwhile, the number of children and youth is expected to remain almost the same. This means that the proportion of the population 14 years of age and under will actually decline. The proportion of Edmonton youth (15-19) will begin to decline by 2010.

**Table 2: Projected Proportion of Children/Youth to Edmonton Population**

Age Group	Number & % of Population in 1999	Number & % of Population in 2004	Number & % of Population in 2010
14 and under	127,440	123,908	127,854
	19.7	18.3	17.6
15-19	45,804	48,476	47,822
	7.1	7.2	6.6

Source: Edmonton Social Plan – Release 3, City of Edmonton 2002

### Children and youth – Statistical snapshot

- Percentage of children under 5 decreased from 8% in 1990 to 6.2% in 2000
- By 2010, those over the age of 75 will equal the number of those under the age of 5
- Currently 210,000 people under 20 in the region, about 25% of the population.
- Children between 1 and 14 years old made up about 19% of the population in 2000
- In 2000, youth aged 15-19 accounted for 6.8% of all females and 7.3% of all males; together numbered 58,635 in the region
- Number of youth in the region is projected to increase over the next decade by 9%, but the proportion of youth aged 15-19 years is projected to decline by 6.4%.

## Snapshot of the Edmonton Aboriginal Population

According to the 1996 Census of Canada, there were 33,230 Aboriginal people living in Edmonton, about 5.5% of the total population (Statistics Canada, 1999). Among Canadian cities, Edmonton has the second highest number of Aboriginals (exceeded only by Winnipeg). Edmonton has 14,646 Aboriginal children under the age of 15 (1999 Federal Census). Edmonton's Aboriginal population in 1996 was approximately 70% Indian, 30% Metis and 1% Inuit. Approximately 50% of Aboriginal Albertans live in urban centers, and about one-third live in Edmonton and Calgary.

Based on anticipated birth rates, by 2016, the Aboriginal population in Alberta is expected to number 255,800, a 44% increase from 1996 (Statistics Canada, 1995). In Edmonton, the Aboriginal population in 2001 is expected to number 27,820 people and about 33,030 by the year 2010. (According to other studies, the Aboriginal population in Edmonton already surpassed 33,000 in 2001.) Within the next 20 years, Edmonton will have the highest urban Aboriginal population of all Canadian cities.

**Table 3: Percentage of Aboriginal and Non-Aboriginal Population by Age (1996)**

City	Aged 0 – 14		Aged 15 – 64		Aged 65+	
	Aboriginal	Non-Ab.	Aboriginal	Non- Ab.	Aboriginal	Non- Ab.
Edmonton	35.5%	21.6%	61.9%	69%	2.6%	9.4%
Calgary	33.1%	21.5%	65.4%	70.2%	1.5%	8.3%
Saskatoon	40.9%	21.5%	57.2%	67.4%	1.9%	11.1%
Regina	40.9%	20.9%	57.8%	67.2%	1.3%	11.8%
Winnipeg	35.3%	19.3%	62.2%	67.4%	2.5%	13.3%

Source: Canada West Foundation, 2002 (Statistics Canada, 1999)

The urbanization of Aboriginal people is especially apparent in Western Canada. While Aboriginal people account for 3% of the Canadian population, they represent up to 8% in major western cities. One of the most important aspects of the urban Aboriginal population is that, compared to the non-Aboriginal population, it is much younger. While about one-fifth of the non-Aboriginal population in western Canadian cities is under the age of 15, for Aboriginal peoples the figure is more like one-third in most cities. At the other end of the age spectrum, about 11.5% of the non-Aboriginal population is over 65, while only 3.5% of Aboriginal people are in this age group (Canada West Foundation, 2002).



## Visible minorities and immigrants

Edmonton is becoming an increasingly diverse city from a social, ethnic and racial point of view. The 1996 Canada Census identifies 137,145 Edmontonians (22.5%) as immigrants. Of these, 25,950 (4.2% of the total Edmonton population) have immigrated since 1991. There is a possibility that we'll see a change in ethnic composition of Edmonton's population from overseas.

**Table 4: Visible minorities in Edmonton (1996)**

<b>Minority Group</b>	<b>Number</b>	<b>%</b>
Black	10,360	1.7
South Asian	22,525	3.7
Chinese	38,060	6.2
Korean	1,785	0.3
Japanese	1,365	0.2
Southeast Asian	8,395	1.4
Filipino	10,000	1.6
Arab/West Asian	7,570	1.2
Latin American	6,350	1.0
Other	1,590	0.2
Multiple visible minority	2,150	0.3
Total visible minority	135,445	22.2
All others	474,295	77.8
<b>Total population</b>	<b>609,745</b>	<b>100.0</b>

Source: Canada Census (1996)

## Persons with disabilities

Four of the 10 leading causes of disability are mental disorders. Approximately 12% of Albertans will have at last one medical service for a mental health diagnosis, and 33.8% of Edmonton adults will show some signs of mental disorder over their adult lives. Between 11.8% and 22% of Edmonton children and adolescents potentially meet criteria for one or more mental disorders (Edmonton Social Plan, 2002).

## □ Economic Profile

### Economic boom linked to resource projects

Together, Edmonton and Calgary account for 64% of Alberta's GDP. With a 4.8% growth in GDP, Edmonton was first in real economic growth among Canadian cities in the spring of 2001. The forecast for the Edmonton economy looks rosy: a 3.5% growth in GDP per year in the years 2001-2005 (Conference Board of Canada). Edmonton's economy is based on the supply of industrial products and services to major resource projects, value-added manufacturing, and government and institutional industries.

Public sector employment and expenditures are smaller contributors to the Edmonton economy than they were 10 years ago. Public service employment in Edmonton dropped by over 25% during this period (Edmonton Social Plan, 2002).

### **Shift to a knowledge-based economy**

Various initiatives are underway to shift the Alberta and Edmonton economies from being largely resource-based to more knowledge-based economies, e.g., electronics, biotechnologies, and information technologies. Employment in Edmonton could expand by 25% because of expansion in these sectors (Western Management Consultants, 1997).

Edmonton’s strengths and attractive features for prospective businesses include:

- A wide range of high quality post-secondary education programs
- Excellent health care facilities
- A high quality of life
- An extensive high-quality river valley and parks system
- A low cost of living.

These characteristics are particularly important in attracting new industry to the city. The quality of municipal services such as parks and recreation, culture and sporting events is often more important criterion in location decisions than cost, especially for knowledge-based industries (Western Management Consultants, 1997).

### **Young, well-educated skilled work force**

Edmonton has a relatively young, well-educated and skilled work force. Over 50% of the working age population has some post-secondary education. Edmonton also has the highest proportion of trade and community college graduates among Canada’s cities. After Calgary, Edmonton has the youngest population among Canada’s major cities.

**Table 5: Age Groups in Major Canadian Cities (% of Total)**

<b>City</b>	<b>&lt;19</b>	<b>20 to 24</b>	<b>25 to 54</b>	<b>55 to 64</b>	<b>65+</b>
Edmonton	27.0	7.7	46.4	8.0	11.0
Calgary	27.4	7.2	49.3	7.1	8.9
Winnipeg	26.3	7.3	44.6	8.1	13.7
Montreal	20.5	7.8	47.6	9.3	14.8
Toronto	19.5	7.2	53.3	8.0	12.0
Ottawa	21.4	8.0	47.0	8.3	15.3
Vancouver	19.2	8.0	51.5	8.4	12.9

Source: Statistics Canada, 1999

The Edmonton labour market is expected to remain strong in response to the investment activity in resource-based development in northern Alberta. Total employment in the region will increase at a rate of 6,600 per year from 482,000 in 1998 to 515,000 in 2003. The unemployment rate dropped from 6.9% in 1997 to 6% in 1998 and is expected to fluctuate around that rate until at least 2003 (Edmonton Social Plan, 2002).

## □ **Benefits of a Growing Economy Not Equally Shared**

### **In spite of a growing economy, many families have low incomes.**

The improved economy, an increasing number of jobs, and increased Child Tax Benefit and the Alberta Family Employment Tax Credit will result in a decrease in the depth and extent of poverty for some of the working poor with children (CS Forecast). These developments may also have some positive impacts on stresses on families, health status, and reduce pressures on some social services. However, the health and well-being of thousands of individuals and families in Edmonton will be undermined by their struggle to live on a low income.

The 1996 Canadian Census showed that the percentage of families with low incomes was higher in Edmonton compared to Alberta or Canada. Among Alberta's 17 health regions, the Edmonton region was the second highest percentage of families with low incomes in 1996 (19%). This compares with 16% of families in Calgary and 15% in the province.

About 17% of Edmontonians received a full or partial subsidy for their health care premiums in 1999, which is likely a good reflection of the proportion of people in the region who have low incomes. The differences in education and economic status between Calgary and Edmonton often result in Edmonton having a lower ranking on selected population health status measures (Capital Health, 2002). (As a result of regionalization, health care services are provided through the Capital Health Authority and children's services through the Ma'mowe – Capital Region in the Edmonton area. The two authorities have the same boundaries.)

## □ **Overview – How Healthy are We?**

### **Most people in Edmonton are well educated and earn good incomes.**

Education and income are known to affect people's health. There is a similar proportion of high school graduates (68%) and post-secondary graduates (43%) in Edmonton compared to Alberta and Canadian averages. However, Edmonton has 4% fewer graduates (both high school and post-secondary) than Calgary. Alberta's strong economy translates into higher incomes and lower unemployment rates for people in the region. For example, the unemployment rate in Edmonton in November 2000 was 4.9% compared to the Canadian rate of 6.9% (Capital Health, 2002).

## **Most young people are succeeding in school, but many Aboriginal children aren't completing school.**

Education is important for many reasons and one of them is good health. We know that people with a higher education tend to have better health. A report from Success By 6 shows that 85% of children in Edmonton can read and write at grade level at the end of grade one, but children in some parts of the city are functioning well below that level. Drop out rates in Edmonton public schools have decreased over the past five years: 4.2% of high school students dropped out of school in 1998-99 compared with 7% who dropped out in 1994-95 (Capital Health, 2002). However, the picture is much bleaker among Aboriginal children: 11% of students in the Edmonton public school system are Aboriginal, but only 4% of high school students are Aboriginal. As well, only 20% of Aboriginal students finish grade 12 (Edmonton Journal, 2002).

## **Too many children and their families face challenging circumstances.**

- An estimated 13% of Edmonton children live in families with low incomes.
- 41,585 households were unable to find acceptable accommodation in 1996, an increase of 61% from 1991.
- 1,011 women and 1,485 children were admitted to shelters in 1998-99. Another 5,777 women and children were turned away because of a lack of space.
- In 1999-2000, there was a monthly average of 3,842 children in protective care because their families were unable to provide the necessities of life.

### **□ Edmonton LIFE – Local Indicators for Excellence**

This ongoing project is a tool to regularly track the health, environmental, economic, and social indicators to provide an overview of the quality of life in Edmonton. For example, the report confirms that the percentage of Edmonton households living below LICO has steadily decreased from 18.3% in 1995 to 11.2% in 1999. On the other hand, the disparity in annual family income did not decrease between 1991 and 1996 (See Table 6).

**Table 6: Disparity in Annual Family Income (1996)**

<b>Family Income – All Census Families</b>	<b>1991</b>	<b>1996</b>
\$0 – 19,999	17%	16%
\$20,000 – 39,999	26%	27%
\$40,000 – 59,999	26%	24%
\$60,000 – 69,000	9%	10%
\$70,000 +	21%	24%

Source: ESPC, 2002 (Statistics Canada, 1999)

Evidence suggestions (Wilkinson, 1997) there is a health gradient in which difference are found not only between groups with the highest and lowest income, but also between all levels on the scale. In other words, income inequity within society hurts the health of all people, regardless of their particular circumstances. Research suggests that income inequity helps to promote a decrease in social cohesion (and other related factors) that undermines the health of everyone in society.

The following are some indicators from Edmonton LIFE (2002) measuring the health and well-being of children and youth in Edmonton:

- Percentage of low birth-weight babies is decreasing, but is still higher than other similar cities
- Annual use of the food bank decreased by about 23 per cent between 1996-2000
- Due in part to an increase in population, the number of hectares of park per person declined slightly during the late 1990s (Capital Health, 2002).

### **Edmonton Compared with 18 Cities – Snapshot Indicators**

Eighteen Canadian cities participated in a Federation of Canadian Municipalities Quality of Life Report System. Selected results include:

- 2.1% of Edmontonians aged 15-24 were unemployed (6 months or more), 4th lowest rate among the 18 cities (1998)
- 8.4% of 15-39 year olds were unemployed, 2nd lowest rate among the cities (1998)
- 57% received some post-secondary education vs. Canadian average of 51% (1996)
- 17.4% of families were low-income, 10<sup>th</sup> highest among the 13 cities reporting (1996)
- 4.4% of newborns low-weight babies, 3rd lowest among the cities surveyed (1998)
- Suicide rate is 14.4% per 100,000 people, 2nd highest among the 18 cities (1997)

**Table 7: Comparison of Selected Crime Rates in Selected Cities (1998)**

<b>Geographical Location</b>	<b>Violent Crime/100,000</b>	<b>Property Crime/100,00</b>
Edmonton	1,148	5,912
Calgary	876	5,249
Saskatoon	1,505	6,697
Regina	1,784	9,175
Winnipeg	1,373	6,009
Canada	979	4,556

Source: Federation of Canadian Municipalities, 2000

## □ Context – Measuring the Quality of Life

*“Since 1993, Alberta has undergone a period of sweeping social policy reform and government restructuring. The scope and depth of the changes has been unprecedented. The speed of change has left Albertans wondering about its effect on people and their families...*

*Albertans understand and agree with the need to eliminate the deficit. Social policy requires reform to meet the new challenges of the 1990s and beyond. They believe many of the things happening are positive. They feel, though, that in the area of improving essential quality of life, the government has misplaced its priorities. It has forgotten what quality of life means.”*

(Quality of Life Commission 1996, p.6-7)

In 1996, the Quality of Life Commission in Edmonton surveyed residents about their perceptions of their quality of life. People identified six elements that they felt contributed to their quality of life: meeting basic necessities, hope, self-determination, health and well-being, security and community. The elements are interconnected, and do not exist in isolation from one another. People also identified the following trends and themes from social policy decisions in Alberta that were affecting the quality of life:

- A sense of increased polarization and a growing gap between rich and poor
- A lack of opportunity in Alberta, especially in the job market and education
- Feeling trapped in a cycle of dependence
- A feeling of powerlessness over the decisions that affect their lives
- Increased fear, stress and insecurity
- Feeling burdened by numerous small demands on time and money that result in a large and unreasonable burden
- Increased handing off of government tasks to unequipped family members and cash-strapped non-profit organizations.

## Measuring Our Progress in Supporting Children

Success By 6 is an Edmonton-based umbrella organization that brings together non-profit groups, governments, business and communities, to strengthen pre-school children and their families through prevention and integrated service delivery in health, education and social services. Based on the best information available in recent years, Success By 6 developed a *Report Card 2001* that looks at how well Edmonton is caring for, and supporting, its children. The *Benchmark Chart* below provides a summary of measures used to evaluate the progress made to improve the well-being of children in Edmonton.

**Table 8: Report Card 2001 – Benchmark Chart**

<b>Category</b>	<b>Edmonton Data</b>	<b>Edmonton Trend*</b>	<b>Alberta Comparison</b>
<b>Infant and Child Health:</b> Low Birth Weight Rate (below 5.5 lbs.) Infant Mortality Rate (per 1,000 births) Immunization Completion Rates: Two year old: Diphtheria, Pertussia, Polio, Hib Two year old: Measles, Mumps and Rubella Grade 1 Exit Immunization Competition	6.4% 5.8 85% 94% 95%	Unchanged Improving Improving Unchanged Unchanged	Same Same Better Better N/A
<b>Safety and Family Violence:</b> Child receiving Child Welfare Services Reported Spousal Violence Individuals admitted to shelters	3,98 1,562 2,289	Worsening Not Clear Unchanged	Worse N/A N/A
<b>Education and School Readiness:</b> Students meeting acceptable standard Grade 1 students reading at grade level Grade 1 students writing at grade level Speech and Language Development	N/A 84.7% 82.3 N/A	N/A Improving Unchanged N/A	N/A Worse Worse N/A
<b>Social and Community:</b> Adequate Family Income (Low Income Families) Unemployment Rate Families/children living below LICO* (1998) Families/children receiving SFI (April 2001) Parks & play spaces “Satisfaction” Households in core housing need (1996)	N/A 5.5% 12.5% 5,404 N/A 14%	Worsening Improving Improving Improving N/A Worsening	N/A Same Better Same N/A N/A
<b>Childcare:</b> Availability (licensed center) Affordability (monthly cost) Quality	250 \$475-\$700 N/A	Unchanged Worsening N/A	N/A N/A N/A
<b>Teen Years:</b> Teen birth rate (per 1,000 teens) Charges against young offenders (per 100,000)	25.5 7,103	Improving Improving	Better Worse

\***Trend** is unchanged if variations are insignificant; **N/A** is “Not Available”.

\***LICO** – Statistics Canada’s Low Income Cut-Off is not an official poverty line, but a measure of relative poverty. It is a way of identifying those who are substantially worse off than the average. Those under LICO are not able to meet their basic needs.

Source: Success By 6, 2002

# Societal Factors Affecting the Health of Young People

## 1. Economic

### □ Poverty

#### **Economic growth didn't end poverty – More poor children in the 1990s**

Raising children in conditions of family poverty puts children at risk in numerous ways. Poor children have a higher risk of infant death, poorer physical and mental health, and lower levels of educational attainment. They live in riskier environments and participate in riskier behaviours. Child poverty significantly endangers a child's opportunity to grow into a healthy, self-reliant adult. In particular, younger children are at higher risk than older children. In the past, the number of poor children tended to follow the business cycle, increasing during "downturns" and decreasing during "upturns". But this trend changed during the 1980s recession. Now, during "upturns", the number of poor children is no longer returning to pre-recession levels. There are more children living in poverty in the 1990s than in the 1980s (Ross, Scott and Kelly, 1996).

*"Among the most powerful influences on a child's well-being are income and socio-economic status. Children in homes with adequate income are more likely to be stable, secure and physically and emotionally healthy. In general, they are more likely to be ready for school, perform better in school, stay in school longer and be more successful in life than children brought up in poverty. Better-off families are also more likely to seek social support from other family members, friends and the wider community"*

(Success By 6 2002, p.20)

Research has shown that the negative effects of low family income on child poverty are unquestionable. In virtually every category, children in families earning less than \$30,000 fare worse than children living in middle and higher income families (Canadian Council on Social Development, 1999/2000). Children are at a higher risk for a wide range of negative health and education outcomes simply because they live in a low-income family.

Learning Related Outcomes for Primary School Children in Low-Income Families:

- Delayed vocabulary development – 9% among children from high-income families vs. 29% of children the lowest income families
- Low math scores (bottom third) – drops steadily as family income rises from \$30,000 to \$80,000
- Special education – twice the number of children from low-income families receive special education compared with those from the highest (National Longitudinal Survey of Children and Youth, 1996)



## Negative consequences for child development

“There is a clear and disturbing pattern. Children living in families on very low-income tend to display consistently poorer outcomes in every facet of their development” (Success By 6 2002, p.3). Research tells us that living in poverty has serious negative consequence for children.

According to Success By 6, children from poor families are:

- more likely to: experience stress at home, have mental/physical health problems
- twice as likely to: exhibit delayed vocabulary development as other children and be enrolled in remedial speech education classes.
- less likely to: live in safe neighbourhoods, access cultural/recreational activities

Generally, children in Edmonton are physically, emotionally, and socially healthy. But lower income neighbourhoods display significant variances from the general community norm in many key indicators of children’s health, such as:

- More low-birth weight babies: 8.9% vs. Edmonton-wide rate of 6.4%
- Higher infant mortality rate: 8.8 per 1,000 births vs. Edmonton-wide rate of 5.8
- Lower immunization rates: 75% vs. Edmonton-wide rate of 95%
- Higher teen pregnancy rate: 59.2 per 1,000 teens vs. Edmonton-wide rate of 25.5
- Higher rate of special education placements: 24.4% vs. 10% for the school district
- Achievement test results in eight high needs elementary schools were significantly lower than the city average (Success By 6, 2002).

## Higher percentage of low-income families in Edmonton than Calgary

The 1996 Canadian Census showed that Edmonton has more families with low incomes compared to Alberta or Canada (See Table 9). However, the chart does not illustrate the gender aspects of poverty. In Edmonton, 24% of men and 27% of women live below LICO (Edmonton Social Plan, 2002). The differences in education and economic status between Calgary and Edmonton result in Edmonton having a lower ranking on selected population health status measures (Capital Health, 2002).

**Table 9: Percentage of Families with Incomes below LICO**

	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>% change 1996-98</b>
Edmonton (Metro)	17.4%	13.8%	12.5%	4.9% decrease
Alberta	14.9%	12.6%	11.55	3.4% decrease
Canada	16.3%	14.0%	13.0%	3.3% decrease

Source: Statistics Canada, 1999

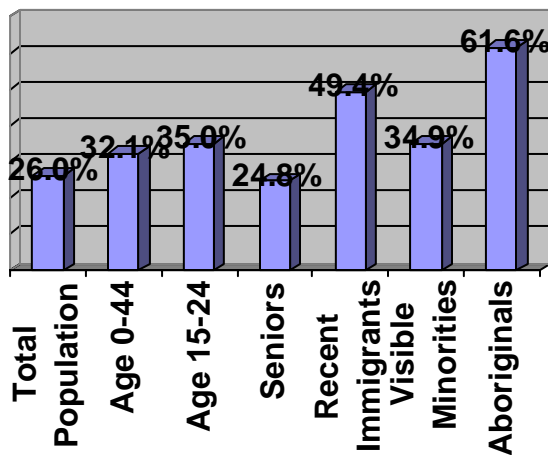
Statistics Canada figures show an increase in employment in the late 1990s, particularly in Alberta. But many of these new jobs have been part-time or temporary full-time, or provide poor benefits and little long-term job security. As a result, many families that now have a source of employment income are not much better off than they were when they had to rely on some form of public assistance. The steady increase in lower paying, part-time jobs, contributes to a growing gap between the richest and poorest Canadians.

Family Income – Statistical Snap Shot (Success By 6, 2002)

- Edmonton trend – Worsening situation for low-income families
- In Edmonton’s six lowest neighbourhoods, average annual family income ranges from \$22,120 to \$28,185
- Number of single parent households in Edmonton has fluctuated since 1993; single parent households (particularly when female-led) tend to have less income than other families and are more likely to depend on public assistance

**More families living in extreme poverty**

**Chart 1: Percentage Below LICO by Selected Characteristics in Edmonton (1996)**



Source: Statistics Canada, 1996 Canada Census

Although Canada has no official poverty line, the Low Income Cut-Off (LICO) is generally accepted as a standard indicator of poverty. It is a consistent way of identifying those who are substantially worse off than the average (Statistics Canada, 2000). As Chart 1 indicates, some groups within our society are more vulnerable to poverty than others. For example, about 4.1% of Edmonton residents in 1996 were Aboriginal, yet nearly 62% of Edmontonians living below LICO were Aboriginal. This represents 15 times the proportional rate. Since 1996, the overrepresentation of Aboriginals among the poor in Edmonton has not significantly shifted (Success By 6, 2002).

Despite the booming economy, more families live far below the poverty line. The amount it would take to bring the average poor family up to the poverty line is called the depth of poverty. In Canada, the average poor family in 1998 lived \$9,489 below the poverty line (Canadian Council on Social Development, 1998). Although the depth of poverty has begun to decrease, too many families have seen their situation worsen during the 1990s (Success By 6, 2002).

Families living below LICO – Statistical Snap Shot (Success By 6, 2002)

- Percentage of families below LICO is dropping
- Percentage in extreme poverty, below ½ of LICO, is increasing
- Percentage of single parents below ½ LICO increased by almost 300% from 1993-97
- May 1998, Alberta Children's Services estimated that 138,000, or 22% of Alberta's children, were living below \$20,921 (Alberta Government poverty line)

### **Systemic inequality – After-tax income widens gap between rich and poor**

Since 1981, Alberta families at all income levels have experienced a great deal of fluctuation in their market incomes. (*Market income* refers to everything a family earns from their activities in the marketplace, i.e. salaries and investments.) Despite the economic recovery in the late 1990s, market incomes have not returned to their 1981 levels, especially for families with low incomes. For example, in 1997, the market incomes for the poorest 10% of families in Alberta were approximately 62% of their level in 1981 (Parkland Institute, 2001).

Tax cuts and decreased spending on social programs have done little to redistribute income in Alberta. During the 1990s, all governments slashed spending on social programs, including employment insurance and social assistance. Welfare cuts in Alberta were especially harsh and they have had a dramatic impact on families in the lowest income levels. For example, welfare rates in 1989 for lone parent families in Alberta were the fourth lowest in Canada. In 1999, only Manitoba's welfare rates for lone parent families were lower than Alberta's rate.

In spite of the economic boom of the 1990s, since 1981 the gap between rich and poor in Alberta has grown (Parkland Institute, 2001).

For example:

- 1981 – richest 10% of Alberta families had market incomes 14.2 times higher than the poorest 10%
- 1997 – richest 10% had market incomes 22 times higher than the poorest 10%.

While this market income gap may seem inequitable, the gap is actually smaller than in any other province in Canada (Parkland Institute, 2001).

However, Alberta's gap in after-tax incomes was the third highest in Canada. (*After-tax income* is a more comprehensive way of looking at a family's total income. It includes the family's market income, plus income from government programs (i.e. child tax benefits, social assistance, etc.), but any income taxes paid are deducted. The resulting amount represents the cash a family has to provide for shelter, food, clothing, etc.)

This shows that Alberta does much less to even out income distribution through taxes and transfers than most other provincial governments do. For example:

- 1997 – richest 10% of families' after-tax incomes (average \$99,382) are 6.96 times that of the poorest 10% of families (average \$14,280)
- 1998 – top 30% of income earners took home 47.6% of the total after-tax incomes; bottom 30% of income earners took home 14.8% of the total after-tax incomes

### **Cuts to government programs not replaced by income from market forces**

While market incomes at every income level in Alberta have increased during the past 10 years, there has been little change in the after-tax incomes. As a result, poor families are now relying on market forces for a greater proportion of their income and less from government programs. But there is no evidence that a growing economy will result in a better standard of living for families. There is no correlation between fluctuations in the economy and in the market incomes of families at any income level (Parkland Institute, 2001). This means that families with the lowest incomes have less access to government assistance and are increasingly dependent on the market place. The benefits of a growing economy are not trickling down to Alberta families. In fact, the incomes of many families are slipping to lower levels (Parkland Institute, 2001).

The implementation of Alberta's new "flax tax" structure in 2001 will only worsen income disparities in Alberta. While the very poor (incomes of less than \$12,900) will be exempt from paying provincial taxes, the wealthiest Alberta taxpayers will benefit most from the tax cuts. Meanwhile, middle-income families will pay a greater proportion of the total tax revenues (Parkland Institute, 2001).

*"To encourage economic development, the Government of Alberta has implemented policies that are advantageous to wealthy businesses and corporations. These same policies place families at a disadvantage...*

*In the final analysis, the wealthiest will continue to reap the benefits of the Alberta Advantage, while middle and low-income earners will continue to work harder for less."*

(Parkland Institute 2001, p.16)

## Unemployment decreased, but the number of part-time jobs has increased.

Parents are expected to support their families by working, to be the “bread winner”. We value personal worth by the type of job a person has, so having a proper job, feeling valued in that job, and being compensated fairly, helps to build a person’s confidence. If that person is a parent, the benefits transfer to the child. So a parent without work loses more than money. Not having a job also erodes self-esteem and confidence and can diminish the value of the parent in their child’s eyes. When unemployment drags on, tension often mounts within the family, which can lead to other problems.

Between 1996 and 2000, unemployment in Edmonton decreased at a higher rate than either Alberta or Canada (Statistics Canada, 2001). However, labour and unemployment rates never tell the whole story. A person who appears to be doing well may in fact be working at two part-time, minimum wage positions, earning barely enough to cover his/her family’s expenses. Another person may be well paid, but they may be dissatisfied because their position is well below her qualifications and expectations.

**Table 10: Unemployment Rate, Individuals 15 years +**

	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
Edmonton (Metro Area)	8.4%	6.7%	6.1%	5.9%	5.5%
Alberta	6.9%	5.8%	5.6%	5.7%	5.0%
Canada	9.6%	9.1%	8.3%	7.6%	6.8%

Source: Statistics Canada, 2001

## Families are under greater stress.

**Table 11: Family Structure (1991-1996)**

Family Structures	1991		1996	
	Number	%	Number	%
Married/Common law families	133,775	83.8	133,780	82.8
Single parent families	25,955	16.2	27,835	17.2

Source: Edmonton Social Plan – Release 3, City of Edmonton

Family structure continues to change as the proportion of single parent families edges closer to 20% of all families. In Edmonton and Calgary in 1996, a lone parent led 40-50% of Aboriginal families with children under 14 years, compared to 14-17% of families from the general population (1996 Canada Census). Families with a single female parent have significantly lower incomes than other families. All families are under added stress as their real disposable incomes continues to drop. Consequently, bankruptcy rates are increasing, more people are relying on the food bank and other support agencies, and people are experiencing related health problems. The

personal savings rate of Canadians has turned negative for the first time. Because of the slow growth in wages over the last several years, many Canadian families have gone increasingly into debt to maintain their lifestyles. This trend is particularly evident when contrasted to the situation in the United States. Reports of domestic violence and child welfare caseloads have increased.

### **Mediating Strategies:**

**Nobody's Perfect** is a parenting education and support program for parents of children from birth to age 5. It is offered as a series of 6-8 weekly group sessions presented by trained facilitators. It helps to meet the needs of parents who are young, single, socially or geographically isolated, or who have low incomes or limited formal education. Participation is voluntary and free of charge. The program is not intended for families in crisis. It is offered at over 100 sites in the province and each year about 300 parents participate in the program through the 25 sites in the Edmonton-area.

For 60 years, The Family Centre has been supporting Edmonton families by providing child, family and marriage counselling. The agency provides contract services to Children's Services through a variety of programs, including the **Community Support Program**, which assists child welfare in their support of families. The agency added a new Director of Aboriginal Affairs to help improve services for Aboriginal children and families.

Through a contract with Children's Services, the Native Counselling Services Association offers an **Aboriginal Family Wellness Program** with two components: **Family Life Improvement Program** focuses on personal development and helps families work out practical solutions to their problems through an interactive and informative process; the **Family Resource Worker Program** works with families involved with Child Welfare and focuses on reducing the need of further intervention.

The Bissell Centre offers integrated, multi-faceted service to individuals and families in Edmonton's inner city. The Centre provides support to families through its **Prenatal and Newborn Support Programs** (including children affected by FAS); onsite **Child Care** for children whose parents are attending school or another program at Bissell; and **Parenting Classes**. As well, Bissell partners with other agencies and programs to deliver programs and services to families.

### **Single parent families closely linked to child poverty.**

When children have only one parent in the home, the lone parent is more often female. In 1995, Statistics Canada reported that 5.6% of Alberta families (about 42,300) were single parent. Single parent families are more likely to live in poverty than two parent families. A single parent has less potential earning power than two parents, and when the single parent is more likely to be female, their potential earning power is even less. The poverty rate of single parent mothers with children under 18 is about 60%.

Research shows that in Edmonton, from 1993 to 1995, the number of single parent families whose income is less than half the poverty line almost tripled, from 6.6% to 17.1%. Due to population growth, this figure represents an increase of 3,270 in the total number of families in this classification (Edmonton Social Planning Council, 1997). When single parents have serious financial difficulties, sometimes they need to place their children in government care. From 1996 to 2001, the number of Edmonton children “in care” rose by 55%. In Edmonton, 1.43% of children under 18 are “in care” compared to 1.04% for all of Alberta (Success By 6, 2002).

### **Mediating Strategies:**

**Partners for Youth** is a multi-disciplinary school-based approach to the delivery of one-stop, preventative and support services to children and families. The school-based team includes a social worker, educators, police, public health nurse, mental health therapist, probation officer and others. The team provides support to families, referrals to other resources, interpretation/translation services, crisis intervention, health promotion, etc.

**Parent Talk**, offered by the Boys’ and Girls’ Club, helps parents who are having trouble with their teenage children through facilitated group meetings.

Big Sisters & Big Brothers offer an **In-School Mentoring Program** that matches adult volunteers on a one-to-one basis with children in participating schools. The mentor meets the child at the school for one hour a week where they do literacy-based activities, such as reading a book or playing a game. The program is designed to increase a student’s enjoyment of reading and to help them develop better communication skills.

**TEAM** (Together Exploring Activities with Mentors) is another mentoring program. In TEAM, adult volunteers take small groups of young people out for weekly activities, such as laser tag, hike, picnics, computer activities, crafts, fishing, etc.

**Roots and Wings** is a collaborative project of The Family Centre and the Big Sisters & Big Brothers. The program matches parents with adult mentors that provide support, guidance and friendship to the family, assisting them in their efforts to grow towards a healthy future. The YWCA Edmonton offers many youth recreation specialty programs and services to fulfill the goal of “Teens Taking Charge of their Future!”.

These include a **Counsellor-In-Training Program**, a **Youth Volunteer Corps**, and a **S.H.A.P.E. Camp** for youth interested in improving their health and physical well-being. McMan provides quality care/services to children, youth, families and communities throughout the province. Through its four Edmonton offices, it provides **Foster Care, Group Care, an alternative school and family intervention services**.

As well, **Supported Independent Living** and **Bridges Semi-Independent Living** programs help youth acquire the skills they need to live successfully and independently.

### **Effects of Mediating Strategies:**

**The Alberta Child Health Benefit** provides health benefits for children in low-income families. This cooperative effort between provincial, territorial and federal governments provides free dental care, eye wear, prescription drugs, ambulance services and diabetic supplies. Over 29,000 families currently qualify for support based on their number of children and the family's net income. About 60,500 children receive benefits and the annual cost of the program is \$17 million. However, it is estimated that only one-third of eligible families register. An evaluation noted that automatic enrollment in the program would be the most effect way to increase participation.

### **Risk factors for future criminal behaviour**

An estimated 44,000 Edmonton children live in poverty, ranking Edmonton third among Canadian cities. One in every four children is growing up poor and the city is facing an increase in crime, substance abuse, school failure, adult literacy, and family breakdown (Crime Prevention Investment Fund, 2000). Research has shown that early indicators of future criminal behavior in children include the presence of the following risk factors:

- Young singles parenting
- Employment status of mother/father
- Inadequate family income
- Unstable housing
- Education under 12 years
- Inadequate emergency contacts (e.g., immediate family)
- History of substance abuse
- Psychiatric care or depression
- Late or no prenatal care
- Martial or family problems.

Research shows that over 50% of young offenders have been sexually abused. As well, violence against women within the family has a negative impact on both women and children and that abused children are more likely to become violent adults. In addition, studies have linked parental criminality to future delinquency and criminal behaviour in children. The effectiveness of early childhood intervention has been demonstrated by many studies, including the High/Scope Perry Preschool Study, which found that at-risk children participating in pre-school programs were less likely to be arrested as youth/adults (Crime Prevention Investment Fund, 2000). As well, they are more likely to complete high school and obtain higher earnings and property wealth.



**Table 12: Early Intervention Programs (ABC Head Start) in Edmonton (2001)**

	1995/6	1996/7	1997/8	1998/9	1999/0	2000/1
Number of programs offered	9	12	16	16	17	17
Number of schools offering programs	5	6	10	10	10	10
Number of volunteers	45	50	53	60	65	62
Number of children & their families serviced	144	192	256	256	272	272

Source: Edmonton LIFE, 2002

**Mediating Strategies:**

The existence of early intervention programs such as **Success by 6**, **Health for Two** and **Healthy Start** for the past 25 years shows the community's concern about the needs of children. But these programs can't address all the needs of children in a comprehensive way. For example, **Health for Two** does not capture the number of new mothers who live in isolation and do not benefit from the program. To help fill this gap, CHA and Edmonton Public Schools are working in partnership to offer **Early Head Start**, which serves 60 families with low-incomes with children from birth to 3.5 years old

**ABC Head Start** is a preschool and family support program that helps to prepare low-income children and their families for successful educational experiences (See Table 12). The services have expanded to include: expansion of the screen for health problems; an increased role in connecting children/families to integrated psychiatric, diagnostic treatment and support services; and improving access to specialized therapies and family resources.

The Edmonton City Centre Church Corporation (ECCCC) takes the lead on the **Inter-Agency Head Start Committee**, which enables over 500 at-risk children to attend Head Start programs operated by four community agencies.

**Success By 6** targets pre-school children and their families to ensure all children start school ready to learn. The **Healthy Families Program** targets high-risk children aged 0-6 and their parents to reduce the multiple risk factors associated with delinquency and anti-social and criminal behaviour. These include child abuse and neglect, poor parenting skills, and exposure to domestic violence and parental criminality.

**Classroom on Wheels** targets at-risk children and families in high needs neighbourhoods that are not accessing existing programs and supports to help develop effective parenting skills and school readiness.

## **Income and inequity undermines everyone's health.**

*“A healthy community is one where people can have a good education, meaningful work, adequate housing, and a reasonable income. In spite of a relatively strong economy and low unemployment rates, too many families and children are living in low income situations and we know that those with lower incomes are more likely to have health problems.”*

(Capital Health, 2002, p. 8)

Research shows that there is a strong relationship between income and health. Canadian studies have shown that people with the lowest income are five times more likely than people with the highest income to say that their health is only fair or poor. They're also twice as likely to have health problems that limit their ability to stay active. And they're only one-third as likely to have dental insurance. For example, in Alberta, over 14% of people 30 years of age and older with low incomes, have heart disease compared to only 3% of people with high incomes. Many health problems follow this pattern, with higher proportions of those with lower incomes having the disease or health conditions compared to those with higher incomes (Capital Health, 2002).

People in the lowest income categories are more likely to have some chronic condition that limits activity, while those with the highest incomes are more likely to rate their health as good or excellent. Evidence from Canada and internationally supports the idea that it is not average income, but income distribution, the gap between rich and poor, that greatly influences the health of the population (Wilkinson, 1997; Capital Health, 2002)

Exactly why this happens is not clear, but it appears to relate to how our body's psychological, neurological, and immune systems interact to respond to stress related to being disadvantaged. Social exclusion including maternal deprivation, lack of participation in social activities, and little opportunity to participate in civic activities and decision-making all contribute to poor health (Wilkinson, 1997; Capital Health, 2002).

Across the country, 6.4% of Canadians said that their household ran out of money to buy food at some time during the year. Of those who ran out of money to buy food, 28% said they used a food bank or some other charity to obtain food. In the Edmonton-area, 10.4% said they ran out of money to buy food and 30% of those used a food bank or other charity. In Edmonton, about 12,000 people use the Edmonton Food Bank each month.

## **Food Bank use is linked to SFI rates.**

In 1996, the Edmonton Social Planning Council (ESPC) and the Edmonton Food Bank (EFB) conducted a joint study to examine demand for Food Bank services and the potential relationship between Alberta government social policy and hunger in Edmonton. The study revealed that in 1996, 36,500 Edmontonians, about 5% of residents, used the services of the Food Bank. As well, thousands of people went to churches for free meals, over 1,000 children received hot lunches at inner city schools, and an undetermined number of people relied on their family and friends for survival.

Those using the Food Bank tend to be the most vulnerable people in society: single mothers, single men, children and the working poor. They are also isolated from their community: 46% do not own a phone; 79% feel their children miss out on activities due to a lack of money. As well, they move frequently and moved to Edmonton recently and they report high stress and lower health than other Edmontonians (ESPC, 1998).

The report concludes that the increase in Food Bank demand is linked to social and economic change in Alberta. In particular, changes to SFI “have had the most profound impact” (ESPC, 1998, p.11) on Food Bank demand. In any given month, 20% of SFI recipients in Edmonton need to use the Food Bank and over the year, up to 50% of SFI clients require a hamper from the Food Bank. Alberta’s income support programs, especially SFI, provide insufficient assistance to disadvantaged Albertans as eligibility is restricted, benefits are reduced, and many recipients cannot find employment despite government retraining and educational programs (ESPC, 1996, 1998).

**Mediating Strategies:**

About 12,000 people receive food hampers from the Edmonton Food Bank every month. During the intake process, clients receive information about other helping agencies (e.g., collective kitchens, low-cost household goods, etc.) that may assist them in a more long-term capacity. As well, they receive information about SFI benefits and other government programs (Edmonton Food Bank Web Site).

Over the past few years, Food Bank use has been steadily declining. This decrease may be linked to the growing economy and a lower jobless rate. However, the figures in Table 13 measure use of the Food Bank, not the actual need. Antidotal evidence suggests that the need is actually increasing as low-income people experience a greater depth of poverty. For example, although the percentage of families living below LICO is dropping, the percentage in extreme poverty (below ½ of LICO) is increasing (Success By 6, 2002). Measuring the depth of poverty has been made more difficult since the factors for measuring poverty were changed.

**Table 13: Annual Edmonton Food Bank Use**

	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Number of Users</b>	217,151	192,067	187,513	186,483	165,572

Source: Edmonton’s Food Bank, 2001

### **Effects of Mediating Strategies:**

Undeniably some progress is being made in Edmonton to reduce the negative effects of **poverty** on young people. For example, fewer Edmonton families are living below LICO (12.5% in 1998). But in a province with a booming economy, the disparity between rich and poor is growing. More families are living in extreme poverty, meaning below half of LICO: from 1993-1997, almost 300% more single parents were living below half of LICO (Success By 6, 2002). Families with the lowest incomes are missing out on the economic boom and they are falling further behind. This growing systemic inequality is a disturbing feature of the so-called "Alberta Advantage".

Research shows that community-based programs targeting young children and their families can be effective in reducing the negative effects of poverty. But in Alberta, these programs face unstable funding, especially programs funded by the provincial government. Funding cuts hurt the people that directly benefit from the programs and weaken the morale of staff that developed the programs and delivered the services.

In February 2002 for example, the Ma'Mowe Capital Region Child and Family Services Authority terminated contracts for 22 Early Intervention programs and reduced funds for another seven programs offered in the Edmonton-area. Although the funding reductions totaled \$2.8 million, there was no detailed assessment of the impact of these cuts on Edmonton children and families prior to their implementation. The Aboriginal community was particularly hit hard by the cuts as many of the programs provided services to Aboriginal children and families.

For example, \$190,000 in funding was cut for **Rites of Passage**, a joint project of **Edmonton Public Schools** and the **Bent Arrow Traditional Healing Society**. The junior high program is for Aboriginal teens that are at high risk of failing or dropping out of school. Only half of Aboriginal students in Edmonton public schools go on to high school, and only 20% finish grade 12. In comparison, 80% of Rites of Passage students go on to high school.

Bent Arrow received funding to teach students to speak Cree and produce native crafts. It also provided counselling services to the parents and students and offered breakfast and hot lunch. Funds from the Community Lottery Board (since eliminated by the provincial government) paid for such things as craft supplies. The elimination of the Lottery Board and the termination of the service contract with Bent Arrow ended of the program. (However, the Edmonton Community Foundation subsequently awarded Bent Arrow \$62,000 to continue the program. Bent Arrow is currently fund raising for the additional \$120,000 needed to operate the program annually.)

While the number of low-income children in Edmonton is beginning to decline, too many children still cannot afford to participate in typical childhood activities such as going on school field trips, hosting a birthday party, or joining an organized sports team.

## □ Child/Youth Disabilities

### **Children with disabilities face increased risk.**

Statistics Canada reports that 9% of Alberta's children had disabilities in 1991. Based on this, it is estimated that in 1996, there were 55,300 children in Alberta with disabilities. However, more than 30% of Aboriginal in Alberta suffer some kind of disability, and Aboriginal youth are almost twice as likely to be disabled (Canada Census, 1996).

Compared to the general population, children with disabilities tend to have more interrupted and limited access to mainstream education and child-care services. They also experience more difficulty getting out to participate in cultural and recreational activities. Children with disabilities face increased risk for abuse, neglect, social isolation, poverty and suicide. Research suggests that at least 80% of the increasing numbers of teenagers who commit suicide are suffering from some psychiatric disorder.

Like low birth weight, the incidence of chronic illnesses and physical and developmental disabilities is roughly twice as high among children living in low-income families as it is in children living in high-income families (Ross, Scott and Kelly, 1996). A 1997 study found that 64% of 2,618 children in care of Child Welfare suffered from one or more diagnosed disabilities, and 25% had two or more disabilities (Alberta Family and Social Services, and Alberta Association for Community Living, 1997).

#### **Mediating Strategies:**

Children's Services' **Resources for Children with Disabilities** program provides supports to families with a child who has a disability. The program provides information and referral resources and funding for individualized services based on a child's needs related to their disability. For example, it provides support to assist families to keep the child within the family, or to retain family involvement if the child is placed outside the home.

The **Alberta Association for Community Living** is a family-based, non-profit organization representing thousands of children and adults with developmental disabilities and their families. Over 40 non-profit community organizations from throughout Alberta are part of the Association. Families receive support, resources and help with advocacy from the Association

The **Aboriginal Disabilities Society of Alberta** is a referral and advocacy agency for disabled Aboriginal people. Alberta Learning developed a resource for parents entitled **A Handbook for Aboriginal Parents of Children with Special Needs**. The Handbook is designed to help parents of disabled children access support and resources from the school system. It describes parents' rights, requirements for special education, tips for parents, names of First nations' support groups, etc.

## 2. Social

### □ Accessing Quality Childcare

#### **Available, affordable and quality childcare is hard to find.**

Childcare has an impact on every aspect of a child's development: children who receive good care show positive gains in their development. In Edmonton, 7 of every 10 mothers of preschool children work outside the home. For many families, this second income is essential. Removing the woman's income from dual-parent households would double the percentage families living below LICO (Success By 6, 2002). Many families find it difficult or impossible to find and pay for childcare that meets the family's needs. Typically, families have difficulty with availability, affordability and acceptable quality.

There are no consistent, local data to develop clear comprehensive indicators about childcare in Edmonton (Success By 6, 2002). For example, although there is an adequate supply of spaces in Edmonton, many families cannot afford the rates charged at quality centers, or these centers are not conveniently located for them. Many mothers choose not to work due to childcare problems, while others compromise their needs by placing their children in less than ideal settings. In Edmonton, the shortage of infant care is especially acute, along with care for disabled children and other children with special needs.

#### **Mediating Strategies:**

Edmonton Community Services works with community agencies to develop services for and raise awareness of emerging needs of families and children. ECS also provides **Out-of-School Care** subsidies and monitors out-of-school-care centres.

Through ECS, families in need can get financial subsidies to help cover the costs of child-care for school-aged children. ECS sets standards of care and staff evaluate the quality of child care provided at the centres and provide training to center staff.

#### **Effects of Mediating Strategies:**

The provincial budget cuts in the 1990s, dramatically affected access to quality childcare. Childcare workers were caught in the double bind of low pay and undervalued work. Nearly half of Alberta's caregivers leave their jobs within a year (more than double the national average). They are difficult to replace as centres compete for the few applicants that meet provincial requirements. Stable staffing, child-led exploration, and community links are essential ingredients of quality preschool care.

*You Bet I Care*, a national study of childcare, stated that only 30% of childcare centres meet these needs. In Alberta, regulated childcare space exists for only 34% of children with working mothers. In Edmonton, 11,471 preschool children are in regulated care, and about half receive a subsidy (80% are single parents). But even with a full subsidy, many families pay as much as \$2,000/month. As a result of reduced provincial support, quality childcare has decreased, while fees have risen. In response, many parents turn to cheaper, unlicensed options.

This perpetuates a missed opportunity to support children because childcare centres, with their close daily contact with children and families, offer an ideal setting for integrated prevention and early intervention programs. Many of the children in the centres, particularly in low-income neighbourhoods, come from the families that these programs are specifically designed to help.

## □ **Education and Literacy**

### **Only 1 in 5 Aboriginal students finish high school.**

Edmonton Public Schools serves over 81,000 students in 206 schools, while Edmonton Catholic Schools serves over 31,000 students in 81 facilities (EPS and ECS, 2001). The drop out rate in Edmonton schools is decreasing: 4.2% of high school students dropped out in 1998-99 compared with 7% in 1994-95 (Capital Health, 2002). However, the picture is much bleaker among Aboriginal children: 11% of students in the Edmonton public school system are Aboriginal, but only 4% of high school students are Aboriginal. Only 20% of Aboriginal students finish grade 12. The quality of education Aboriginal children receive is also suspect: less than 50% of Grade 9 Aboriginal students meet the acceptable academic standard (Edmonton Journal, 2002).

School readiness is an important benchmark in evaluating the well-being of children (Success By 6, 2002). A child who is ready to enter school is physically fit and has the motor skills and coordination to take on most school activities. That child also has the cognitive, social and emotional maturity to get along with other children, take instruction from teachers and work independently. About one in every six students is unprepared when they enter Grade 1 (National Longitudinal Survey of Children and Youth, 1996). Through early childhood care and education programs, children are prepared intellectually and emotionally for school. Most of the critical periods for brain development are over or are waning by the age of six (Success By 6, 2002).

However, there is no universal testing to determine readiness before children start school. But achievement test results and incidence of placements in special education classes are two indicators of performance levels for children entering school. Typically, students in high need schools performed well below the provincial mean in reading, writing and mathematics. As well, significantly more of these students were placed in special education programs (Success By 6, 2002). The percentage of Edmonton students in 2000 performing at a Grade 1 level at the end of the school year in reading was 84.7% (an increase of 2.4% since 1996) and 82.3% in writing (an increase of 1.9% since 1996) (Success By 6, 2002).

## Poor reading skills linked to poverty, crime and substance abuse

About 21% of Albertans have problems with reading such that they can only cope with simple material that is clearly laid out with no complex tasks. Poor reading skills can be tied to such social problems as poverty, crime and substance abuse (Edmonton Journal, 2002). Much of the need is created from poverty because low-income families are often on the move. This often prevents children from getting settled into a routine at school before they move on to the next one. Parents that are leading stressful lives often lack the energy and resources to making reading a priority with their children. A key strategy is to get books into the homes of low-income families and supports parents to encourage their children to read. Often the support programs are linked to other existing programs such as Health for Two and Healthy Families.

### Mediating Strategies:

Edmonton Public Schools opened **Metro College** to help students that are returning to high school make a successful transition to post-secondary education. As well, **Amiskwaciy Academy** is a high school specifically for Aboriginal students. **Edmonton Catholic Schools** offers opportunities for students to pursue alternative learning paths in nine schools.

**Tools for Schools** is an annual program to gather basic school supplies to help low-income students. In 2002, 3,500 school packages were assembled.

**Inner City High School (ICHS)** offers Edmonton's youth at risk an academic and arts-based alternative to the traditional school setting. It provides an alternative route to a high school diploma and offers small classes, bridging courses and optional courses in skill-building. The school's **Youth Support Program** provides students with the tools and resources they need to change their lives. This includes **Negah Tepeh**, a counseling program offered in partnership with Native Counselling Services of Alberta. Students also participate in **Inner City Drama**, a popular theatre program that addresses issues such as an incomplete formal education, homelessness, substance abuse, violence, etc.

The Edmonton City Centre Church Corporation (ECCCC) operates the **Kids in the Hall Bistro**, which is a functioning bistro located in Edmonton's City Hall. The program enables youth to develop life and job skills through an innovative partnership between business and the community.

**Metis Child and Family Services** provides services and programs to reduce the number of children going into the care of Child Welfare. They include: **Choices Program**, which focuses on youth at risk of leaving school early by providing such activities as self-esteem workshops, talking groups, individual counseling, etc.; **Youth Support Program** focuses on helping youth to remain at home or make an orderly transition to living independently.



The **Centre for Family Literacy** helps to support 10 literacy programs, including **Rhymes that Bind**, a program that helps preschoolers develop a strong foundation in oral language. The **Storybook Bus** is a book mobile that makes weekly visits into various neighbourhoods. With a \$1 million annual budget, the Centre helped 4,500 people in 2001, 1,600 were young people. Even so, the programs reach only 10% of the people in Edmonton who could benefit.

**Edmonton Public Libraries** provide librarians to over 30 ABC Heat Start programs to tell stories and give readings. The library also works with the parents of children in the program by giving them tips and tools for teaching literacy skills to their children. Each summer more than 12,000 children take part in reading programs at the library's 16 branches. Among its many other programs are regular class visits, school tours, Time for Tots, author visits, etc. To ensure that everyone has access, the library gives every Grade 4 student in Edmonton a library card, which is good until they turn 18.

**Raise-a-Reader** is a joint project of the Edmonton Journal, Edmonton Public Library, Edmonton Oilers Foundation and the Centre for Family Literacy to address the need for children's literacy programs. The initiative promotes awareness of the need to increase children's literacy and raises funds for local programs that help young people and their families develop better literacy skills.

### **Effects of Mediating Strategies:**

Through **Programs of Choice**, Edmonton Public Schools (EPS) offers students different paths to achieve academic and personal success. There are over 25 Programs of Choice, including girls-only schools, a military school, and a Spanish academy. EPS also invited private and charter schools to join the school board. While the strategy has encouraged parents to keep their children in the public system, neighbourhood schools without special programs are suffering as students opt to attend schools elsewhere. This has weakened the sense of community in these neighbourhoods. Among high school students, 58% go to schools outside their catchment areas, while 38% of elementary students attend schools outside their neighbourhoods (Globe and Mail, 2002).

EPS launched a number of **Early Literacy Programs** to help children who were failing behind in reading and writing. High school principals directed \$1.2 million from their budgets to elementary schools or improved literacy programs. Over all, reading and writing test scores improved by 1-4% over the past six years.

These programs were not targeted at high-risk children. They were universal programs designed to improve reading and writing skills in every classroom, in every school. No Aboriginal literacy program was created, nor were the tests changed or the curriculum altered to it more culturally sensitive. Teachers simply improved the way they taught every child to read, and Aboriginal students flourished (Edmonton Journal, 2002).

Despite the potential for controversy, EPS also tracked student performance by race. Between 1997- 2002, 5,500 students who identified themselves as Aboriginal were tracked. When data was first collected, the students were scoring well below average on standardized reading and writing tests. However, the test scores for this group “have skyrocketed” (Edmonton Journal 2002, p. B1).

For example, 80-85% of students in any grade are expected to perform at the grade level. In 1997, 65.6% of Aboriginal students in Grade 1 were reading at or above that grade level by the end of the school year. In 2001, 76.8% were at grade level, an 11.2% increase. The jump among Grade 6 Aboriginal students was 12.1%, 12.4% among Grade 5 students and a 12.1% increase among Grade 2 students.

Five years ago, 59.9% of Grade 1 students in the sample were writing at grade level. Six years later, when the same kids reached seventh grade, 71.8% were writing at grade level.

## ❑ **Sexual Exploitation Through Prostitution**

### **Transitional housing and supports key to leaving street life.**

About 10-12% of those involved in street prostitution in Alberta are children and 85% of children involved in prostitution were sexually abused prior to becoming involved (Alberta Children’s Services, 2000). The average age that children become involved in prostitution is 15 for females and 17 for males.

In 1999, the Alberta government introduced legislation specifically to protect children from prostitution – the first of its kind worldwide. Called the *Protection of Children Involved in Prostitution*, it recognized that children involved in prostitution are victims of sexual abuse and in need of protection. Previously, many believed that prostitution was a lifestyle choice and often children involved in prostitution were charged with solicitation. As well, johns and pimps can be charged with child sexual abuse and fined or jailed. A range of programs and services are available to help children end their involvement in prostitution. For example, a child involved in prostitution can be apprehended by police or social services and taken to a safe house, where he/she can be confined for five days. In Edmonton, Alberta Children’s Services works with seven community-based agencies to provide safe housing and related support services to children involved in prostitution.

Many street involved and transgendered persons have health, behavioural, social, legal and substance abuse issues. Most will have histories of emotional, physical or sexual abuse and have been victims of violence or homelessness (Edmonton Housing Trust Fund, 2002). Transition housing (See **Mediating Strategies** below) provides basic needs and supports necessary to begin to address issues that lead to involvement with prostitution and homelessness.

Individuals leaving prostitution will likely have multiple issues that have left negative impacts on their health and development. Often, the process of recovery is slow and lengthy. A transitional housing project will mobilize maximum support and resources during this stage of change to encourage the individual to make the decision to make a break from prostitution (Edmonton Housing Trust Fund, 2002).

### **Mediating Strategies:**

**Crossroads** helps young people leave prostitution through outreach, shelter and prevention services. Transitional and supportive housing is offered to young persons and women with children. The **Safe House Program** from Catholic Social Services provides safe housing and follow-up support for youth involved in prostitution. The **Inner City Housing Project** offers short and long-term housing and helps to meet basic survival needs for homeless youth and those involved in a range of street activities, including prostitution. **Metis Child & Family Services** provides support with an Aboriginal cultural environment for children and families, including those who are involved in prostitution-related activities, or are at-risk of becoming involved.

In 2001, the **Edmonton City Centre Church Corporation** purchased and relocated two houses from the former CFB Griesbach base to the site of a notorious former ‘drug fortress’ in the inner city. They will provide transitional housing to assist transgendered and or female individuals between the ages of 15 and 29 years trying to leave the sex trade. The program will accommodate people of Aboriginal ancestry and provide culturally appropriate services. With transitional housing in place, the residents will be able to access counseling, support, treatment services, training and employment programs. The goal of the project is to increase the personal safety and well-being of the residents and assist them in achieving permanent accommodation in the community. Of the total project cost of \$472,720, ECCCC received \$84,600 from the Edmonton Housing Trust Fund.

The **Teens Helping Teens Crisis Line**, provided by the Salvation Army, offers young people an opportunity to talk with other teens about their problems. **Student Legal Services of Edmonton** and the **Legal Aid Youth Office** provide youth facing legal difficulties with low-cost legal advice.

The **Prostitution Action & Awareness Foundation of Edmonton (PAAFE)** helps to create solutions to prostitution through awareness, advocacy, community initiatives and providing resources/funds so people don’t need to turn to prostitution. It works closely with the Police Service-Vice Detail and community partners to offer the **Prostitution Offender Program** for first time offenders. For several years, PAAFE has operated a **‘johns’ School**, an alternative sentence for first time offenders, which also helps to finance its programs. An example of a PAAFE project: two-year **Edmonton Prostitution Court Diversion Project** helps individuals under 18 charged with prostitution related charges to develop a personalized plan to change their life. The objective is to offer a community-based alternative to criminal sanctions for activities of individuals involved in street prostitution by increasing the capacity of many partners (NGO and government) to effectively work together.

## □ Neighbourhood Safety

### **Most people live in safe communities.**

Despite news reports of crimes in the community, recent information shows that violent crimes in Edmonton were down by 13% in 1999, compared to 1998. This is consistent with overall trends that show crime rates are falling across the province. A recent study reported that 72% of people living in the health region always felt safe at home, whereas only 49% reported that they always felt safe in their communities (Capital Health 2002).

Like other Canadians, Edmontonians want to feel safe and secure knowing they are well protected and that the appropriate level of services will be available to respond in the event of an emergency. Preventing crime and making our streets safe requires that we identify problems early and address the economic and social risk factors that exist in some communities. Across Canada, community organizations, business leaders, police, and both provincial and municipal governments have formed partnerships to develop innovative strategies to help deal with safety issues specific to their communities.

For the second consecutive year, in 2001 Edmonton had the second highest murder rate among large Canadian cities (Statistics Canada, 2002). In 2001, 25 people in Edmonton were murdered compared with 19 in 2000. Two of the murders in 2001 were gang related and one was a spousal killing. Overall, the national homicide rate remained stable for the third consecutive year. However, spousal homicides increased in 2001 for the first time in six years. Alberta's homicide rate in 2001 was 2.28 murders per 100,000 people, the third highest among provinces and an increase from the rate of 1.96 in 2000.

The rate of youths (aged 12 to 17 years) charged with homicide declined for the third consecutive year, resulting in the lowest rate in 30 years (Statistics Canada, 2002). The decline in the youth homicide rate was largely the result of a decrease in the number of male youths accused of homicide. Despite this decline, males still accounted for 83% of homicides committed by youths, similar to the proportion of 87% among adults.

#### **Mediating Strategies:**

In 1992, Edmonton City Council established the **Safer Cities Initiatives Advisory Committee**. This was an outcome of a task force study on family violence, safe housing, children and youth, youth employment and urban design. SCIAC has been involved in many different initiatives and is now focusing on four priority areas: street solutions; youth justice; housing and racism.

**Street Solutions** is an innovative, community-based initiative addresses problems with public intoxication and related criminal activity, including prostitution and drug abuse. It is a unique partnership between various social service agencies, municipal departments, service providers, police, and citizens who live and work in the inner city.

The **Edmonton Youth Justice Committee** was an initiative of Safer Cities, but has since become a non-profit society. EYJC helps to divert young offenders from court who have committed minor crimes for the first or second time.

In its first four years of operation, the EYJC handled 600 cases. As a result of the SCIAAC's study of burned out and **derelict housing**, the City refined its processes for dealing with derelict housing to address community concerns about safety. In an 18-month period, 35 buildings considered unsafe have been demolished. The SCIAAC supported the production of a teacher's resource book on **racism** and respecting diversity. This was a collaborative effort involving the Northern Alberta Alliance on Race Relations and the Edmonton school boards.

**Youthone.com** is an Internet site designed and staffed by youth that provides instant links to resources and information about issues and topics of interest to youth. Subjects included community, crisis, entertainment, health, etc.

**Alberta Youth Justice Committees** are a kind of community sentencing circle and operate as an extension of the court system. The committees determine a consequence, which is appropriate and is consistent with the philosophy and principles of the *Young Offenders Act*. Evidence suggests that fewer youth re-offend after they go through the committees (Government of Canada, 2001)

**Native Counselling Services of Alberta** works in partnership to provide culturally sensitive programs by promoting the fair and equitable treatment of Aboriginal people in the criminal justice system. For example, a **Criminal Courtworker /Youth Courtworker** helps to ensure that young people understand their legal rights and responsibilities; a **Family Courtworker** works on alternatives with Aboriginal families who are in danger of having their children apprehended.

The Edmonton Police Services and Edmonton residents work together on developing community initiatives and preventing criminal activity. For example, **Block Parents** has over 10,500 Block Parent Homes. These volunteers help children and adults that are lost, ill, bullied, alarmed by strangers, attacked by vicious animals, or have accidents.

**Neighbourhood Watch** is the extra eyes and ears of police to increase crime awareness and prevention. Over 10,000 volunteers in 142 Edmonton communities participate in the program.

The Edmonton Police Service is widely known for its forward thinking philosophy on community policing. The service's crime prevention initiatives are successfully applied within the community-policing framework. For example, the **Cooperative Policing Program** has been in operation for 20 years helping the private sector protect its property more effectively. The program currently has 38 agencies participating, representing approximately 120 stores throughout Edmonton.

## Support families and young children to help prevent youth crime.

Aboriginals comprised nearly 40% of admissions to Alberta correctional institutions in 1996-97 (Alberta Justice). Teenagers and young adults make up a disproportionately large share of persons accused of crime in Canada. A relatively small group of young people account for a significant portion of youth offenses. Studies show that the childhood experiences of this group were characterized by exposure to accumulated risks (See page 18). To break this cycle, prevention strategies must support families and keep children safe from the start of their lives (Success By 6, 2002). For example, poor school performance is a strong indicator of future involvement in delinquent behaviour. Links between early childhood experiences and what becomes of youth in adolescence help us to identify what needs to be in place at a community level to promote the healthy development of socially competent children (Success By 6, 2002). It costs 100 times more to incarcerate a young person than it does to provide recreation programs. A recent study in Northern Manitoba found a 17% reduction in crime in communities with a sports program and a 10% increase in communities without a program (Week Without Violence Web Site, 2002).

### Youth Crime Rate – Statistical Snap Shot (Success By 6, 2002)

- Alberta's youth crime rate remains significantly above the Canadian average; violent youth crimes are 42% above the national average
- However, most crimes committed by youth are not violent:
- Most young offenders do not offend again
- Trend is a reduction in charges laid: 7,103 per 100,000 youth in Edmonton (1999); the number of actual incidents was 3,644 based on a population of 51,303

**Table 14: Rate of Edmonton Youth (Age 12-17) Crime (per 100,000)\***

Crime	1996	1997	1998	1999
Violent Crimes	1,426	1,533.4	1,316	1,413
Property Crimes	4,273	4,186.4	3,687.7	3,469.6
Other Criminal Code Offenses	2,361	2,138	2,240.4	1,797.29
Drug Offenses	142.9	178.5	403.6	423

\* Crime rates are based on the number of charges per 100,000 people. The Edmonton youth population was 51,303 in 1999, so the rates are double the actual incidents.

Source: Success By 6, 2002

## Younger teens joining youth gangs; teenage girls more violent.

Like many residents in other Canadian cities, Edmontonians are increasingly concerned about the criminal activities and violent behaviour of youth gangs. Over the past few years, several high profile gang-related shootings have provoked public alarm. Police report that youth involved in gang activities and violent activities are getting younger. As well, gang members commit six times as many crimes as non-gang members from similar backgrounds. Teenage girls are increasingly becoming more involved in using weapons and participating in gang assaults.

The Edmonton Police Service (2001) have identified eight family indicators that are general risk factors for youth involvement in gangs:

- Stressful home life
- Low parental education level
- Limited English spoken in the home
- Ineffective parenting
- Parent non-involvement
- Low parental expectations
- Abuse and neglect
- Permissive truancy attitudes

There is also a growing concern about gangs in schools. The presence of guns in Edmonton schools is increasing and some students report feeling threatened. Gang-related problems have escalated, and schools are taking action to deter gangs and gang-related activity for the safety of staff and students. Schools identify the presence of gangs through the wearing of gang-style clothing, the presence of weapons and graffiti, and activities, such as vandalism, arson, stabbings, extortion of other students, and intimidation of teachers and administrators. Peer pressure has also increased in the form of a dare, harassment, coercion, taunting, or threats.

### **Mediating Strategies:**

The **Northern Alberta Alliance on Race Relations (NAARR)** promotes greater understanding and undertakes advocacy and research to help eliminate racism. For example, it develops and promotes anti-racist and multicultural educational tools and resources for schools. Through public events, NAARR raises awareness about the sources and causes of racism, its consequences, and ways to combat racism. As an alliance on race relations, NAARR is a network of about 70 community groups, schools, and individuals from rural and urban areas of northern Alberta. Recently, NAARR completed an action research project called **Youth Against Racism**, which engaged youth in discussions about racism and how it could be eliminated.

**School Resource Officers** help to build positive relationships between the police and teens. “The presence of SROs in schools creates an opportunity to start a relationship between young people and police on the right foot, promoting a positive approach to policing-youth relations and crime prevention”, says S/Sgt. Darren Eastcott, Youth Services Section. There are 15 officers have a presence in 39 Edmonton schools.

## □ **Family Violence**

### **Poverty a major stress factor in families needing Child Welfare services.**

Most children in Edmonton grow up in caring families shielded from anger, aggression and abuse. We know that children are most likely to face violence in their own home and that living in a violent home hurts children, even if they aren't being abused. Often they have trouble concentrating in school, they can seem aggressive or withdrawn and can have difficulty making friends. When a child needs protection, Child Welfare provides support services to ensure the child is safe and protected. If it is not safe for the child to remain with the parents, the child is

taken into care outside the home. Poverty is a common variable among virtually all families receiving services from Child Welfare. Although most parents who are poor do not abuse or neglect their children, poverty is a major stress factor for many families involved with Child Welfare. That stress is often heightened by uncertainty about security of housing, unemployment, health problems, etc. Statistics show that children from poor families are over-represented in the child protection system (Success By 6, 2002).

Children receiving Child Welfare Services – Statistical Snap Shot (Success By 6, 2002)

- Number of children in Edmonton receiving Child Welfare Services has increased by 62.7% since 1996, an average of 10% per year; provincial increase: 58.9%
- 26.7% of children receiving services are under the age of 6
- 5,732 children in Edmonton received services in 2001; 2.6% of children under 18; provincial rate: 2%

### **Children in Child Welfare care are in need of protection.**

Under the *Child Welfare Act*, children receiving services are entitled to the counsel of a “Children’s Advocate” who helps to ensure that the child’s views, rights and interests are considered when decisions are made on their behalf. If the services from Child Welfare provided to the family are not enough to keep the child safe, the child can be removed from the home. Many children are placed in temporary care, while Child Welfare works with the child and family to address the risk factors that caused the child to need protection. Most children taken into care are placed with an extended family member, in a foster home, in a group home, or in an emergency shelter. The trauma and social stigma of being involved with Child Welfare can stay with the child and family forever. In many cases, it affects the way family members view themselves and how they relate to each other. Providing the necessary supports to keep a troubled family intact benefits the child, their family and our community. (Success By 6, 2002).

Children in Child Welfare – Statistical Snap Shot (Success By 6, 2002)

- 2,175 Edmonton children “in care” on March 31, 2001, increase of 55.1% since 1996
- Edmonton exceeds Alberta rate: 1.43% of all children under 18, compared to 1.04%
- Number of children “in care” risen slower in Edmonton than the province: 55.1% from 1996 to 2001, compared to 59.3%

### **Cost of abuse in physical and emotional damage is impossible to calculate.**

Children in permanent care are unable to safely return home to their parents because concerns about protection cannot be resolved. The cost of abuse in physical and emotional damage is impossible to calculate. Children who are abused or neglected are more likely to suffer from substance abuse, depression, learning disabilities, school failure, emotional and behavioural disorders, criminal activity and an inability to foster healthy relationships (Success By 6, 2002). Children are most vulnerable to abuse and neglect if their parents or caregivers are struggling with multiple problems, such as substance abuse, poverty, unemployment, or domestic violence. In 1996, children represented 60% of all victims of sexual assault.



Of the children in care, 60% are in permanent care. Of these children, 57% are Aboriginal and 47% are over the age of 12 (Success By 6, 2000). Most of these children are in out-of-home care, with the vast majority in foster homes, group homes and residential facilities. Since the average age of a child when a Permanent Guardianship Order is granted is 9-years-old, these children can expect to spend an average of nine years “in care” if a permanent placement is not found (Success By 6, 2002).

Children in permanent care – Statistical Snap Shot (Success By 6, 2002)

- 968 children with a Permanent Guardianship Order in Edmonton (2001)
- Number increased by 427, or 78% since 1996
- Edmonton exceeds provincial average: 0.64% of all children under 18 are in permanent care compared with 0.56% for all Alberta

### **No clear trend in reported spousal violence in Edmonton.**

Violence can stay hidden inside a home, so we do not know how widespread spousal violence is. But it is estimated that about one-third of Canadian women have suffered physical or sexual violence at the hands of a current or former partner (Success By 6, 2002). Even when they aren’t abused themselves, young children who observe violence between parents become more insecure and disturbed. Seeing violence as a normal part of life, they may learn to use violence to solve problems. Women who are abused tend to be depressed, anxious, less trusting and have lower self-esteem than other women.

Abuse can happen in rich or poor families, to old and young, to those who work outside of the home as well as those who work within the home. Alcohol is involved in over half the cases involving serious violence, but it is not the cause. It is not clear how many children are involved in these disputes, nor how many other cases went unreported.

As these statistics show, there is no clear trend in Edmonton about spousal violence:

- 1,562 incidents of spousal violence involved the Edmonton police in 2000, 4% higher than in 1999, but 24% lower than in 1998
- 499 were repeat calls (2000)
- Police made an arrest in 1,123 cases (87% were male)

**Table 15: Edmonton Police Responses to Reported Spousal Violence**

	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
Police response to incidents	1,678	600	1,809	1,369	1,562
Charges laid	943	344	1,304	889	1,123
Repeat calls involving same couple	494	149	570	421	499

Source: Edmonton Police Service, 2001

## Level of family violence staggering; but most abuse isn't reported.

Violence is a constant presence in the lives of too many women, and it cuts across all social, cultural, economic and religious spectrums. Women's shelters are an important part of the response to domestic violence, and for many women, offer the first step to change. Research shows that women and their children suffer lasting consequences from living in abusive households (Success By 6, 2002).

The number of women seeking shelter continues to rise, and Alberta shelters are stretched to meet the need. There are three shelters in the Edmonton area that provide both referral services and a safe haven. The basic operating allowance for shelters has not increased since 1986, and the number of funded beds (403) has not increased since 1996 (Success By 6, 2002). Ironically, Alberta has the second highest rate of spousal abuse in Canada. In 1998 for example, 10,925 women and children were admitted to the 23 shelters in the province (Alberta Council of Women's Shelters, 1999). The numbers are staggering, but even more so when you consider that most family abuse is not reported: one quarter of women who have experienced wife assault have never told anyone about the abuse.

Edmonton area statistics for admittance to women's shelters:

- 3% increase in admittance to shelters in 2000 vs. 1999; 41% women, 59% children
- For every person admitted, more than two are turned away
- 8,935 phone calls/in-person contacts; 5,283 turned away
- 19 days – average length of stay in a shelter; 21 days is the maximum allowed

**Table 16: Number of People Admitted to Women's Shelters**

	1996	1997	1998	1999	2000
Edmonton	N/A	N/A	N/A	2,406	2,289
Alberta	11,703	11,444	10,925	10,904	11,230

**Table 17: Number of People Turned Away from Women's Shelters**

	1996	1997	1998	1999	2000
Edmonton	N/A	N/A	N/A	6,076	5,283
Alberta	8,4363	N/A	20,168	18,151	19,191

Source: Alberta Council of Women's Shelters

### **Mediating Strategies:**

The **Alberta Council of Women's Shelters** is composed of 35 women's shelters through the province. Three of the shelters are in Edmonton as well as second-stage housing center, **W.I.N.G.S. of Providence**. It provides long term (3 to 6 months), safe accommodation and accompanying support services for women and their children. Programs at the facility help the family in working towards independence. In 2001, W.I.N.G.S. received \$760,000 from the Edmonton Housing Trust Fund to build a new, three-storey apartment building for women and children fleeing violence.

**Luanna Shelter** provides temporary (up to 21 days) protective accommodation for 32 women and children experiencing domestic violence and abuse. It also provides various support programs within a safe and secure environment to help empower women and children to build on their strengths and skills. The programs assist women to explore the root causes of domestic violence and abuse and to plan for a long-term future.

### **Effects of Mediating Strategies:**

At least 51% of all Canadian women have experienced at least one incident of physical or sexual violence as defined under the Criminal Code, since the age of 16. Many people, including social service and health care providers, are beginning to understand the grim reality of violence against women. Girls and women tend to internalize violence and discrimination against them. They try to mask their pain through eating disorders, substance abuse, self-harm and attempts at suicide. Girls and women need to know that community resources such as shelters, parenting classes and workshops on healthy relationships and self-esteem are available to help them deal with violence in their lives. Empowering women's self esteem and promoting economic independence can help women speak out against violence (Week Without Violence Web Site).

## □ **Gambling**

### **82% of Alberta adults gamble; government pockets nearly \$1 billion ( 2001)**

About \$1.37 billion was played in legal gaming in Edmonton in 1997/98, including lotteries, charitable casinos, bingo raffles, horse racing, pull tickets, and video lottery terminals (Community Services, 2000). Gambling remains a popular leisure pursuit for Albertans, as 82% of adults took part in some gambling activity at least once in 2001 (Smith And Wynne, 2002). Gambling revenues for the government are up in Alberta, from \$569 million in 1998 to \$931 million in 2001, a 63% increase (Alberta Gaming and Liquor Commission Annual Report, 2000-2001). This means that fewer players are spending more money on gambling activities in Alberta.

Of the 82% of Albertan adults who gamble, 67% are considered non-problem gamblers, 9% low risk gamblers, 3.9% moderate risk gamblers and 1.3% problem gamblers (Smith And Wynne,

2002). Problem gambling is a condition experienced by a relatively small number of adult Albertans (1.3%), yet when at risk gamblers are included, about 15% of adult Albertans are vulnerable to developing a gambling problem.

### **Risk factors – Being Aboriginal, low-income and poorly educated**

Those in the lowest income category (less than \$20,000) are most likely to have a gambling problem, or be at risk. As well, those with a high school education or less are slightly more at risk for developing a gambling problem. Unemployed Albertans who are seeking work, unemployed students, and those unable to work are more at risk for developing a gambling problem than those who are employed (Smith And Wynne, 2002).

Aboriginal gamblers are significantly more at risk for developing gambling problems than are gamblers from other ethnic backgrounds. “From a public health and a gambling policy perspective, creative intervention strategies are needed to mitigate gambling problems with this at-risk population” (Smith And Wynne 2002, p.59).

As a result of their dysfunctional gambling behaviour, problem and at-risk gamblers are more likely to have experienced negative personal and social consequences, including jeopardized relationships with family members and friends and having personal and/or household financial difficulties. They are also more likely to experience negative health-related problems, including feeling stressed, irritable and restless and have trouble sleeping; substance abuse when they are gambling; and have difficulty coping with the realities of everyday life (Smith And Wynne, 2002). In many cases, these dysfunctional gambling behaviours would affect the health and well-being of family members in a multitude of ways, including increased stress, financial difficulties and family conflict.

### **Gambling is a public health issue.**

Like any addiction, problem gambling should be viewed through a public health lens (Smith And Wynne, 2002). This approach would provide opportunities to: 1) view the consequences of all gambling behaviour and not just gambling addiction; 2) examine the costs and benefits of legalized gambling; and 3) develop programs and policies to minimize the hazards and enhance the benefits of legal gambling.

### **Youth problem gambling four times adult rate**

About 2/3 of Alberta teens gamble (e.g., on professional sports, buy lottery tickets, etc.) and 44% are non-problem gamblers. Among teen gamblers, 15% are considered “at-risk” of becoming problem gamblers and 8% already have a problem (Wynne, 1996). Teens who develop problems with gambling frequently suffer from low self-esteem and crave peer acceptance. Many are from homes in which one or both parents gamble openly, and their first experience with gambling activities occurred at an early age.

Typically, these young people display a low tolerance for mistakes or failure and they demonstrate poor problem-solving skills and coping skills. Frequently, these youth have illusions about the odds of winning and the laws of probability (Wynne, 1996). The typical

adolescent problem gambler is more likely to be a male Aboriginal who bets on games of skill (pool, golf, bowling, etc.), smokes cigarettes and is a frequent and heavy user of alcohol and illegal drugs. Not surprisingly, they are also more likely to display poor school performance and admit to feelings of anxiousness, depression and being worried or upset.

*“Problem gambling appears to be one of a set of inter-related factors that can lead to future problems in physical and mental health, and inter-personal relations. This fits with the experience in the addictions field generally and especially with the development of alcohol or other drug problems”*

(AADAC website)

Unlike adult problem gamblers, adolescents do not have legal access to age-restricted gaming activities. Because teens do not hold the same financial assets or responsibilities as adults, the consequences of problem gambling are not always quickly identified. Teens gamble for entertainment or fun, because they enjoy the excitement and the challenge and winning money is not the primary reason for gambling (Wynne, 1996). Teen gamblers differ from adult gamblers in one more way: they do not seek help on their own, nor are they typically referred for treatment, even though the rate of problem gambling among adolescents is four times that of adults.

Most teens with a gambling problem do not have access to large amounts of money. But what happens when they reach adulthood and earn a large income, obtain credit cards and access to legal gambling facilities? In 1998, the average age of adults identified as being problem gamblers was 18 to 34. Retrospective studies of adults indicate that it takes 10 years or more for a problem gambling disorder to develop. Frequently, adult problem gamblers report an early introduction to gambling. Prevention programs for youth that provide information and skill-building tools are essential to help young people develop responsible risk-taking and social gambling habits (Wynne, 1996).

### **Mediating Strategies:**

**AADAC (Alberta Alcohol and Drug Abuse Commission) Edmonton Youth Services** helps youth achieve and maintain a healthy life free from the abuse gambling as well as alcohol and other drugs. It offers treatment and prevention programs directed at helping youth and their families. The range of programs is designed to increase the capacity of youth, families and communities to prevent drug abuse, reduce drug/alcohol related harm, and encourage the resolution of personal problems. The programs include community outreach, community treatment and intensive treatment.

## □ **Effective Social Programs**

### **Community-based service delivery of Children's Services supported.**

Those who study human service systems generally supported the move in Alberta in 1996 towards a community-based service delivery of children's services. After years of tinkering with the system, the massive organizational changes undertaken were an inevitable consequence of years of systemic problems. Four key areas were identified: Integrated Services; Community-Based Services; Improved Services to Aboriginal People; and Focus on Early Intervention.

The following principals were used to guide service planning:

- The first priority is the safety and healthy development of children and families.
- Parents and extended families have the primary responsibility for their children.
- Focus the family and community's ability to meet the needs of children.
- Success is measured by positive outcome.
- Services will be community-based, integrated to remove barriers in meeting children's need.
- People using children's services will be involved in all decisions affecting their lives.

Critics of the restructuring suggested that some of the key issues and questions that needed to be addressed include:

- Are the provincial government and Albertans committed to the welfare of children and families?
- The reorganization of child welfare will likely cost more, not less. Will there be sufficient funds to carry out the plan?
- Reduced welfare payments have led to more referrals to child welfare. Social policy in Alberta doesn't recognize that reducing child poverty will decrease the need for programs to address children's physical health, mental health, special education, etc.

### **"Today's teens are more troubled."**

Bernd Walter, Alberta's former children's advocate, analyzed the situation of adolescent youth in his comprehensive 1993 report *In Need of Protection*:

*"Today's population of adolescents is both more troubled and experienced than in the past. Many have experienced family dissolution and exposure to violence, sexual activity, and abuse. Their difficulties have led many to abandon education, and turn to some form of street life including involvement with drug and alcohol abuse, juvenile prostitution and criminal activity.*

*"Increasing numbers of such youth require the assistance and intervention of social services systems to deal with the emotional and health consequences of their experiences. They come to the formal child protection system presenting such issues as physical and sexual abuse, neglect, teen pregnancy, severe behavioural problems, truancy, running away, addiction, delinquency, depression, and suicide.*

*“Youth grow up in the child protection system having experienced multiple placement disruptions, with limited educational success and lacking a social support network. They are highly vulnerable to homelessness, street life, unemployment, institutionalization, and criminality”*

(ESPC 1996, p. 204)

**“Well-being of children cannot be treated as just another policy objective.”**

In spite of the government’s constant references to the ‘Alberta Advantage’, there are a large and growing number of vulnerable children in the province. Hundreds of thousands of children are vulnerable and their many problems are a reflection of the many problems faced by their families. For example, about 21% of the provincial child protection caseload is aged 16 and 17, representing about 2,330 individuals.

*“The government must advocate that society holds a collective responsibility for children, in addition to the responsibilities of parents and families. The government, as the representative of society, is responsible to ensure that this responsibility is fulfilled. It is unacceptable that the government is offloading its responsibility for the well-being of children to parents and families, or regionalized community groups, neither of which possess the tools, resources or authority to fully assume this societal role”*

(Alberta Liberals 1998, p. 30).

The well-being of children cannot be treated as just another policy objective that can be legislated away. It is a responsibility which cannot be given or taken away as the government sees fit, in the name of fiscal restraint, cost-cutting, paying down the debt, being competitive in the global market, etc. The responsibilities of society to its children include the provision of the necessary resources for the care, healthy upbringing, and education of every child (Alberta Liberals, 1998). The government is particularly failing in its responsibility to be accountable for the well-being of vulnerable children. For example, vulnerable children are not tracked and so-called performance measures are really satisfaction surveys rather than an objective assessment of how vulnerable children are actually coping in their daily lives. Many vulnerable children must cope with multiple vulnerabilities. For example, it is not unusual for the same child to be poor, on welfare, under protection, and mentally handicapped. Many of these children will remain vulnerable as adults. Failing to address the problems of vulnerable children can only lead to a permanent underclass of vulnerable adults in the future (Alberta Liberals, 1998).

## **Mediating Strategies:**

**Project Change** targets abused/neglected youth that end up in care. The purpose is to help youth begin the difficult task of improving the conditions of their own lives. The Project provides support and mentoring to staff and board of the Association for youth in Care-Edmonton as well as identifying best practices to support/nurture meaningful youth participation with the Ma’Mowe Regional Child Welfare Authority.

Catholic Social Services in Edmonton is a large agency that offers 16 programs in its **Children and Youth Service** division. The Agency offers treatment homes for sexually abused and/or emotionally disturbed children, diverse programs such as those for children with Fetal Alcohol Syndrome/Effect and outreach support services for street youth, many of whom are involved with prostitution. **Children and Youth Programs** include residential care for emotionally and behaviourally disturbed children, an assessment and referral center, temporary homes for “at risk” children, and cultural and spiritual awareness for staff and Aboriginal children in care.

The **Hope Mission Youth Home** is a short term care facility that provides emergency care for youth between 12 and 18 years of age, while they wait for foster care or group home placements, or to return home after their stay here. The Christian-based Mission also operates an **Adventure Camp** and **Kids in Action** programs.

**Ma’mowe Capital Region Child and Family Services Authority** is one of 18 authorities in Alberta. It is responsible for the delivery of services to children, youth and families in the Edmonton area. More than 40 agencies in the area receive **Early Intervention Program** (EIP) funding to deliver early intervention and prevention services. These programs include: school-based programs that provide family outreach and in-school support. Unfortunately, earlier this year, the provincial government cuts totally \$1.6 million to these prevention programs, and of the 21 programs that experienced cuts, 14 targeted Aboriginal children, youth and families.

## **Assessing the impact of welfare reform**

In 1990, Alberta’s welfare program was transformed into Supports for Independence (SFI). The new program placed increased emphasis on helping clients become self-sufficient and stressed active intervention over passive assistance. This philosophical shift was reflected in the unprecedented reform of SFI that began in 1993. The most obvious result of welfare reform was an extraordinary drop in caseload. The caseload decreased by almost 60% from 94,087 cases in March 1993 to 39,506 in April 1997.

A 1997 study by the Canada West Foundation assessing the impact of welfare reform on former recipients found that:

- Over 68% of former SFI clients did not have money to meet their food/shelter needs.
- Nearly 84% of respondents back on SFI reported experiencing the same problem.



- Over 1/3 of returning SFI clients had trouble meeting their basic needs “all the time”.
- About 20% of former SFI clients have used the food bank at least once; over 50% of new SFI clients have used the food bank.
- Over 40% of respondents with children reported that access to affordable and quality child-care has been or is a problem.

### **Effects of Mediating Strategies:**

As a result of implementing the **Low-Income Programs Review** recommendations, the provincial government claimed, “social programs will become fairer and more equitable” (Alberta Government, 2002). However, the recommendations ignore a key proposal from the 6,000 Albertans who participated in the review, namely that SFI rates need to be increased immediately.

There has been no significant increase in the welfare rates since 1993 when the provincial government cut the amount families received. With no significant increases, people receiving SFI today have 40% less purchasing power than they did in 1993. For example, a single parent with a child under 11 receives \$733 a month, a \$428 housing allowance and \$305 for all other expenses.

Compare this to the announcement by Boardwalk Equities Inc., the major property owner in Edmonton, that rents will increase to \$1,000 per month for a two-bedroom apartment by December 2002. Since the vacancy rate in Edmonton is less than 1%, most people have few options but to pay the expected increase.

Welfare reform (renamed Supports for Independence) in Alberta in 1993 placed an increased emphasis on helping clients become self-sufficient and stressed active interventions over passive assistance. Consequently, the number of people receiving **SFI benefits** in Alberta decreased by nearly 60% from 1993 to 1997. This emphasis also required clients to enter training programs and/or find a job. However, clients reported inadequate supports to help them make the transition. For example, 40% of those with children reported that access to affordable and quality child-care has been, or is a, barrier to them finding and keeping a job.

For people working in low-income jobs, provincial cuts to **child-care subsidies** meant that licensed daycare was too costly, so they turned to unlicensed care. These cuts were grievously shortsighted because they missed an opportunity to support children. Child-care centres, with their close, daily contact with children and families, offer an ideal setting for integrated prevention and early intervention programs. Many of the children in centres, especially those located in low-income neighbourhoods, come from the families that these programs are specifically designed to help. .

### 3. Physical

#### □ Environment

##### **Testing and monitoring enhances the health of the environment.**

The issue of water quality is part of the larger challenge of balancing the health of the environment with the social and economic elements that make our cities livable and competitive. Public confidence in water safety has been undermined by the careless practice of dumping sewage and waste into bodies of water near urban areas.

##### **Mediating Strategies:**

The quality of our **drinking water** is closely monitored through co-operative efforts between industry and regulators, including Alberta Environment and Capital Health. The Edmonton health region provides environmental health monitoring to ensure protection from **indoor and outdoor air pollution**. As well, Alberta Environment monitors outdoor air quality on an ongoing basis at three stations within the health region. Outdoor air quality in the region has improved steadily over the past 15 years and has received the top rating more than 97% of the time since 1986. **Air quality** affects the health and quality of life of all Canadians, especially children, the elderly and those with respiratory and cardiac conditions. Across Canada, smog also causes tens of thousands of hospital and medical visits and more than 5,000 deaths each year. Another air quality issue is the production of greenhouse gases and the effect on climate change.

**EcoCity** is an Edmonton-based, pro-environmental activist organization that works proactively to protect and sustain the environment. Youth are involved in teach-ins, workshops, networking, developing resources, etc. **Ecotopia** is an action-orientated environmental summer camp organized by youth. It helps youth develop the knowledge, skills and confidence they need to become environmental leaders in the community.

#### □ Recreation

##### **Active young people are healthier young people.**

Participation in recreation, sports, fitness, parks, and culture offers tremendous benefits for children and youth. It reduces health care, social service and police/justice system costs. As well, it helps to build stronger families and healthier communities (Open Door for Kids, 2001). Sport has two kinds of participants: athletes who derive great enjoyment and personal challenge

from their game or activity and those who do not, and eventually drop out. What makes their experience so different for these two groups? For many, it's the result of what they learned, or didn't learn, when they first became involved in sport.

Health Canada recommends that each day, children and youth increase their physical activity by 30 to 90 minutes and reduce their "non-active" time by a similar amount. Each week Canadian youth and children spend an average of 26 hours watching TV, and 30 hours sitting in school. Barriers to physical activity for children include high costs for families with low incomes, competing priorities and time pressures in higher income families. By being active, parents and caregivers can be the most effective role models in passing on the value of physical activity. Alberta schools could help improve the health behaviours of students by initiating mandatory physical education classes. Healthy, active students are less susceptible to stress, exhibit more positive attitudes about school and themselves, achieve better academically, and play better with other students (Alberta Centre for Active Living Web Site).

### **Funding for city parks runs short.**

Residents in Edmonton's new neighbourhoods are being shortchanged in their access to parks and recreation facilities because the city cannot afford new facilities (Edmonton Journal, 2002). This ongoing "infrastructure gap" requires inventive approaches to provide facilities to new neighbourhoods as well as the redevelopment and maintenance of parks and facilities in older areas. As Edmonton's population is expected to grow by 26% by 2025, this growth will likely result in increased use, congestion and subsequent deterioration of existing recreation facilities and parks (Edmonton Journal, 2002). Since 1981, 43 suburban neighbourhoods have been developed in Edmonton, but during that time, only two multi-purpose recreational facilities have been built by the city. Building or renovating existing parks, pools, and arenas is also becoming more difficult as there is greater competition for partnership funding from sporting associations and from charitable groups wanting to build such facilities as skateboard parks and soccer fields.

#### **Effects of Mediating Strategies:**

The problem is part of a larger city infrastructure gap due to a cut in city grants during the provincial budget cutbacks in the mid-1990s. The province takes in \$1.4 billion annually from Edmontonians, but returned only 2.1% of the City of Edmonton's total budget in 2001. During the past decade, the city's tax revenue has shrunk by 11% per capita. Meanwhile, the province's operating grants to the city have declined by 47%, while income tax revenues for the province from Edmonton jumped 32%.

The key is a more equitable arrangement of provincial revenue sharing (Edmonton Journal, 2002). Without more equitable revenue sharing, residents of newer areas will be continually unhappy about inadequate recreation facilities. Consequently, developers may have to pay for such facilities, which will increase the costs of purchasing new homes.

## **Mediating Strategies:**

The **Edmonton Sport Council** promotes participation in sports and advocates for ongoing funding to support sport. For example, it commissioned a study measuring the economic significance of amateur sports and active recreation in Edmonton. The study found that the \$540 million spent in 2000 had many positive economic spin-offs. As well, the Council appeared before two government-sponsored symposiums and advocated for addition green space for recreational activities.

**Schools Come Alive** provides education and resources to help increase physical activity and healthy, active lifestyles in Albert schools. The Active Newsletter is distributed to all 1,850 K-12 schools in the province. As well, the organization has developed 14 in-services on various topics related to physical activity that are tailored for schools, teacher development days, school councils, etc.

**Fair Play** is an initiative of the Edmonton Sport Council to encourage a love of sports and promote fair play and the concept of everybody winning to players and coaches. **Sport Central** helps children in need access the necessary sports equipment they need to participate. The public donates the equipment and children are loaned the equipment through a network of agencies. In the past 10 years, over 40,000 children have received equipment through Sport Central.

**FunTeam Alberta** helps children and their families participate in non-competitive and low cost sports in their own community. This is done in an atmosphere of fun, cooperation, and fair play that is facilitated, but not dominated, by supportive adults. FunTeam activities require only simple, inexpensive equipment and facilities that can be found in most communities.

**Youth Options After School Programs** were developed in a low-income neighbourhood in response to requests from youth for something to do. Young people have the option of participating in 10 programs. **Open Doors for Kids** enhances awareness of the need to create more social and recreational opportunities for children and youth facing economic barriers. It also promotes the benefits of participating in activities, identifies the community resources available and advocates for more resources.

About 143 **Community Leagues** operating in Edmonton neighbourhoods provide leisure, recreation, and local improvement. Most leagues offer subsidies and sliding scale fees so that low-income residents can participate.

Edmonton City Centre Church Corporation launched **Artstart** to provide free training in the arts to children aged 7 to 9 living in inner city neighbourhoods. Volunteers train the children in acting, sculpting, singing, dancing and painting. Initially 25 children are participating, but research shows that about 1,600 children in the inner city have an interest in, and would benefit from, an arts program.

### **Effects of Mediating Strategies:**

In February 2002, the Ma'Mowe Capital Region Child and Family Services Authority terminated contracts for 22 Early Intervention programs and reduced funds for another seven programs offered in the Edmonton-area. The funding reductions totaled \$2.8 million including the termination of contracts with the City of Edmonton to operate **P.R.I.D.E. Through P.L.A.Y.** and **Healthy Children, Healthy Families**.

P.R.I.D.E. provided free, accessible ongoing social and recreational programs to residents of low-income, subsidized housing complexes. It had been operating for six years and in 2000, there were approximately 11,000 participants. Healthy Children, Healthy Families provides subsidized swimming lessons and water-based activities to children living in low-income families. About 1,500 children were participants in this program.

These types of subsidized recreation programs are essential to reduce the barriers low-income families face in being full participants in their community. Research shows that play and recreation are essential components in the healthy development of children and youth. Many young people don't get the physical exercise and recreation they need when physical exercise isn't compulsory at schools and their family may not be able to afford the fees and equipment for community-based activities.

While the City of Edmonton has recognized the value of these programs by funding them, it feels financially squeezed by declining financial support from the province while the population of Edmonton is increasing. Since these types of subsidized recreational programs aren't considered essential by many, they are easy targets for a city administration coping with a funding shortfall.

The problem was exasperated in March 2002 when the provincial government terminated the **Community Lottery Board Grants Program**, effectively eliminating \$53-million in funding to non-profit and charity groups. While the government replaced this with a \$30-million Community Initiatives Program, the government, and not a community-based board, will be making the decisions about grants awarded under the new program.

When the Community Lottery Board Grants Program was established in 1997, the Alberta Sport, Recreation, Parks and Wildlife Foundation eliminated the \$3.2 million Quarterly Grant Program and replaced it with a modest \$600,000 funding program. Sport organizations were told that the Foundation was eliminated to avoid duplication and they were directed to their local Community Lottery Board.. Since the Community Lottery Board has now been eliminated, sports organizations will be competing directly with other community groups for funds from the much smaller **Community Initiatives Program**.

## □ **Affordable, Accessible, Adequate Housing**

Increased employment and net-migration will boost demand for housing in the Edmonton region. Housing starts are expected to range between 4,700 and 5,200 units per year in the region and 2,800 to 3,200 units in the City to 2003 (Edmonton Social Plan, 2001). The proportion of Edmonton households that own their own homes increased from 50.3% in 1986 to 57.7% in 1996. At the same time, Edmonton shelters for homeless persons and those difficult to house are at or near capacity. Many shelters have been turning away applicants for accommodation. An addition 56 new shelter bed added to Edmonton's inventory in 1999 met some of the immediate needs, but are not sufficient to meet the longer-term need (City of Edmonton, 1999).

### **Over 100 homeless children in Edmonton.**

Homeless counts conducted four times in Edmonton between March 1999 and September 2000 showed growing numbers, but researchers were reluctant to call it a trend (ACSW, 2002). The last count found 1,160 homeless persons on the night of September 14, 2000. A 1999 count of homelessness found 836 homeless persons. About 70 families were part of the count, including 112 children under the age of 18, and 91 caregivers. Of the 112 children, 61 were absolutely homeless and 51 lived in shelters (City of Edmonton, 1999). Homeless children can "live" in accommodations such as a charity hostel, a women's shelter, a hotel room under protection of social services, or an empty building. Homeless children tend to feel powerless and depressed. They frequently have been or become victims of abuse, both physical and sexual. They are susceptible to being drawn into a lifestyle that includes petty crime, violence, conflicts with the law, substance abuse, prostitution, sexually transmitted diseases and/or gangs (Alberta Liberals, 1998).

Homelessness is a complex problem resulting from pressures in urban society: a shortage of affordable housing; overflowing emergency shelters; lack of support systems for people at risk; unemployment/poverty; and mental illness/addiction. Booming economic conditions in Edmonton have had a negative impact on homelessness and low-income people. Those in poor economic conditions are being displaced as rents increase and buildings are converted into higher-end housing (Edmonton Housing Trust Fund, 2001).

#### **Mediating Strategies:**

The **Youth Emergency Shelter Society (Y.E.S.S.)** provides young people with a safe, place to stay when they have nowhere else to stay. They can also access support and resources to help them address their problems. The **Shelter Program** has 29 beds and provides short-term residential services to help the youth stabilize their lives. The **START Program** is a longer-term residential service with counseling and personal living skills training components. Through the **Outreach Program**, young people and their families can access mediation to help prevent problems from escalating out of control. The **Skills Program** helps young people identify their own personal resources and develop strategies to make changes in their lives.

## **20,000 + Edmonton households pay more than 50% of their income on rent.**

A follow up report based on the homeless count also noted that Edmonton's Aboriginal community represents only 4.1% of the city's overall population, but over 60% of them live below Canada's poverty line (City of Edmonton, 1999). That compares to 26% of the entire Edmonton population who are "officially poor". About 42% of those who are homeless in Edmonton are Aboriginal (Edmonton Task Force on Homelessness, 1999). As well, over 20,000 households in the Edmonton area are paying more than half of their income in rent to their landlord. Finally, over 1,800 low-rent units were lost in Edmonton's inner city as rental housing was converted to condominium ownership. The problem is compounded by a 1.4 % rental vacancy rate in Edmonton in 2000.

Edmonton needs at least 5,000 additional units of affordable housing (Edmonton Joint Planning Committee on Housing, 1999). The ultimate solution to sheltering people that cannot provide their own shelter is to substantially increase the city's inventory of affordable housing. In the absence of resources to implement the ultimate solution, a Steering Committee of the Edmonton Joint Planning Committee on Housing developed the *Edmonton Community Plan on Homelessness 2000-2003*, which proposes interim measures to address the most pressing needs. The three-year plan provides \$49.3 million to advance efforts to address homelessness (See **Mediating Strategies**).

The Capital Regional Housing Corporation currently has over 2,000 people on their waiting list for subsidized housing, and about 44% of those were families (ACSW, 2002). Only the very desperate cases are able to get social housing units when they become available, which means some families spend years on the waiting list. The province froze rent subsidies in 2002 and no new subsidies are being given, which has had a major impact on people on the wait for subsidies.

### **Mediating Strategies:**

Since its inception in 1992, **Habitat for Humanity Edmonton** has built 39 homes in partnership with low-income families. It helps families in need of improved housing to build their own homes using volunteer labour and donated money and materials. Construction of the homes is a co-operative effort involving sponsors, volunteers, partner families, and professional trades people. The demand for housing for families in need in the Edmonton area continues to increase and so Habitat is significantly increasing the number of homes it will help to build.

In 1998, the **Edmonton Task Force on Homelessness** was established modeled after a similar task force in Calgary. The voices of Edmonton's homeless spoke through the task force's publication titled *Homelessness in Edmonton: A Call to Action*. That report and the Native Counselling Services of Alberta's *Community Consultation on Homelessness* provided a local context for the issue and were the primary resource material for the actions outlined below.

The *Edmonton Community Plan On Homelessness* is being implemented through a two-pronged “community entity” – the **Edmonton Joint Planning Committee on Housing** will establish priorities and foster collaboration and the **Edmonton Housing Trust Fund** will fund and oversee the housing projects.

During 2001, the Trust Fund made commitments of funding for more than \$12.06 million to priority projects. These commitments made possible a total expenditure of \$28.1 million toward addressing issues of homelessness. These projects included \$440,000 for **Amisk House** to build 20 transitional units for Aboriginal pregnant teens, women fleeing violence and seniors; \$760,000 to **W.I.N.G.S. of Providence** for a new three-storey apartment building for women and children fleeing violence; and \$88,000 to operate the **Family Shelter Network** which helps homeless families locate secure, safe and adequate long-term housing (Edmonton Housing Trust Fund, 2001).

Early in 2002, the City of Edmonton released *Building Together, the City of Edmonton Low-Income and Special Needs Housing Strategy 2001-2011*. It outlined the city’s role in meeting the housing needs of marginalized Edmontonians in concert with other partners. Several strategies in the report were implemented, including the formation of a Task force on Affordable Housing.

#### **Effects of Mediating Strategies:**

Since it was formed in 1986, the **Edmonton Coalition on Housing and Homelessness (ECOHH)** has grown to over 20 agencies and organizations. A key initiative of the coalition was the formation of the Edmonton Housing Trust in 1999, which funds and oversees publicly funded affordable housing initiatives. In August 2002, ECOHH and *OUR Voice* magazine launched ‘**There’s NO PLACE like home**’ campaign to advocate for the Alberta government to provide funding for the construction of affordable housing for people with low incomes.

The advocacy campaign seeks provincial funding for affordable housing, not for the homeless. Currently, the Alberta government commits \$3 million annually to address homelessness. Several years ago, both the federal And Alberta governments withdrew their support for building affordable (social) housing. In June 2002, these governments agreed to fund affordable rental housing. The federal government committed \$67.1 million over the next five years to help increase the supply of affordable housing in Alberta.. To date, the Alberta government has not provided details about how it will be involved, although it has said that an announcement matching these funds is pending. However, there is fear the province will seek to show their contribution in the form of past dollars spent, or funds allocated by municipalities and by community organizations.

ECHO has also created the **Alberta Housing Coalition**, a newly formed provincial group to address issues related to affordable housing from an Alberta-wide perspective



## 4. Health and Well-Being

### □ Child Hunger and Poor Nutrition

#### **On-going lack of money pushes low-income families to the Food Bank.**

Despite the fact that the percentage of Edmonton households living below LICO has steadily decreased from 18.3% in 1995 to 11.2% in 1999, poverty remains a serious problem. Between April and May 1999, Edmonton's Food Bank and the ESPC conducted a study of families that turn to the food bank, the third study of its kind (ESPC, 1999).

The study found that among the families:

- 54% live on less than \$1,000 per month
- 45% say SFI is their main source of income (down from 53% in 1996)
- 19% are working poor (up from 14.1% in 1996)
- 71% say that ongoing money shortages compel them to go
- 11% go to the food bank when facing extra expenses – school fees, damage deposits
- 28% were homeless some time during the past five years
- 75% had been late with their rent; 42% had missed rent payments in the past 2 years
- Many of these families are often without utilities: 19% have had their power cut off; 10% have had their gas shut off; 35% have had their phone disconnected
- 73% say they cannot afford to feed their children enough fruits and vegetables; 58% enough meat and 41% enough dairy.

#### **Nearly 20% of children and youth receive inadequate nutrition.**

Several indicators suggest that some children in Edmonton are not getting the basic nutrition they need. Capital Health (2002) found that 19% of children had nutritional-related problems that attended an immunization clinic in an area with many families with low incomes. The Edmonton Food Bank reports that every month in 1998, about 5,000 children under the age of 13 benefited from the agency. A report from Success By 6 estimated that in 1997, about 2,300 children experienced hunger due to poverty.

It is difficult to estimate how many undernourished children there are in Alberta. Alberta Family and Social Services estimates that in May 1998, there were 138,000 Alberta children living below the poverty line. Presumably, many of these children were undernourished. Undernourished children do not receive the recommended daily amounts of essential foods, such as fruits and vegetables, grains, milk and dairy, and/or meat. Lack of essential foods may be the result of not enough to eat and/or inadequate diet, so children may satisfy their immediate hunger, but still be undernourished.

Lack of sound nutrition can undermine children's physical and mental development and increase health problems. An undernourished child whose resistance to illness is compromised is more likely to become ill because the illness increases the body's nutritional requirements. The main cause of undernourishment is family poverty. A family without adequate economic resources will be unable to provide for the nutritional requirements of all of its members. If parents forgo their own meals to feed their children, the parents' health will be undermined, rendering them less and less able to look after their children.

The starting point for good nutrition for children is sustainable access to safe, affordable, personally acceptable food of sufficient quality and quantity. During Edmonton Food Bank's 1997 survey of food bank use, 53% of heads of families said that their children's dietary needs had not been met in the past month, while one in four parents said that their children missed meals for lack of food.

### **Mediating Strategies:**

The Edmonton City Centre Church Corporation (ECCCC) provides services and advocacy for people in Edmonton's inner city. For children, ECCCC offers the **Nutrition Snack Program**, which provides a nutritious mid-morning snack in 29 elementary schools. Over 5,700 children count on the food (more than a million snacks each year). With one in five Edmonton children living in poverty, many come to school with little or no food in their stomachs. **Edmonton's School Lunch Program** provides a well-balanced lunch to about 2,300 students in 14 schools. The lunch provides 1/3 of a child's daily nutritional requirements. Any leftover food is given to the community and two Family Liaisons provide programs and children and caregivers to achieve greater food security.

A community nutritionist from **Capital Health** coordinates and provides support for over 20 **Collective Kitchens** located in community-based agencies in Edmonton. Women in low-income neighbourhoods purchase food together and make nutritious meals that are less costly than if they had made the meals themselves. Some neighbourhoods also have **Collective Kitchens for Kids** because many young people cook for their families.

**WE-CAN Food Co-op** purchase food in bulk from wholesalers and local producers and pass the savings on to members. **WE-COPE (West End Community Outreach Program)** provides a community garden for low-income, west-end residents. The organization provides the expertise, space, tools, seeds and transportation.

## □ **Newborn Babies**

### **Too many babies are born with a low birth weight.**

There is a well-established link between low birth weight (LBW) and serious health and social problems later in life (Alberta Liberals, 1999). LBW children are far more likely to die in infancy; roughly 2/3 of infant deaths are due to LBW. LBW babies that survive infancy are twice as likely to experience learning problems and face a significantly greater risk of eyesight or

hearing loss. They are also more likely to have diabetes, motor impairment, respiratory problems or cerebral palsy. These health problems are often chronic and have long-term consequences affecting the child, family, schools and community (Alberta Liberals, 1999).

Some risk factors for LBW babies include smoking/alcohol/drug use during pregnancy; poor prenatal care; pre-term birth; low socio-economic status; mothers who are under 20 or older than 35 years. Low socio-economic status is one of the most significant factors linked with LBW (Alberta Liberals, 1999). Research shows that the prevalence of low income among residents in a neighbourhood is strongly and consistently related to LBWs and other unfavourable birth outcomes such as pre-maturity. (About 75% of LBW babies are born prematurely.) In Canada in 1986, the incidence of LBW in the poorest neighbourhoods was 6.9%, 2% above the incidence in the richest neighbourhoods. The likelihood of having a LBW baby was 1.4 times higher for a mother living in the poorest neighbourhoods compared with the richest.

For the period 1996-98, 6.4% of babies in the Edmonton-area were LBW, compared with 6.1 % in Alberta Capital health, 2002). In 1999, the rate decreased to 5.9%, as 492 of the 8,201 births were LBW. Not unexpectedly, the percentage of LWB ranged from a high of 8.9% in the central core to a low of 4.8% in Castle Downs, a suburban community. However, over the last 15 years, there has been no long-term improvement in the rate of LBW babies in Edmonton. The city has a higher rate of LBW babies than both the Alberta and Canada.

### **Babies of teenage moms are at greater risk.**

Births to teenage moms in Edmonton have decreased since the early 1990s, but the rate continues to be higher than the Canadian rate. The birth rate for females age 15 – 19 was 25.5 per 1,000 in 1999 (Success By 6, 2002) and the rate varied greatly in different neighbourhoods. The teen birth rate in Edmonton is higher than in Calgary, but lower than in Alberta, the U.S. and the United Kingdom. Nearly 17% of teen births were to teenagers who already had at least one child (Success By 6, 2002). As well, the induced abortion rate started to increase. For women aged 15-19 in the region, the induced abortion rate was 23.5 per 1,000 in 1998 (Capital Health, 2002)

Teenage women from poor families are more likely to become pregnant than those from higher income families (Ross, Scott and Kelly, 1996). A recent survey of 550 teen moms by the Terra Association in Edmonton, found that 42% had been involved with Child Welfare and 75% were receiving funding from SFI, Student Finance Board or Child Welfare. In general, poor teen moms tend to have poor children, continuing the cycle.

Many teen mothers have lead difficult lives. The Terra Foundation survey found that 75% of the teen mothers surveys were single, 85% had/were being subjected to some form of abuse, 70% had been involved with the law, and 36% had attempted suicide or had expressed suicidal thoughts. Teen mothers have a greater risk of giving birth to LBW babies and/or babies with congenital problems. They also tend not to have the necessary resources to provide a secure and stable environment for their children because they often drop out of school to care for their children, limiting their job opportunities. The Terra Association survey found that 70% of the teen mothers surveyed has been out of the regular school system six months or longer.

### **Mediating Strategies:**

The **Terra Association** provides support and resources to help youth cope with the challenges of teen pregnancy. It works with community partners to offer programs and services in 15 areas, such as literacy, health, education, parenting, career planning, etc. For example, the **Parenting Education Program** provides pregnant and parenting youth with additional support and information on parenting both individually and in a group setting. **Housing Support Services** offers an emergency fund to help clients with such things as a damage deposit, emergency shelter on a short-term basis and a housing resource worker to help clients during times of crisis.

### **FAS programs only scratch the surface of what is needed.**

To date, there are no national data on the rate of Fetal Alcohol Syndrome or Fetal Alcohol Effects (FAS/E) in Canada. However, FAS/E is believed to be one of the leading causes of preventable birth defects and developmental delay among Canadian children (Alberta Health, 2000). No one knows how many Edmonton children live with the effects of fetal alcohol. But we do know that FAS/E is the leading cause of mental disability, affecting up to 9 (3 FAS and 6 FAE) in 1,000 babies across Canada. According to AADAC, in Alberta during 1994-95, Alberta Health identified 96 discharges from hospitals as having FAS. Given the problems around diagnosing and reporting of FAS, this number may seriously underestimate the actual number of people with FAS in Alberta (Alberta Health, 2000).

A mother who gives birth to one child with FAS/E stands a 77% chance of giving birth to another. About 90% of peoples with FAS/E develop mental health problems and more than 50% have trouble in school or with the law. The Canadian Centre for Substance Abuse has estimated the lifetime extra health care, education and social services costs associated with the care of an individual with FAS to be about \$1.4 million.

### **Mediating Strategies:**

In 1998, Alberta Family & Social Services took the lead in establishing the **Alberta Partnership on Fetal Alcohol Syndrome**. Many initiatives were started, including a public awareness campaign, professional and community training, physician/practice guidelines, etc. As part of this initiative, **Regional FAS Committees**, composed of a diverse group of government and community partners, were created, including the **Capital Health Authority FAS Committee** in the Edmonton-area. Other services include **Community Health Promotion and Prevention Services**, where children aged 5-18 years can receive nerve development assessments and access follow-up clinics for ongoing help. **Early Childhood Services**, offered by both private operators and public school jurisdictions, are available to children with a disability. **Metis Child and Family Services** provides support and information on parenting, including referrals to community resources for coping with FAS. The **YWCA of Edmonton** offers two types of relief care to families who have a disabled family member of any age.

In Edmonton, two pilot projects are showing the value of intensive, long-term support for children and families coping with FAS/E. **Well Community-Well Families: Finding Solutions to FAS**, is a collaborative community project involving the Bissell Centre, Health for Two and Success By 6. It is a multi-level community development program aimed at building the capacity of central Edmonton communities to support healthy pregnancies and families. **First Steps** is an Edmonton Catholic Social Service initiative to help women who are at risk of giving birth to a child with FAS/E. While these initiatives are important, they barely scratch the surface of what is needed.

### **Immunization rates vary significantly by neighbourhood.**

Immunization rates are used universally as an indicator of children's health status. Every child whose immunization is up-to-date reduces the risk for all children of diseases spreading. Immunization remains voluntary in Alberta and most children receive their preschool immunizations, but fewer receive their full complement of shots before entering Grade 1 (Success By 6, 2002). Although immunization is free, parents that work often have difficulty fitting in clinic visits. When countries let their immunization levels drop, the impact is often dramatic and immediate.

Immunization stats (Success By 6, 2002):

- Trend in Edmonton is that immunization rates are unchanged
- 95% of Grade 1 children fully immunized (1999/00)
- Significant variations by neighbourhood, with central Edmonton having the lowest percentage of children immunized
- Edmonton reliably meets Alberta Health target to begin immunization by 4 months
- Edmonton's immunization coverage in all categories exceeds Alberta rate

### **Infant mortality varies depending on where you live.**

Infant mortality is one of the basic indicators of the overall health of and prosperity of a society. Good prenatal care can substantially reduce the number of LBW babies and the infant mortality rate. The infant mortality rate for 1996-98 in the Edmonton-area was 5.2 babies per 1,000 live births, about the same as the provincial average, but much higher than Finland (4%) or Japan (3.8%), for example (Success By 6, 2002). While the rate of infant mortality increased in 1999 to nearly 6 per 1,000 babies, this still represents a significant improvement from the rate of 8.3 in 1989. Over the period 1994-1999, the Edmonton rate has generally been higher than both the Alberta and Canadian rates.

As with LBW, there are significant differences in the rate of infant mortality depending on where you live in Edmonton. The highest rate in the region was 8.8% among infants in the low-income northeast, while the lowest rate of 2.6% was reported in the more affluent community of Castle Downs. Research shows that the percentage of babies dying before their first birthday is higher in communities with a higher percentage of low-income families (Success By 6, 2000).

## □ **Emergency/Hospitalization rates**

### **Injuries, respiratory diseases key reasons for hospital visits.**

In 2001, over 1,580 children aged 1-4 were admitted to the hospital, nearly 40% for respiratory diseases. Among children aged 5-14 years, there were over 1,640 hospitalizations. The four most frequent reasons were respiratory diseases, mental disorders and disease of the digestive system, and injuries. Injuries are the number one reason for emergency room visits among youth aged 5-14, accounting for about 40% of visits. Teens aged 15-19 made approximately 21,000 visits to emergency departments in 1999. Among this older teen population, injuries were also the number one reason for their visits to emergency, accounting for nearly 40% of visits (Capital Health, 2002).

### **Many children and youth face problems with mental disorders.**

A significant number of young people face problems with mental disorders. In 2001, mental disorders accounted for over 1,418 visits to the emergency department and 427 hospitalizations among youth under 20 years of age. The breakdown of conditions differed for boys and girls. For example, twice the percentage of boys had emotional and behaviour disturbances as girls. Among girls, 27% of mental health related emergency department visits were because of a depressive disorder (Capital Health, 2002).

Among older teens, the pattern is different. About 30% of mental health related hospitalizations of males aged 15-19 were due to schizophrenic disorders, followed by major depressive disorders at 12%. For females the same age, 16% of hospitalizations were for major depressive disorders and 14% were due to anorexia nervosa or other eating disorders. Almost one-third of young men's visits and over one in four visits by young women were because of non-dependent drug use (Capital Health, 2002).

### **Sometimes children and youth die.**

From 1997-99 in this health region, 85 children aged 1-4 died. The three main causes were cancer, congenital anomalies and motor vehicle collisions and an equal number of females and males died. During the same time period, 74 youth aged 15-19 died, and 73% of the deaths were young men. Suicide and self-inflicted injuries accounted for nearly one-third of all deaths for men in this age group. For young women the same age, suicide and self-inflicted injuries accounted for 16% of all deaths (Capital Health, 2002).

#### **Mediating Strategies:**

**Capital HEALTH Link** provides advice and information over the phone to the public 24-hours a day. This one-call source of confidential information and advice is provided for free by registered nurses. Interpretive services are also available.

## □ At-Risk Behaviours

### Too many young people smoke, drink alcohol and take drugs.

A 1998 survey of 31 schools in the Edmonton-region found that 55% of students in grades 7-10 had tried smoking and 33% smoked either daily or occasionally. This is an increase from a 1994 study showing that 21% of grade 11 students in the region smoked (Capital Health, 2002). Next to alcohol, tobacco is the most frequently used legal drug. About 23% of people over the age of 15 are current smokers, averaging 17 cigarettes per day (AADAC, 2002). About one in five children in Alberta (11-years old or younger) are exposed to environmental tobacco smoke at home, placing them at increased risk for bronchitis, pneumonia, asthma, and Sudden Infant Death Syndrome (AADAC, 2002).

Albertans spend nearly \$1 billion annually on alcohol, the most popular drug in Alberta. About 77% of Albertans (15 years and older) are current drinkers, averaging 3.5 drinks per week (AADAC, 2002). The per capita consumption of alcohol in Alberta is higher than the national average and the social and economic costs of alcohol use in Alberta are estimated to be \$749 million annually (AADAC, 2002). Alcohol is also the drug most commonly used and abused by teens. A 2001 survey of Alberta adolescents (aged 12-18) found that 65% of teens had consumed alcohol at least once in the previous 30 days, and 46% had consumed 5 or more drinks in a row (AADAC Web Site).

Drinking and driving is a potentially fatal mix, particularly for teens. Youth aged 16 to 24 make up 20% of licensed drivers and they drive about 20% of the total kilometers driven. But they account for 42% of all alcohol-related crashes in which somebody dies (AADAC Web Site). In 2000, one-fifth of Alberta drivers involved in fatality collisions and 4.9% of drivers involved in injury collisions were drinking prior to the accident. As well, alcohol was a factor in 61% of the incidents of spousal abuse where substance use was reported (AADAC, 2002).

The most popular illicit drug in Alberta is cannabis, with 10% of adults and 16% of teens (12-17 years) reporting current use. Approximately 5% of Albertans use such drugs as cocaine/crack, hallucinogens, or heroin (AADAC, 2002). Males are more likely to use illicit drugs, and younger people are more likely than older individuals to report drug consumption. In contrast, more women than men report the use of prescription drugs, especially sleeping pills and tranquilizers (AADAC Web Site).

#### **Mediating Strategies:**

In 2001, **Edmonton City Council** voted to ban smoking in restaurants or restrict minors from the establishment. Lately, the mayor has been pushing for a total smoking ban in all restaurants and bars. Council will revisit its 18-month-old smoking bylaw in February 2003 after the city administration review rules in other Canadian communities and the economic impact of public smoking bans (*Edmonton Journal*, 2002).

## **Addictions affect everyone in the family.**

Addiction is a complex issue that affects every member of the family and can have a lasting impact on their lives. The effects on individual family members varies widely from person to person and family to family. Addiction needs to be understood as a process rather than as a specific event. This process is often influenced by a number of factors, including the culture they live in, life events, their biological make-up and their relationships with family and friends (AADAC Web Site). When a family member has a dependency, the whole family usually develops ways of coping with the problems associated with the dependency. While these coping strategies may help the family to operate more smoothly and get along better, they may also allow the dependency to continue. Unfortunately, family members may also use alcohol, drugs or gambling themselves as a way of coping with the problems in their family

Since addictions often create an unstable family environment, parents may not effectively discipline their children, or provide them with training in basic life skills. Children may feel insecure or unloved and they may be forced to take on adult responsibilities that are not appropriate to their age. Children in families where an addiction is present are more likely to show anti-social behaviour and may have problems such as skipping school, aggressiveness, hyperactivity and eating disorders (AADAC Web Site).

### **Mediating Strategies:**

**AADAC (Alberta Alcohol and Drug Abuse Commission) Edmonton Youth Services** helps youth achieve and maintain a healthy life free from the abuse of alcohol, other drugs and gambling. It offers treatment and prevention programs directed at helping youth and their families. The range of programs is designed to increase the capacity of youth, families and communities to prevent drug abuse, reduce drug/alcohol related harm, and encourage the resolution of personal problems. The programs include community outreach, community treatment and intensive treatment.

## **❑ Sexual Health**

### **Good self-esteem, positive approach to sexual health, positive sexuality**

Girls aged 11-13 often experience a significant drop in self-esteem with the onset of puberty. According to the Canadian Advisory Council on the Status of Women, “twice as many girls as boys have a negative view of themselves.” Studies show that by grade 8, only 3 of every 10 girls like their bodies, compared to 7 in every 10 boys (Contraceptive Technology Update, 1995). This influences how females and males behave during the impressionable first experiences with dating and can establish life-long patterns that are difficult to change.

These perceptions of youth can be reinforced through a negative approach to sexual health promotion. A negative approach focuses on sexual problems, risks and consequences and excludes the positive aspects of sexuality. It’s important to teach about the risks associated with



unprotected sexual activity and about establishing personal boundaries. But “accenting only the negative aspects of sexuality can reinforce victimization, perpetuate gender stereotypes and leave youth without positive sexual role models... Young people know that sex isn’t just about consequences and they ignore adults if that’s all we talk about. Balancing our health promotion efforts to include an emphasis on the positive aspects is important” (Tobin 1997, p.1).

**Condom fatigue helps to breed an increase in HIV diagnoses**

Many young people in Edmonton are not getting the message about HIV infection according to the regional medical officer of health (*Edmonton Journal*, 2002). Among people aged 15-24, the number of HIV diagnoses in the Edmonton-area almost doubled in 2001 from 2000. Although the numbers remain small, they still worry health officials. The increased was explained by the fact that young people are injecting drugs at an earlier age and IV drug users also being more likely to engage in unprotected sex, especially if they are involved in prostitution.

As well, there is a fear that young people in particular have become complacent about practicing safe sex. Known as “condom fatigue”, this phenomenon occurs when people know about the benefits of using condoms, but they are tired of hearing the message and refuse to wear them. Most of the new HIV infections are among heterosexuals, and in particular among injection drug users. For example, in 2001 about 61 injection drug users in Alberta were diagnosed with HIV compared with 34 gay and bisexual men. Drug users make up about half of new cases in Edmonton and the province. Rates of infection among Aboriginals are still disproportionately high, and social factors, including poverty, often factor into infection.

**Table 18: Recent Statistics on the Incidence of HIV in Edmonton and Alberta**

	2000	2001	2002*
Edmontonians infected with HIV		283	
Edmontonians diagnosed with HIV	74	85	45
Albertans infected with HIV		641	
Albertans diagnosed with HIV	184	159	

\*To June 30, 2002

Source: Alberta Health and Wellness, Capital Health, 2002

**Mediating Strategies:**

The **Sexual Assault Centre** provides free services with two different programs: programs: public education and direct service through a 24-hour crisis line, crisis intervention, short-term counselling and numerous groups. Youth and children that have been sexually abused can turn to the Sexual Assault Centre for help in accessing services. There is a legal obligation to report all suspected child abuse to Child Welfare. This does not mean the young person will automatically be apprehended, unless they are still in danger of being abused.

Child Welfare is a resource to help families access medical attention and help to locate appropriate counselling resources. There are many survivors of child sexual abuse who are now adolescents or adults. They may not have been believed if they disclosed at that time, they may not have told anyone, and it may not have been dealt with appropriately even if they were believed. So there may still be some healing work that needs to be done.

**Planned Parenthood Edmonton** is the primary source of education and counseling services on sexual and reproductive health in Edmonton. It has several youth-orientated projects, including: **Youth Website Project** “Youth4Youth.com”, which is a website designed by and for youth; **Developing Mentorship for ‘at-risk’ Adolescent Males**, in which a youth team surveys male teens judged to be at “higher-risk” of engaging in behaviour which could lead to HIV infection.

Also: **Girl Power**, a four-day summer camp for young women aged 11-13 to promote high self-esteem. It address the decrease in self-esteem often experienced by girls this age. It encourages good self-esteem by giving participants opportunities to explore issues of peer pressure and social stereotypes, learn communication skills, etc.; and **TNT (Tough n’ Talkin’)**, a four-day camp to help young men aged 14-17 build positive social relationship skills. Empowering young men with the skills to engage in positive relationships could help them lead healthier and more fulfilling lives. TNT helps young men to explore issues of peer pressure and social stereotypes, build sexual decision-making skills, etc.

The **Gay and Lesbian Community Centre of Edmonton (GLCCE)** provides counseling and support services and education for gay, lesbian, bisexual and transgendered people, their parents and friends and offers amenities and facilities to benefit the community. It also has a number of youth-orientated initiatives, including the **Gay, Lesbian, Bisexual, Two-Spirited (GLBT) Youth Outreach Project**. It develops and disseminates information and resources to GLBT youth and inform professionals about youth issues.

Also a **Youth Understanding Youth Group**, a facilitated volunteer social/support group for youth under 25. **Parents and Friends of Lesbians, Gays and Trans-gendered (PFLAG)** is a support group for parents and friends of lesbians, gays, and trans-gendered people and **Yours, Mine, Ours and Us** is a support group for LGBT parents, partners and their friends.

**HIV Edmonton** provides people with the information and support they need to deal with HIV and AIDS and prevent the spread of sexually transmitted diseases. The agency also educates and informs the public about HIV and supports those who are infected and/or affected by HIV. It has a variety of youth initiatives, including a **Youth Volunteer Program**, **Train the Trainer Youth** and **HIV workshops, Expecting Respect: Peer Education**, etc. As well, plays developed by the **Youth Theatre Project** target youth who are street-involved or at risk of becoming so.

## □ Suicide

### 400 suicides annually in Alberta

Suicide is the 12<sup>th</sup> leading cause of death worldwide and every 33 seconds, a person somewhere in the world dies as a result of suicide. In Canada, suicide is the 11<sup>th</sup> leading cause of death. Here the suicide rate doubled between 1960 and 1999 and there was an even steeper increase in suicides among adolescents. People under the age of 40 account for more than half of the suicides in Canada.

“Suicide is a serious public health concern in Alberta, where on average over 400 Albertans take their lives annually” (Suicide in Alberta, p. 9). More people die as a result of suicide than from motor vehicle collisions. Over the 1997-99 time period, 1,294 people died as a result of suicide in Alberta compared with 1,003 who died from motor vehicle collisions. Since 1954, Alberta’s suicide rate has typically ranked above the national rate. In 1997 for example, Alberta’s suicide rate was ranked second only behind Quebec among Canada’s provinces. For the years 1995-97 in this health region, 363 people died as a result of suicide and 179 died from motor vehicle collisions. The suicide rate in Alberta has fluctuated since 1960 when it was 8.9 per 100,000 people. Over the next 40 years, the rate peaked in 1991 with a rate of 18.8, while the rate dropped to 13.9 in 2000.

Jumping from heights is the fifth most common suicide method after hanging, firearms, drugs and alcohol and carbon monoxide according to the Alberta Medical Officer of Health (*Edmonton Journal*, 2002). Only 3.6% of the 418 suicides in Alberta in 2000 were people that jumped to their deaths.

#### **Alberta suicides in 2000:**

- Total for Alberta: 418 – 307 males, 111 females
- 38% were between age 40 and 54
- Total for Edmonton: 99
- Highest number of suicides occurred in June and July; fewest in November and January

Source: Alberta Medical Officer of Health, 2002

### **Young, Aboriginal males particularly at risk of suicide.**

For youth aged 15-19 years, there were 74 deaths from 1997-99 and 73% of the deaths were young men. Suicide and self-inflicted injuries accounted for nearly one-third of all deaths for men in this age group. For young women the same age, suicide and self-inflicted injuries accounted for 16% of all deaths. Young, Aboriginal males are particularly at risk of suicide. Some Aboriginal communities have rates of 3-5 times higher than the general population. Suicides are the second leading cause of death among First Nations people in Alberta. Between 1983 and 1996, there were 365 suicides completed. Over 40% of these suicides were by hanging and another one-third were done using firearms.

## **“History of injustices” behind suicides of Aboriginal children under government care.**

In the fatality inquiry headed by Judge John Reilly into the suicide by hanging of 17-year-old Sherman Labelle, who died in 1998 on the Stoney Indian Reserve, in Morley Alberta, Judge Reilly wrote:

*“Suicides among Aboriginal young people are the result of the history of injustices that they have suffered and continue to suffer. In order to prevent similar deaths, the injustices must be eliminated”.*

(Sloan 2000, p.27)

Sloan (2000) reviewed eight of the 31 fatal inquiry files for deaths of children by suicide or of a suspicious nature, while known to/or in the care of the Alberta Government between 1990- 2000. She wrote “I was particularly touched by the emotional story of one child, Sherman Labelle, a young Stoney Indian who committed suicide at the age of 17. Sherman lived a difficult life; his mother died when he was 13-years-old, which resulted in his placement in Child Welfare and a total of 13 foster home placements in the four years preceding his death” (Sloan 2000, p.3).

After reviewing the fatal inquiry files, her recommendations include:

- Statistics on child and youth suicide should be collected and compiled annually
- Regional Health Authorities should offer programs designed to reduce youth suicides
- Commitment to long term funding for children’s and youth mental health programs
- Staff training for the detection of youth at risk of suicide
- Alberta Children’s Advocate should review Fatality Inquiries for children in government care and evaluate the implementation of inquiry recommendations
- Ongoing research and program evaluation to improve early detection, intervention and prevention of youth suicide.

### **Mediating Strategies:**

**Signs indicating there is help** for people contemplating suicide have been posed on the High Level Bridge in Edmonton, a common site of suicides. The police and Edmonton’s Support Network worked jointly on developing the signs, which read in part “There is Help 24-hour Distress Line 482-HELP (4357)”. The intervention is intended to delay a person from committing suicide so they have another opportunity to find help. Jumping barriers, signs for help and telephones connected to distress counselors are becoming more common on high bridges throughout North America. The High Level Bridge is about 14 storeys high, and based on police reports, it’s a common jumping spot (*Edmonton Journal*, 2002).

## 5. Culture

People from many different ethnic groups live in the Edmonton area. Of the 816,334 people in the region, about 80% of the population are of European descent, 5% are Aboriginal and 15% are of Asian, Arab, African or South American ancestry (Capital Health, 1999).

### □ **Aboriginal Population**

#### **40% of Aboriginals are under 15, many are at risk.**

About 40% of Alberta's Aboriginal population is under the age of 15 years compared to only 23% for non-Aboriginals. In 1996, there were about 55,3000 Aboriginal children in Alberta, about 9% of all children under 15-years old. A disproportional number of Aboriginal children live in circumstances that put them at-risk, such as:

- Infant mortality rates for Aboriginal children are 250% higher than the national average.
- Aboriginal children are twice as likely to suffer from Fetal Alcohol Syndrome as the general population.
- Aboriginals are more susceptible to chronic health problems and psychiatric disorders.
- Suicide rate for Aboriginal children aged 10-19 is over five times the rate of non-Aboriginal children in Canada (National Forum on Health, 1997).
- 51% of Aboriginal children grow up in poverty in Canada (Canadian Institute for Child Health, 1994).

The tragic situation of Aboriginal children is the consequence of the lifestyle imposed on their people by colonial society that has systematically destroyed their traditional way of life. Aboriginal people are increasingly dependent on a cash-based economy, which fails to meet their needs (Alberta Liberals, 1996).

### **Urbanization of Aboriginal people**

About 50% of Aboriginal people live in urban areas of Canada and two-thirds live in cities in western Canada (Canada West Foundation, 2002). In western Canada, Aboriginal people are a visible presence and they comprise upwards of 8% of the population in major cities. In fact, more Aboriginal people live in Winnipeg than in Nunavut and the Northwest Territories combined. Recent estimates indicate that the urban Aboriginal population is expected to dramatically increase over the next decade (Royal Commission on Aboriginal People Projection 1991-2016).

The urbanization of Aboriginal people is especially apparent in western Canada. While Aboriginal people account for 3% of the Canadian population, they represent up to 8% of residents in major western cities. One of the most important aspects of the urban Aboriginal population is that, compared to the non-Aboriginal population, it is much younger. While about

one-fifth of the non-Aboriginal population in western Canadian cities is under the age of 15, for Aboriginal peoples the figure is more like one-third in most cities. At the other end of the age spectrum, about 10% of the non-Aboriginal population is over 65, while less than 3% of Aboriginal people are in this age group.

The fact that the urban Aboriginal population is much younger than the non-Aboriginal population is important for the future of western Canadian cities. Skilled labour shortages are being experienced in some trades and labour force shortages are projected throughout western Canada in the near future. The urban Aboriginal population offers a young and growing labour force that could alleviate some of these shortages. If not for reasons of equity and social justice, then for reasons of community self-interest, it is crucial that Aboriginal people have the opportunity to capitalize on the facilities and services available in western Canadian cities (Canada West Foundation, 2002).

### **Aboriginal and Non-Aboriginal urban residents: A tale of two cities.**

Aboriginal people move to the city for better jobs, better houses and because they want to go to school. But very often, they find out that living in the city is worse than life on the reserve or in a rural setting. Their experience is often like a tale of two cities. Many Aboriginal people find the adjustment to city life overwhelming. Some leave the city soon after they arrive, while others live on the margins of urban society and experience disadvantages in education, employment, income, etc.

Many experience loneliness because they are too far away from their families and friends, while others experience cultural isolation because it is hard to live in the traditional way in the urban areas. They are often ill-equipped to face the many challenges of adjusting to, and living in, an urban environment. Compared to non-Aboriginal people, urban Aboriginal people have lower incomes, lower labour force participation rates, and higher rates of unemployment, lower education, a higher rate of incarceration, and more welfare dependency. Urban Aboriginal people are more likely to be in lone parent families, have poorer health status, and have higher rates of homelessness and greater housing needs. As well, Aboriginal people are over-represented in the criminal justice system – both as victims and as offenders – and more likely to experience domestic violence. While urban Aboriginal people in general live in disadvantaged circumstances, Aboriginal women, and more specifically Aboriginal single mothers, are the most disadvantaged.

Many urban Aboriginal people do not fully participate in the educational, economic, and social aspects of western cities. For a variety of reasons, many are unable to take full advantage of the opportunities afforded to urban dwellers (Canada West Foundation, 2001). They often “face overwhelming problems that are rooted in cultural dislocation and powerlessness, discrimination and economic hardship” (RCAP, 1996).

### **Discrimination hurts both the individual targeted and the whole community.**

Undeniably, Aboriginal people, and young people in particular, face discrimination in Edmonton. It is hurtful for the individual targeted and undermines the strength and cohesion of

the entire community. While measuring the degree and intensity of discrimination in Edmonton is difficult, surveys show that most Aboriginal people have personally experienced both open and hidden discrimination.

Discrimination can be quite open and obvious and many take the form of an insult, rude service in a store, or even physical violence. When applying for a job, sometimes people face subtle discrimination when a potential employer might not mention the person's age, sex, race or disability, but might claim, "you wouldn't fit in". Stereotyping and prejudice are concepts related to discrimination. Stereotyping is an oversimplified, false or generalized portrayal of a group of people that does not allow for individual differences. Prejudice is an unfavourable opinion or judgment based on irrelevant considerations, inadequate knowledge or inaccurate stereotyping (Institute for the Advancement of Aboriginal Women, 2001). Open discrimination that targets a whole community can take the form of racist jokes, graffiti, or hate literature.

Discrimination also appears in hidden forms that are harder to detect, but are nevertheless just as harmful as open racism. Systemic discrimination occurs when a seemingly neutral policy or practice is in fact discriminatory. It is known as systemic or structural because it operates as part of the basic systems our society is built on and can be experienced in places such as government, banks, schools, or the media (Institute for the Advancement of Aboriginal Women, 2001).

While basic human rights are protected by federal and provincial laws, governments "do not own your rights or give them to you. They belong to you. Stand up for your rights. No one gives you the power to exercise your rights – it is you who takes the power" (Institute for the Advancement of Aboriginal Women 2001, p.10).

### **Mediating Strategies:**

The **Ben Calf Robe Society** provides an alternative school experience aimed at meeting more effectively the educational needs of Aboriginal students. It also seeks to broaden the awareness of the non-Aboriginal community about the challenges facing urban Aboriginal people. Aboriginal people are involved at all instruction levels and they provide cultural awareness instruction, standard Alberta educational curricula, counseling and liaison, etc. A goal is to help students better understand and appreciate the spiritual, historical and political aspects of Native life and traditions. Programs/services include: **Family Support, Going Home, In-Home Family Support** and a **Youth Initiative**.

**Bent Arrow** is a 16-week program for Aboriginal youth between 16 and 24 who are not working, in school or in some other training. It helps them develop the skills and knowledge necessary to make and maintain positive lifestyle changes using the guidance and teachings of Native Elders and The Medicine Wheel. Some of the areas covered include: life management skills, self-esteem and motivation to succeed, conducting a job search, preparation for returning to school and a work placement. Programs include: **Four Arrows**, a pre-employment/employment program; **Rites of Passage**, a life management program for youth aged 12-17; **Coyote Kids & Children's Culture Camp**; **Nitotemak**, a treatment program for youth age 12-17 who are in foster care.

About 80% of the people using the services and programs provided by the **Boyle Street Community Services Co-op's** are Aboriginal people. Support programs and services includes: **Stepping Stones**, four homes that can accommodate 20 children under 12 years old in need of short-term care pending a long-term placement or a return to their families; **Young Adult Program** supports young adults in their efforts to overcome social, cultural and economic disadvantages and assume adult roles; **Inner City Youth Housing Projects** provides, in collaboration with three other agencies, a safe housing alternative for street involved youth.

A study released by the Canadian Council for Social Development (2001) on urban poverty found that in 1995, Aboriginal people were more than twice as likely to live in poverty as non-Aboriginal people. Today the situation is much the same. Nowhere is the incidence of poverty more obvious than in western urban centres.

In Regina for example, Aboriginal people accounted for approximately 24.3% of the poor population – more than three times the proportion of the total Aboriginal population. Nationally, the average income for Aboriginals is 33% below the average income for non-Aboriginals and unemployment rates are almost twice as high. Given the high concentration of Aboriginals in western Canada, the adverse economic and social conditions in these centres largely determines the outcome for the Aboriginal population as a whole.

Lack of affordable housing is one of the most serious problems facing urban Aboriginal people. Inner-city ghettos are developing with street gangs, crime substance abuse and other social ills. To deal effectively with the many social problems associated with the lack of housing in our urban centres, existing Aboriginal housing authorities and social service agencies need to collaborate.

However, not all of the experiences of urban Aboriginal people are negative and the positive indicators are often overlooked. For example, many experience higher incomes and a longer life expectancy. As well, there is a tentative emergence of an urban Aboriginal middle class rising in part from the dramatic increase in Aboriginal post-secondary education graduates (Carims, 2001).

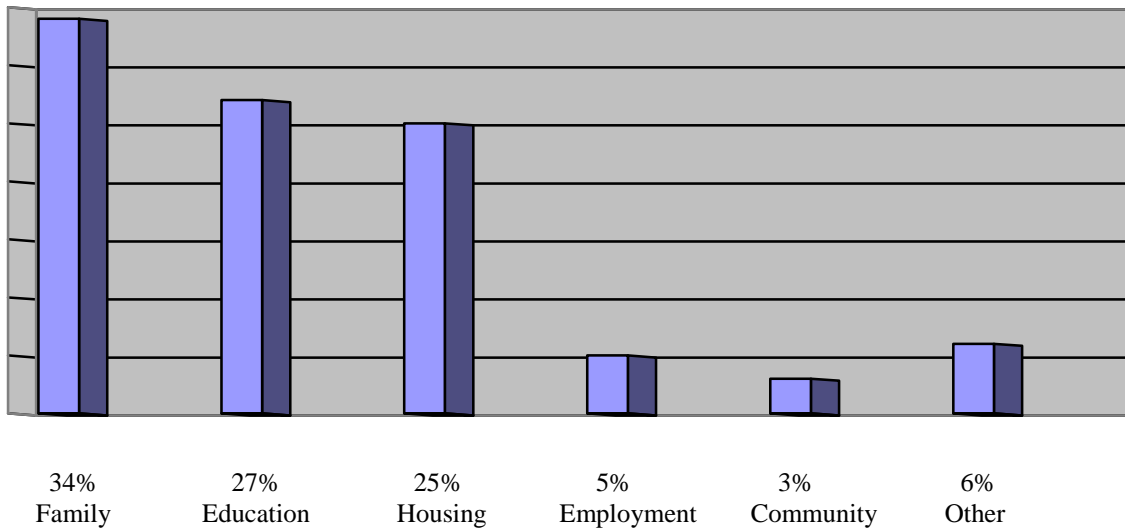
### **Aboriginals pulled into cities or pushed off reserves?**

Migration within Canada is usually based on a personal decision to pursue economic opportunities. Research in the 1960s found that Aboriginal people tended to migrate from rural areas to cities primarily in pursuit of better living conditions and job opportunities. Throughout the 1970s and into the 1980s, studies confirmed that jobs were the biggest draw for Aboriginal people to move into cities (Canada West Foundation, 2001). But more recently, other reasons have been cited. According to Statistics Canada's 1991 Aboriginal people's Survey, the principal reasons registered Aboriginals migrated from their reserves were family, education and housing; jobs barely registered (Chart 2). More research is needed to help determine what currently motivates Aboriginal people to leave their reserves for city life.



A key question is whether Aboriginal people are being pulled into cities by the lure of opportunity or are they being pushed off their reserves by the appalling conditions (Canada West Foundation, 2001).

**Chart 2: Stated Reasons for Migration of Registered Aboriginals from On-Reserve to Off-Reserve**



Source: Statistics Canada, 1991 Aboriginal Peoples Survey

### **Government-sponsored Aboriginal Programs**

*“These gaps in socio-economic conditions pose formidable challenges both for urban Aboriginal people and for governments, particularly in western cities where Aboriginal populations are comparatively large.*

*Exacerbating the situation until recently is the fact that “governments certainly appear to have given [urban Aboriginal people] little thought in policy and program decisions” (RCAP 1996b, 116). However, policy-makers are beginning to turn their attention to urban Aboriginal people.”*

(Canada West Foundation 2001, p.1)

### **Mediating Strategies:**

Historically, the federal government has been hesitant to provide programs and services for Aboriginal people living off-reserve. However, as more Aboriginal people migrated to cities, or were born there, the federal government has tentatively responded with some Aboriginal programming. The level of federal programming activity has increased and the guide to programs for urban Aboriginal people now runs over 100 pages (Canada West Foundation, 2001).

However, no examples of enhanced **federal government** programming for urban Aboriginal people were found in the fields of income support, suicide, human rights or family. Indeed, Cairns argues that the federal government and the legal and academic communities “pay negligible attention to urban Aboriginal peoples” (Canada West Foundation 2001, p.4).

The **western provinces** have traditionally provided programming and services for off-reserve Aboriginal people through programs and services for the general population. However, several provinces have launched designated programs to specifically address the challenges confronting urban Aboriginal people. All four provincial governments have urban Aboriginal programs in education and justice and three of the four governments offer programs in 10 other fields. (Alberta provides programming in 13 fields.) None of the provincial governments provide enhanced programming for urban Aboriginal people in income support or suicide.

Like the provinces, **municipalities** in western Canada have historically provided programs and services to urban Aboriginal people in the normal course of serving their residents. However, some cities have recently begun delivering programs for urban Aboriginal people. For example, Edmonton has enhanced programming for urban Aboriginals in eight fields: health, homelessness, justice, urban transition, cultural support, other, family, and youth. Only Saskatoon has enhanced programming in economic development, Regina was alone in addictions programming, and enhanced programming for homelessness was found only in Edmonton.

### **NGOs fulfilling government’s role?**

The Royal Commission on Aboriginal Peoples suggested that governments underserve urban Aboriginal people. Consequently, Aboriginal and non-governmental organizations (NGOs) are forced to provide the necessary programs and services for Aboriginals. However, many Aboriginal or non-profit organizations receive funding for program delivery from federal, provincial, and municipal governments. In Edmonton, Aboriginal and NGOs provide programming in education, training, employment, economic development, family violence, health, addictions, housing, urban transition, cultural support, other, family, and corrections (Canada West Foundation, 2001).

### **Mediating Strategies:**

The **Canadian Native Friendship Centre** offers a variety of recreational and cultural programs for Aboriginal people. These include an **Indigenous Martial Arts, Drop-In Centre** and **Aboriginal Youth Peer Support and Foster Care Programs**. The **Cross Cultural Families of Native Children** is a group for adopted Aboriginal children and foster/adoptive families of Aboriginal children to help them deal with cross-cultural issues. Aboriginal youth turn to the **Edmonton Native Healing Society** for summer youth programs, a **Cultural Camp**, Internet access, a **Striving for Excellence Youth Program**, pastoral counseling, etc. The **Freehorse Family Wellness Society** provides student support to post-secondary Aboriginal students.

To reduce the numbers of Metis children going into the care of the Child Welfare system, **Metis Child and Family Services** provides services to children, youth and families. Programs and services include: **Choices Program**, which focuses on youth at risk of leaving school early by providing such activities as self-esteem workshops, talking groups, individual counseling, etc.; **Youth Support Program** focuses on helping youth to remain at home or make an orderly transition to independent living; **Community Support Home Program** allows Metis and other Aboriginal children who are in Child Welfare to be placed with Metis or Aboriginal families.

**Mother Bear Consulting Inc.** provides 72 general and therapeutic foster care beds for children 0-17 years of age in multi-culturally sensitive settings with appropriate support services, such as **First Step Peer Support Program** and **Native Youth Employment Program**. The **Red Road Healing Society** focuses on helping families get the direction, guidance and information they need to heal and find direction in their lives. Programs include: **Healing Circles, Survivor's Group, Collective Kitchen, Youth Group**, etc.

**The Edmonton Aboriginal Urban Affairs Committee** promotes the development of Aboriginal people in Edmonton. It collaborates with other groups and advocates on behalf of urban Aboriginals to the mayor and city council. The EAUAC's has an Aboriginal Youth Sub-Committee, which involves youth in strategies to increase recreational opportunities and annually presents Aboriginal Youth Awards.

### **Complex Aboriginal public policy issues affect all Canadians.**

Since the 1970s, Canadians have wrestled with a complex set of issues relating to Aboriginal peoples. These difficult issues have included the constitutional recognition of Aboriginal peoples and their treaty rights; land claims across the country; recognition of the damage caused by residential schools; and the establishment of Aboriginal self-government. For many Canadians, especially those living in large cities, these issues seem remote and abstract. In fact they are remote in the sense that many First Nation communities are literally located in remote locations far from urban centers. The issues may feel abstract because they don't seem to touch the daily lives of urban Canadians.

But Aboriginal issues are far from remote. The majority of Canadians who assert Aboriginal ancestry now live in cities, not reserves. The Aboriginal population is now largely an urban population and it will become even more so in the future.

This population shift raises a new set of very complex public policy issues (Canada West Foundation, 2001). For example, the constitutionally recognized right to Aboriginal self-government may be relatively easy to implement for Aboriginal peoples living in First Nations communities. But it is vastly more difficult to put into practice for those living in Edmonton.

For instance, how will communities address the educational needs and aspirations of Aboriginal peoples within the public education systems of large cities? How can Aboriginal languages and cultures be protected and nurtured within the mainstream, monolithic culture in large cities? These are just two of the difficult, but necessary, issues to address in response to the significant shift of the Aboriginal population to large cities.

### **Effects of Mediating Strategies:**

#### **“Promising Practices – Ideas that work.”**

The heightened interest in, and attention to urban Aboriginal issues have often not been matched by policy-making and programming successes (Canada West Foundation, 2002). As part of its urban Aboriginal research initiative, the Canada West Foundation hopes to change this with the release of its third report, “*Uncommon Sense: Promising Practices in Urban Aboriginal Policy-Making and Programming*” (2002).

Based on interviews with 109 participants, the report provides “ideas that work” (p.1) as opposed to best practices, which the report notes are not necessarily “best” in all circumstances. The promising practices fall into two categories: those for all actors, and those for governments.

Some of the practices may seem like motherhood statements, while other ideas are not applicable to every situation. Nevertheless, all the ideas support nurturing trust among the participants as the key ingredient in successful urban Aboriginal policy-making and programming:

### Promising Practices for All Actors

- **Emphasize and build Social Capital** – Building trust among participants over time through relationships and networks..
- **Cultivate the right people** – Support from all levels of organizations; focus on the future, not the past.
- **Keep a client focus** – Improved outcomes the shared vision; cultural sensitivity and programs available to everyone are important.
- **Consider service location carefully** – Locate services where clients live; “one-stop shopping” in street-level, storefront operations are preferred.
- **Emphasize Aboriginal delivery** – Urban Aboriginal programming is often best delivered by Aboriginals; but not exclusively as some non-Aboriginals will also use the services.
- **Separate politics from program delivery** – Governments and Aboriginal organizations should keep political roles separated from service delivery roles; different actors should work on politics and program delivery.

### Promising Practices for Governments:

- **Listen to the community** – Use Community Development approaches; value Aboriginal leaders for their experience and knowledge; they are peers, not clients
- **Approach issues holistically** – Inter-departmental co-operation within and between governments; also partnering with other sectors.
- **Simplify application processes** – Provide training in completing applications and review applications early in the submission process.
- **Recognize the importance of urban Aboriginal issues** – Governments reorganize structures to emphasize urban Aboriginal issues; develop policy frameworks to guide departments in addressing Aboriginal issues.
- **Cooperate nationally and regionally** – Regular meetings of officials to coordinate responses and exchange information; work around jurisdictional entanglements.

In the words of one provincial government official, “If jurisdiction is your starting point, you’re not going to solve anything...Start from a community issues standpoint, set aside jurisdictional and policy issues, and commit some resources to it. You’ll see things happen” (p.11).

## **Socio-economic factors seriously affect the health of Aboriginal Albertans.**

Information in this section (except the text boxes) is taken from the 1996 Alberta Health document *Strengthening the Circle: What Aboriginal Albertans Say About Their Health*.

### **Racism**

- There is widespread racism and discrimination in the health system
- “It is hard to trust someone with your life if you know that they hate you” (p.27)
- Health practitioners often view substance abuse problems as the patient’s fault

### **Employment/Income**

- Aboriginal people often have fewer jobs and less money than other Albertans: 41% have an annual income of less than \$20,000, compared with 22% for other Albertans (Canada Census, 1996)
- 34% of Aboriginal people have no income compared with 26% for other Albertans (Canada Census, 1996)
- Aboriginal incomes average half those of other Albertans
- Most Aboriginal people work in labouring or unskilled positions
- Aboriginal women have one of the lowest average individual incomes in Canada

#### **Mediating Strategies:**

There are several employment centers geared to helping Aboriginal people find work. These include: the **Aboriginal Centre for Career and Employment Services Society**, **Native Employment Initiatives**, **Aboriginal Centre for Employment Services**, **Oteenow Employment and Training Society**, etc. The federal government also has several programs, including: **Aboriginal Human Resources Development Agreements**. Among the programs for youth is the **Metis Nation of Alberta – Labour Market Development Program**. Aboriginals interested in starting their own business can find help with the **Aboriginal Business and Professional Association** and **Aboriginal Business Canada**.

### **Incomplete Education**

- About 11% of students in Edmonton public schools are Aboriginal
- Only half of Aboriginal students in Edmonton public schools go on to high school
- 20% of Aboriginal high school students finish grade 12
- Less than 50% of Grade 9 Aboriginal students meet the acceptable academic standard
- About 4% of Aboriginal people in Alberta have university degrees compared with approximately 15% for the general population
- About 3.5% of Aboriginal people in Alberta have trade certificates

### **Mediating Strategies:**

Aboriginal youth/adults needing help to further their education can turn to: **Native Women Career Preparation** (NorQuest College), **Northern Student Education Initiative/Native Student Services/Indigenous Law Program** (U of A), **Native Education Program** (Edmonton Catholic Schools), **Ben Calf Robe Adult Education Program, Ben Calf Rob Elementary/Junior High School, Boyle Street Education Centre, Aboriginal Education** (Edmonton Public Schools) **Awasis Program, Bent Arrow Traditional Healing Society, Aboriginal Education** (NAIT), **Aboriginal Services Branch** (Alberta Learning), and **Amiskwaciy Academy**.

### **Housing**

- Due to unemployment/underemployment, many Aboriginal people are forced to live in inadequate housing
- Some landlords exploit a low vacancy rate and overcharge for rent, especially in low cost housing
- Many Aboriginal people have non-existent, or poor credit ratings; consequently, some utility companies impose restrictions on payment options, and sometimes the heat, electricity or phone is turned off when the bill hasn't been paid
- 42% of those who are homeless are Aboriginal (Edmonton Task Force on Homelessness, 1999)

A subset of the Aboriginal homelessness population involves Aboriginal youth. They are among those who face the highest level of poverty, unemployment, suicide, as well as experiencing incomplete education (Edmonton Housing Trust Fund, 2002). There is also a strong relationship between youth pregnancy and homelessness. Many homeless young women have never established independent households, lack social supports and role models, and have limited child-rearing knowledge and skills.

Aboriginal people who are homeless typically have incomes too low to pay for basic living expenses and experience a lack of services to help them overcome their personal challenges (Edmonton Housing Trust Fund, 2002). To end their homelessness, people must obtain affordable housing, have incomes that adequately meet their basic needs and access help to overcome the problems that interfere with their independent living.

### **Mediating Strategies:**

The **Aboriginal Partners & Youth Society** provides a variety of services, including social programming, community development, and wellness initiatives. The following three programs are run through APYS: **Youth at Risk; Target Alberta Youth; and Project Self Discovery**. In 2001, the Society purchased two apartment buildings, with 31 units in total, to house Aboriginal youth participating in programming. To purchase the buildings, the Society received \$436,500 from the Edmonton Housing Trust Fund of the total project cost of \$1 million.

**Amisk Housing** is building 20 transitional units of housing for Aboriginal pregnant teens, women fleeing violence and seniors. A tenant counselor will assist the teens with personal and work adjustment mentoring, family and social relationship development, and money management. It will also be purchasing eight duplexes to provide supportive, affordable housing to low-income Aboriginal families. Support services will provide ongoing support to tenants. Typically, rents will be calculated at 25% of the family's gross income.

Aboriginal people with low or modest incomes can access rental accommodation geared to their incomes through the **Metis Urban Housing Corporation**. The **Urban Native Housing Registry** helps Aboriginal people find all types of housing in Edmonton. It provides a Cree interpreter that helps to negotiate with landlords and makes referrals to government agencies.

The **Family Shelter Network** assists families affected by the critical shortage of safe, affordable and appropriate housing. It provides families who facing homelessness with assistance in their search for long term, safe, and affordable housing. If needed, access to emergency accommodation, food, basic needs, and financial resources will be facilitated. Once families secure the housing they need, they are invited to take part in programs to help them maintain their tenancy.

#### **Effects of Mediating Strategies:**

The **Amisk Housing Association** rents units to 96 low-income Aboriginal families, but it currently has a waiting list of over 1,200 families. Undoubtedly, the purchase of eight duplexes will give eight families the opportunity to raise their children in a safe and secure environment. It will also assist the parents in furthering their education and training, which will help to improve the quality of live for the entire family. But the need for safe, affordable housing for low-income Aboriginal families is so staggering that providing homes for eight families doesn't begin to scratch the surface of the need.

#### **Isolation**

- Aboriginal individuals and families moving to Edmonton from their home on the reserve or in rural Alberta also leave behind their families and community of support; their sense of isolation can undermine their health
- New residents may not be aware of the services and programs available to them and they may be reluctant to ask for help from strangers; they may also feel homesick and lost in a big city like Edmonton



### **Mediating Strategies:**

The **Urban Multi-purpose Aboriginal Youth Centre** provides Aboriginal youth with activities that are culturally relevant. The centre has also provided funding for projects to encourage youth to stay in school, improve their life skills, community outreach, etc. The **Whitestone Project** in Edmonton's inner city provides recreational and outreach services to youth and enhances their appreciation of Aboriginal culture.

Aboriginal youth can have fun and develop self-esteem through sports and cultural awareness programs delivered by the **White Buffalo Athletic Society**. The Society seeks to develop and empower youth through sports and recreational programs. As a non-profit cultural dance troupe, the **White Buffalo Dancers and Drummers Society** meet weekly or singing, dancing, drumming, outfit making and cultural teachings. The Society also organizes workshops and field trips.

### **Diet/Nutrition**

- Healthy eating can be a problem for people living on a limited income
- Fresh fruits and vegetables are expensive, particularly in inner city food stores; lack of transportation can further limit the shopping choices for families
- Lack of nutritional knowledge sometimes leads Aboriginal people to make poor eating choices; as well, housing conditions and overcrowding may limit access to kitchen facilities and opportunities to prepare healthy food
- People used to living a more active lifestyle on a reserve or in rural Alberta may need to adjust their eating habits to their more sedentary urban lifestyle
- Children and youth in particular often eat a lot of junk food and their parents may need to curb their unhealthy eating habits; junk food may seem cheaper and it's immediately satisfying, but it does not provide lasting nourishment

### **Substance abuse**

- All the family is affected when a family member abuses drugs or alcohol; often the abuse leads to other problems such as family violence, lack of money for household expenses, difficulty keeping a job, etc.
- Children do not feel good when drinking and drugs are around; they feel afraid that they cannot depend on anyone, afraid that they will not be taken care of and they are generally insecure about their home environment
- In response to their parents' substance abuse problems and other issues, young people may start abusing alcohol and drugs themselves
- Some Aboriginal people feel that the only solution is to go back to traditional customs and beliefs and instilling a sense of identify and increasing self-esteem; others feel the whole community needs to be treated and that the physical and mental health needs of the community need to be served before the drug and alcohol abuse with stop
- Abuse of prescription drugs is also a major problem

### **Mediating Strategies:**

The annual, week-long **Dreamcatcher – Aboriginal Youth Conference** for youth aged 13-17 promotes positive lifestyle choices with the help of Aboriginal role models. It offers workshops and displays promoting a greater appreciation of Native culture.

The **Northeast Teen Centre** provides a safe, supportive atmosphere for teens, free recreational activities, computer access and meals from Thursdays to Saturdays. There is an onsite counselor on weekends and nurses visit biweekly.

**Poundmaker’s Lodge** helps anyone wishing to quit substance abuse, alcohol abuse or gambling. Here is a 54-bed treatment centre for a 28-day treatment program following the AA philosophies and a two-week gambling addictions program. As well, the Lodge operates an adolescent treatment centre in St. Paul

### **HIV/AIDS**

- Number of news AIDS cases in mainstream Canadian population has stabilized; HIV/AIDS cases among Aboriginal people have increased steadily
- Aboriginal people make up 5% of the population, but 16% of new HIV infections
- 45% are women and 40% are under 30 years old
- Attributed in part to Aboriginal people over represented in high-risk groups such as injection drug users and prison population; also mobility of many Aboriginal people

### **Mediating Strategies:**

**HIV Edmonton** developed culturally specific, health promotion and outreach services for Aboriginal populations. The target group is Aboriginal people living with HIV/AIDS and those affected by another’s diagnosis. HIV 101 and Safer Sex presentations are given to Aboriginal schools and agencies serving the Aboriginal population. The Tuesday evening **Talking Circle** is open to those who are HIV positive and those affected by another’s diagnosis.

HIV positive Aboriginal people, their families and friends turn to the **Feather of Hope Aboriginal AIDS Prevention Society** for education, training, presentations, and support. Events include healing circles, Pow-wows, retreats, gatherings, etc.

## **Fetal Alcohol Syndrome**

- FAS is a serious problem in the Aboriginal population; there is no cure for FAS
- Some people are unaware of the harmful affects of drinking when they are pregnant; sometimes women do not know they are pregnant and so they do not quit drinking
- FAS often does permanent damage to the fetus: it can misshape their face, affect their nervous system and undermine their normal growth
- As children with FAS get older, they may not be able to sit still, or pay attention in school very well; they may have trouble learning in school; they may exhibit odd behaviour so they may have trouble making friends
- Counselling for individuals can help people to live with the affects of FAS
- Prevention is the best long-term solution to FAS

## **Injury and Family Violence**

- Injuries are the number one cause of premature death among Aboriginal Albertans, the number is far higher than for other Albertans; small children, youth and seniors are hurt most often
- Car accidents, drowning and fires are the most common cause of accidental death and alcohol often plays a part in all these causes
- High rate of injuries due to deliberate violence than for injuries from accidents
- Violence against women is a major problem in Aboriginal households throughout Canada; depending on the community in which they live, 48% to 90% of Aboriginal women are assaulted by their partners
- Women who are Aboriginal, a member of a visible minority, or disabled, are among the most disadvantaged groups of people in Canadian Society
- Many women's shelters serve a population that is 50% Aboriginal; in contrast, 8% of Albertans are Aboriginals (Centre for Health Promotion Studies, 2002).
- There are no protocols for providing culturally appropriate services for Aboriginal clients; but most shelters provide access to elders who work with people on personal medicine wheels, smudges, etc. (Centre for Health Promotion Studies, 2002).

### **Mediating Strategies:**

The **Institute for the Advancement of Aboriginal Women** is composed of Aboriginal women dedicated to their own promotion, improvement and self-fulfillment within the concept of self-government and their own community. The Institute advocates on behalf of Aboriginal women in issues related to human rights, intervenes in judicial inquires, conducts/sponsors workshops to create empowerment, etc. The Institute also presents the Esquao Awards annually to celebrate Aboriginal women.

## Pregnancy

- Over half of Aboriginal mothers are under 25 and Aboriginal women tend to have more children than other Canadian women; some smoke, drink or take drugs which causes health problems for both mothers and babies
- Aboriginal teenagers tend to view pregnancy as a natural event and as a result, pregnant teens are not motivated to attend prenatal classes or seek medical care
- However, adolescent pregnancy involves serious risks to the young mothers and their babies; teenage mothers have more premature babies than mothers who are over 20; premature births and low birth weight are important causes of infant death
- Teen pregnancy can affect the whole course of a young woman's life: only a small percentage of mothers who become pregnant before the age of 16 finish high school; as well, many of the young people who become parents in their teens lose their chances of a better education and good paying jobs

## Tuberculosis

- Although TB is 98% curable, the incidence of TB is on the rise in both mainstream Canadian society and Aboriginal communities
- TB can be cured by taking drugs, but these drugs must be taken regularly over a period of one year or more; TB patients must work closely with community health workers to control and defeat their disease
- Aboriginal people living in the inner city in crowded and poorly ventilated housing are more likely to be exposed to TB; if they show TB symptoms and they are transient, completing the treatment for TB may be more difficult

## Diabetes

- A significant change in diet is likely causing the rapid increase in diabetes among Aboriginals: people are eating too many processed foods and domestic meat
- City dwellers living a more sedentary lifestyle are more prone to obesity, which is another factor in diabetes
- Stress can also lead to diabetes; living in poverty, cultural isolation and social turmoil can certainly lead to increased stress

### Mediating Strategies:

**Capital Health Aboriginal Health Services** offers a variety of services and programs in culturally appropriate ways to address common health concerns. An **Aboriginal Diabetes Wellness Program** provides a holistic and cultural program for Aboriginal people with diabetes. For new Aboriginal mothers, the **Aboriginal Healthy Babies Program** offers peer support, culturally appropriate education and support, nutrition, education and kokum support.

A **Family Liaison Worker** acts as a link between Capital Health, Child Welfare, the Aboriginal Community and the Aboriginal family and works in the best interests of the Aboriginal child.

Pregnant Aboriginal women can access pre/post-natal services in a culturally appropriate way through **Aboriginal Women's Health** in the Women's Centre of the Royal Alexandra Hospital. Aboriginal children and teens that have been physically or sexually abused can receive a medical exam through the **Child and Adolescent Protection Centre (CASA)**. **Cultural Helpers** working at the University and Royal Alexandra Hospitals help Aboriginal patients have their cultural needs met and help to build bridges between Aboriginal people and hospital staff.

## □ Immigration to Edmonton

### **Alberta immigrants aging, decline in new immigration to Alberta.**

Canada has always been a land of opportunity for millions of immigrants and refugees, and continues to be so. About 220,000 immigrants and refugees enter Canada each year and approximately 85% locate in cities. Historically, Alberta has received the highest numbers of immigrants among the Prairies, ranging from a high in 1957 of 20,000/year, to a low of 4,000/year in the 1960s. However in recent years, there has been a decline in the proportion of immigrants coming to Alberta (PCERII, 2000).

Today, about 6% of all immigrants to Canada live in Alberta. In recent decades, Edmonton experienced a more ethnically diverse population of immigrants from the Middle East, Africa and Southeast Asia. For example, between 1986-1996 in Edmonton, 55.6% of the total immigrants from the Middle East arrived, 33.7% from Africa, 49.3% from Southeast Asia and 42.3% from Central and South America (PCERII, 2000).

Age at immigration is greatly affected by federal immigration policies. In recent years, more focus has been placed on the labour market needs and on emphasizing the entrance of skilled workers and investors. This focus has future implications for the average age of immigrants. Almost one half of immigrants from all sources entered Canada and the Prairie provinces at under 24 years of age. Almost 80% of the total immigrant population entered Canada before they were 40 years old (PCERII, 2000).

Of all major Prairie cities, Calgary has the highest percentage of immigrants (21.6%) and the fifth-highest percentage of immigrants among Canadian cities. (Immigrants are defined as all those who were born outside Canada, including those who are now Canadian citizens.) Edmonton places ninth with an immigrant population of 19.7%, and Winnipeg is 11<sup>th</sup> at 17.4%. In comparison, the Canadian cities where immigrants comprise the largest proportion of the total population are Toronto (43%), Vancouver (36.3%), and Hamilton (23.9%) (PCERII, 2000).

Like the Canadian-born population, the current immigrant population is aging. In fact, greater proportions of Prairie immigrants are 65 years or older compared with their Canadian-born counterparts. For example, fewer than 15% of the Canadian-born population are 65 years or older in Alberta, Saskatchewan and Manitoba. In contrast, over 20% of the immigrant population in Alberta is aged 65 or older.

Despite what many people born in Canada perceive, immigrants are highly underrepresented in the youngest age category (0-14 years of age). Among the Canadian-born population, over one-quarter are in this age group in Alberta (27.1%), Saskatchewan (25.6%), and Manitoba (25.5%). In contrast, among the immigrant population, fewer than 10% are between 0-14 years of age (PCERII, 2000).

## □ **Barriers to Working in the Mainstream**

### **Immigrant women with professional training face employment barriers.**

Many women who immigrate to Canada are professionals who find it difficult or impossible to find work in their profession despite their education and credentials (ESPC, 2000). The barriers these women face include:

- Canada's immigration policy assumes a traditional family model
- Sponsored immigrants can't access government-administered training programs
- Lack of affordable, accessible, quality childcare
- Cost of translations for documentation, assessments and exams
- Some employers don't accept assessments.

Canadian women educated in Canada still experience many social and professional barriers. These barriers compound the problem for immigrant women. Consequently, the women are often forced to take low-paying jobs just to support their families (ESPC, 2000). This can negatively affect the ability of families to adequately support themselves and adapt to their new life in Canada.

Immigration policy is out of sync with professional practice in Canada. While the policy selects for highly educated immigrants, universities and professional bodies set up barriers that prevent these immigrants from using their education and experience. What is needed are changes to accreditation programs and immigrant policies, such as recognizing foreign work experience, ensuring exams test for professional skills and knowledge and not English-language skills (ESPC,2000).

#### **Mediating Strategies:**

**Changing Together – A Centre for Immigrant Women**, helps Edmonton women and their families overcome personal and systemic barriers that keep them from participating fully in Canadian Society. The Centre is run by and for immigrant women, and offers many programs including: ESL classes, workshops, pre-employment programs, mentorship for women seeking employment, etc.

**Edmonton Immigrant Services Association** provides services to new Canadians to help them adjust to their new country. Services include: development of language skills, translation and interpretation, legal aid, clothing and food bank, etc. As well, the Association works with community partners on education and advocacy.

**The Mill Woods Multicultural Foundation** enhances awareness of diverse cultural awareness and promotes understanding among people in Mill Woods, a multi-cultural suburban neighbourhood in Edmonton. It provides consultation, referral services and resources, and helps all residents to access community programs and services, etc.

For the past 10 years, the **Islamic Family and Social Services Association** has provided services and programs for Edmonton families, while specializing in serving the needs of Muslims. The Association provides such services as: abuse counseling, assistance to help refugees, immigrants and newcomers settle, computer and Internet training, youth development and parental education programs, etc.

**Jewish Family Services** is a non-denominational counseling and support service for individuals and families needing help with decision-making and support during stressful times. The wide variety of confidential services and programs focus on the following: non-denominational counseling services, services to newcomers and services to seniors. No one in need is turned away and the sliding fee scale is based on a genuine ability to pay for services needed.

The **New Home Immigrant & Settlement Centre** has helped immigrants and refugees from 71 countries adjust to their new life in Canada. Many of these recent arrivals have lost all their possessions and are starting over. The Centre helps to ease their transition and settlement through the delivery of support programs, such as: teaching ESL classes, connect newcomers with Canadian volunteers, free- computer instruction, teaching non-credit adult education courses, etc.

The **Multicultural Health Brokers Co-op** provides “cultural brokering”, meaning bridging between groups of people of differing cultural backgrounds to help reduce conflict and produce change. In particular, this innovative Co-op was established to address the issue of health inequities as it relates to cultural minorities. Members of the Co-op are health professionals and collectively, they can deliver services in a dozen languages. The Brokers promote cultural minorities’ health and well-being through their partnership in community-based health initiatives (see below). As well, they serve as health brokers between health institutions and immigrant communities. They provide a diverse range of culturally sensitive health services through **Capital Health**, including prenatal education and post-natal support, home visits, translation and resource materials, etc.

Planned Parenthood Edmonton initiated the **Multi-Cultural Sex Health Education (MCSHE) Project** to address the fact that sexual health issues are not always identified as among the issues faced by new immigrants. The project goal is to equip new Canadians with the skills and knowledge they need to make informed choices around issues of sexuality, within the context of their values, beliefs, culture and experiences. The program develops education materials, makes presentations to cultural communities, trains community leaders as sexual health educators, etc. The **Multicultural Health Brokers** are a key partner in this initiative.

## ❑ Youth Addressing Racism

### Over 30% of youth say, “A great deal of racism exists in Canada”.

Canadians are proud that the United Nations Human Development Index consistently rates Canada as one of the “best” nations in the world. Yet a recent survey conducted by Decima found that 31% of young Canadians feel that “a great deal of racism exists in Canada (compared with 25% of the general population) (Edmonton Immigrant Service Association Web Site). According to Statistics Canada, in the next 20 years, about 20% of Canadians will be members from a visible minority group, twice the current rate. By 2016, there will be 2 million Chinese-Canadians and 1.3 million Black-Canadians. Yet, a 1996 Angus Reid poll found that 40% of Canadians feel the country “is changing too quickly because of all the minorities we have now” and 15% feel uncomfortable in a room of people from different cultures speaking with accents (EISA Web Site).

Discrimination is often a "hidden thing" in the workplace, in schools and in the media. By acknowledging that forms of bigotry - such as sexism, racism and homophobia - exist, individuals and communities work toward change. A 1998 Environics Study found that 94% of youth felt that "racism was bad and that we should get rid of it." In order to get rid of racism and discrimination we need to understand the ways that hate and discrimination are supported by our society. We need to recognize and challenge the beliefs, values and assumptions that sustain negative stereotypes. Learning about hate groups and how to report racist and violent incidences to school authorities and law enforcement agencies, empowers people to react to racism and discrimination and to try to stop it (Week Without Violence –2000, Web Site)

#### **Mediating Strategies:**

**Committee of the Elimination of Racism through Education** is a group of high school students from Edmonton, Alberta who promote respect, acceptance, and equality among and within all cultures. Their goal is to raise public awareness about the origins and consequences of racism and, most importantly, to encourage today's youth to have an optimistic attitude towards the elimination of racial discrimination.

The Northern Alberta Alliance on Race Relations undertook a **Youth Against Racism** research project in 2001 to dialogue with youth about their experiences with racism and mobilize youth to take active roles against racism.

The report found that:

- Racism is “everywhere”; many youth reported directly experiencing racism and the accompanying emotions of fear, hurt, depression, etc.
- Factors contributing to racism: social structures, individual beliefs and behaviours, collective apathy, and particularly, parents, and the media



- Recommended strategies:
  - structural and social change (e.g., institutions practice equity at all levels)
  - critical monitoring of media to challenge media ownership and negative portrayal of social disadvantaged groups
  - anti-racist curriculum; cross-cultural awareness training for teachers and parents to help stop the cycle of racism
  - combat racism locally: anti-racism newsletters, community awareness programs, music/art to convey anti-racism message, etc.

The Edmonton Immigrant Services Association launched the **Harmony Project** to provide youth with a venue to explore their experiences with racism, think critically about solutions and participate in community-based activities to combat racism.

The **Edmonton Mennonite Centre for Newcomers** serves immigrants and refugees in Edmonton, including offering two programs for youth. **Securing Hopeful Futures: An Early Intervention Program** helps young refugee/immigrants adjust to life in Canada. It helps them enhance their self-esteem and self-confidence through the development of new (e.g., life-skills lessons, computer skills, etc.) Parents participate by sharing their concerns about their children's educational, health and social adjustment into Canadian culture.

**Stay at School** provides educational support to immigrant and refugee youth, while helping their families establish stronger connects with schools. The project includes tutoring in English, Math and Science, cross- cultural communication skills, a support network and self-esteem building.

**HIV Edmonton** updates its materials and secures information that is written in a variety of languages and is culturally appropriate. The agency works closely with agencies serving immigrants to distribute information into diverse communities. The **Train the Trainer** workshop helps people from diverse cultural backgrounds to learn the skills of facilitating health education presentations. Also, **Diverse Women Networking Against HIV/AIDS** share information and brainstorm ways to communicate messages in their communities.

**The Millwoods Multicultural Council Foundation** enhances awareness of diverse cultural values, promote understanding, interaction, partnership, and goodwill among people of Mill Woods in particular, and Edmonton in general, for a better living environment. The MMCF works closely with youth through Rainbow - a multicultural youth magazine - and the Multicultural Youth Circle.

## Conclusion

### □ Key Issues Requiring Action

This review of the community-based literature described many of the societal factors affecting the healthy and well-being of young people. It also detailed the community's strategies to mediate the influence of these factors. Finally, the review analysed the effectiveness of specific strategies based on the availability of research data and informed opinion. The following issues were identified most frequently in the community-based literature review and their importance was affirmed during the key informant interviews:

**Depth of poverty increasing** – Despite the booming Edmonton economy, poverty continues to undermine the health and well-being of too many children and youth. While the number of low-income families is decreasing, the depth of poverty, the gap between the haves and the have-nots, is growing. For example, the percentage of single parents living below half of LICO increased by almost 300% from 1993 to 1997.

**Inadequate youth services, particularly for Aboriginal youth** – Current youth programming is inadequate to meet the needs of teens, especially Aboriginal youth. Within the next 20 years, Edmonton will have the largest urban Aboriginal population of all Canadian cities. Nearly 40% of the Aboriginal population in Edmonton is under 15 years old. What kind of future will they have? In 1996-97, 39% of admissions to provincial correctional institutions were Aboriginals.

**Increasing child welfare cases** – The number of Edmonton children receiving Child Welfare Services has increased by 62.7% since 1996, an average of 10% per year. A quarter of these children are under the age of six. The number of Edmonton children “in care” has increased by 55.1% from 1996 to 2001. Of the children in care, 60% are in permanent care. Of these children, 57% are Aboriginal and 47% are over the age of 12.

**Incomplete education for Aboriginal youth** – The drop out rates in Edmonton public schools is decreasing: 4.2% of high school students dropped out of school in 1998-99 compared with 7% in 1994-95. However, the picture is much bleaker among Aboriginal students: only 20% of Aboriginal teens finish high school; while 11% of all students in Edmonton are Aboriginal, only 4% of high school students are Aboriginal.

**Family violence widespread** – It is estimated that about one-third of Canadian women have suffered physical or sexual violence at the hands of a current or former partner. Even when they aren't abused themselves, young children who observe violence between parents become more insecure and disturbed. Seeing violence as a normal part of life, young people may model using violence to solve their problems.

## □ **Diverse Roles for Different Sectors**

The community-based literature reviewed for this report consistently stated that, while families have the primary responsibility for raising their children, the entire community has a responsibility to support families by creating opportunities for all children to realize their full potential. As the Success By 6 (2002) report on Edmonton's Children put it, "We must be part of encouraging stronger child and family policies and family-friendly communities" (p.34). In the report, the following are suggestions of how different sectors in the community can support children and their families:

### **Communities can:**

- Be child and youth friendly
- Foster family initiatives that reinforce and improve literacy skills e.g. volunteer-run reading programs at libraries, schools, etc.
- Ensure that all children and youth have equitable access to recreation
- Build a culture that values and celebrates children and youth.

### **Business can:**

- Increase their contributions for prevention and early intervention initiatives
- Incorporate support for children and youth into marketing programs
- Encourage, recognize and support staff volunteer contributions in the community
- Offer high quality and affordable childcare services to employees
- Solicit ideas from staff about how to positively affect children's development.

### **Business/Labour can:**

- Develop family-friendly workplaces, including flexible work arrangements and assistance with access to childcare
- Adopt a children's charity
- Make social responsibility a key component of organizational culture.

### **Media/Communications can:**

- Consider the affect of stories/productions on children and youth
- Make issues related to children and youth a priority
- Promote healthy incomes for children and youth.

### **Individuals can:**

- Be concerned for all children; advocate for children and youth
- Be a good role model e.g., volunteer, tutor, coach, etc.
- Participate in private/public discussions about issues facing children and youth

## Appendix 1 Community-Based Literature

Alberta Alcohol and Drug Abuse Commission (AADAC). (1995). Adolescent Treatment: Excellence Through Evaluation. Authors.

Alberta Children's Services. (2000). Your Choice, Your Voice. Youth Ideas and Action Plans Shared with Government.

Alberta Council of Women's Shelters. (2000). Supports for Independence and the Cost of Living in Alberta: Regional Differences.

Alberta Child and Family Services Secretariat. (1998). The Alberta Children's Initiative. An Agenda for Joint Action.

Alberta Family and Social Services. (1997) Proposed Provincial Standards for Services for Children and Families. (Draft)

Alberta Family and Social Services. (1998). Provincial Accountability Framework for Child and Family Services.

Alberta Family and Social Services. (1998). Monitoring and Evaluating Services to Children and Families.

Alberta Health. (1996) Strengthening the Circle: What Aboriginal Albertans Say About Their Health.

Alberta Health and Wellness, Health Surveillance. (1999) The report on the health of Albertans; Looking through a wider lens.

Alberta Catalyst Group. (?) A Resource Kit for Strengthening Community Health/Healthy Communities Projects in Alberta.

Alberta Centre for Injury & Research. (1997). Suicide FACTS.

Alberta Centre for Injury & Research. (1997). Suicide in Alberta, Data Report, 1993-1997.

Alberta Centre for Injury & Research. (1997). Alberta Injury Data Report, 1997.

Alberta Children's Advocate. (2001). 2000-2001 Annual Report.

Alberta Children's Services. (2000). Start Young, Start Now! Report of the Task Force on Children at Risk.

Alberta Liberals. (1998). How Much Do Children Matter? An Update on and Critique of the Redesign of Children's Services in Alberta.

Alberta Liberals. (1998). "Vulnerable Children – Advantaged or Abandoned?"

Alberta Municipal Affairs. (1998). A Housing Symposium: Affordable Housing for Albertans – Final Report.

Alberta Office of the Commissioner of Services for Children. (1995). Laying The Foundation: A Guide for Planning Children's Services in Alberta. Handbook I.

Alberta Recreation and Parks Association. (1996). *Benefits Based Recreation: Awareness Into Action – A Guide Book*

Alberta Teachers' Association. (1999). *Child Poverty in Alberta. Progress Report 1999.*

Allard, J. and Mireau, S. (1997) *Directory of Special and Academic Libraries in Edmonton and the Surrounding Area (Second Edition).*

Budd, M. (2001). *Campaign 2001 – Increasing SFI rates as part of a campaign to improve healthy public policy.*

Canada West Foundation. (2002). *Uncommon Sense: Promising Practices in Urban Aboriginal Policy-Making and Programming.*

Canada West Foundation. (2002). *Enhanced Urban Aboriginal Programming in Western Canada.*

Canada West Foundation. (2001). *Urban Aboriginal People in Western Canada: Realities and Policies.*

Canada West Foundation. (1997). *Where are They Now? Assessing the Impact of Welfare Reform on Former Recipients, 1993 – 1996.*

Capital Health Authority.(1996). *Health for 2: Mother & Child*

Capital Health Authority.(1996). *Healthy Eating for 2: Mother & Child*

Capital Health Authority. (2001). *How healthy are we? A report from the medical officer of health.*

Capital Health Authority. (2002). *How healthy are we? A report from the medical officer of health.*

Capital Health Authority. (2001). *How healthy are we? Health Status in the Capital Health Region. A Technical Report.*

Capponi, P. (1999) *The War at Home: An Intimate Portrait of Canada's Poor (Edmonton, chapter 2).* Penguin Group, Toronto.

Centre for Health Promotion Studies. (2000). *The Shift – Economic Inequality and Health. Winter, Vol. 2, Issue no. 2.*

City of Edmonton, Community and Family Services. (1996). *Street Prostitution in Edmonton. Report of the Research project, 1994-95. Safer Cities Initiatives.*

City of Edmonton. (1999) *Homelessness in Edmonton: A Call to Action.*

City of Edmonton, Community Services. (2000). *City of Edmonton Housing Agencies Inventory 2000.*

City of Edmonton, Community Services. (2000). *Towards 2010, A New Perspective: An Integrated Service Strategy.*

City of Edmonton, Community Services. (2002). *Building Together, The City of Edmonton Low-Income and Special Needs Housing Strategy 2001-2011.*

City of Edmonton (2001). *Edmonton Population and Employment Forecast Allocation Study 2000-2025. Summary Report.*

Company of Women on the Screen. (1997). *What Poor People Can Say. Western Canada's Poor Peoples conference 1997. Video.*

Edmonton Federation of Community Leagues. (1997) The Benefits of Recreation.

Edmonton's Food Bank. (2001) 1981-2001 Edmonton's Food Bank 20<sup>th</sup> Anniversary.

Edmonton Housing Trust Fund. (2001). Annual Report.

Edmonton Joint Planning Committee on Housing. (1997) Low Income and Special Housing Needs Assessment.

Edmonton Joint Planning Committee on Housing. (1997) Supply and Demand Update on Affordable Housing for Low Income and Special Needs Households.

Edmonton Joint Planning Committee on Housing. (1999) Edmonton Community Plan on Homelessness, 2000-2003.

Edmonton Police Service. (Summer 2002). Community Connections: Zebra Centre opening a success. Volume 3, Issue 2. P. 1, 3.

Edmonton Social Planning Council. (1995). Kindred House: A Resource Centre for Prostitutes. An Evaluation of a Community Development Project. Authors.

Edmonton Social Planning Council. (1996). Two Paycheques Away: Social Policy and Hunger in Edmonton.

Edmonton Social Planning Council. (1998). A Return Look at Two Paycheques Away: Social Policy and Hunger in Edmonton – Update '97.

Edmonton Social Planning Council. (1998). A Profile of Edmonton's Charitable Sector of Service Agencies.

Edmonton Social Planning Council. (1998). Children's Services Redesign in Alberta.

Edmonton Social Planning Council. (1999). Children's Services Redesign in Alberta.

Edmonton Social Planning Council. (1999). Often Hungry, Sometimes Homeless: A look at Edmonton families turning to the food bank.

Edmonton Social Planning Council. (1999). Poverty & Physical Needs : 3 Good Ideas.

Edmonton Social Planning Council. (2000). Over-qualified, Underemployed: Accessibility Barriers to Accreditation for immigrant Women with Foreign Qualifications.

Edmonton Social Planning Council. (2000) Putting the Pieces Together: Preventive Social Services in Edmonton (Final Report).

Edmonton Social Planning Council. (2002). Edmonton LIFE – Local Indicators for Excellence.

Edmonton Social Planning Council. (2002). Tacking the Trends: Social Health in Edmonton – The Cost of Healthy Living.

Edmonton Social Planning Council (June 1996). First Reading – The Path to New Children's Services.

Edmonton Social Planning Council. (1995). Tracking the Trends: Future Direction for Human Services in Edmonton and the Surrounding Region.

Edmonton Task Force on Homelessness. (1999) Homelessness in Edmonton: A Call to Action. (City of Edmonton)

Fenske, L and Budd, M. (2000). The Poverty Game. Based on the results of *The Cost of Healthy Living Study*.

Government of Alberta. (2001). First Circle – Uniting for Children: Commitment to Action. Improving the quality of life for Alberta’s children.

Government of Alberta. (1999). First Circle – Uniting for Children. The Children’s Forum Report.

Government of Alberta. (2001). The Alberta Children and Youth Initiative. 2000-2001 Annual Report.

Government of Alberta – Aboriginal Affairs. (1996). A Guide to Aboriginal Organizations in Alberta.

Government of Canada. (2000). Crime Prevention Investment Fund - Projects in Alberta.  
<http://www.crime-prevention.org/english/crime/CPIF/alberta/cow.html>

Government of Canada. (2002). Canada’s Urban Strategy: A Vision for the 21<sup>st</sup> Century. Prime Minister’s Caucus Task Force on Urban Issues.

Health Canada Health Promotion and Programs Branch. (1998). The Community Action Program for Children in Alberta 1994-1997. Results from Individual Project Evaluations and the National Evaluations.

Health Canada. (1997). Partnership Building in Alberta. Community Action Program for Children.

Health Canada. (1995) Aboriginal Head Start Initiative Environmental Scan: Alberta.

Hurtig, M. (1999). Pay the Rent or Feed the Kids.

Institute for the Advancement of Aboriginal Women. (2001). The Rights Path – Alberta. Second Edition.

Layton, J. (2000). Homelessness: The Making and Unmaking of a Crisis (Edmonton, Chapter 4).

Ma’ Mowe – Capital Region. (1998). Ma’ Mowe – Capital Region: Working Together for Children, Youth and Families. Service Plan.

Native Counselling Services of Alberta. (2001). Community Consultation on Homelessness.

Northern Alberta Alliance on Race Relations (2001). Alberta Youth Against Racism – Campaign 2001: A Report in Preparation of the United Nations World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance.

Parkland Institute (University of Alberta). (2001). Advantage for Whom? Declining Family Incomes in a Growing Alberta. Economy. Patricia Lawrence.

Phone in Every Home Initiative. (2000). Life Without a Phone: What Difference does it Make?

Population Research Laboratory. (1997). “You’re Amazing” Baseline Evaluation Summary Report. (University of Alberta).

Poverty In Action. (1998). The Inside Track: Everyone’s Guide to Working with Social Services.

Prairie Centre of Excellence for Research on Immigration and Integration. (2000). Immigrants and Ethnic Minorities on the Prairies: A Statistical Compendium. Authors.

Quality of Life Commission. (1996). Listen to Me: The Final Report of the Quality of Life Commission.

Shillington, R. (1998). Social Assistance and paid Employment in Alberta, 1993 – 1996. Report prepared for the Population Research Laboratory, University of Alberta.

Sloan, L. (2000). Lost Promise and Potential: Alberta’s Statistics on Youth Suicides, Programs and Challenges. Official Opposition Children’s Services Critic.

Smith, G. J. & Wynne, H.J. (2002). Measuring Gambling and Problem Gambling in Alberta. Final Report. Alberta Gaming Research Institute.

Statistics Canada. (2002). 2001 Census. Community Profiles.

Steering Committee Region 10. (1998). Draft Regional Service Plan Redesigning Services for Children, Youth and Families in Region Ten.

Success By 6. (1998). "Mommy, is there anything to eat?" A look at preschool hunger in Alberta Avenue.

Success By 6. (2002). Edmonton's Children: Let's start at the very beginning...

The Support Network. (1998). The Tough Times Handbook. A Guide to Services and Information for Unemployed and Low Income People.

Walter, B. (1993). In Need of Protection. Edmonton: Children's Advocate.

WE Associates (Sykes, B.). (1995). Challenge to Change – A Multicultural Initiative.

Wynne, H., Smith, G., & Jacob, D. (1996). Adolescent gambling and problem gambling in Alberta. Edmonton, Alberta: Alberta Alcohol and Drug Abuse Commission.

## **Internet Web Sites Visited and Reviewed**

### AADAC

Alberta Aboriginal ad hoc Committee on FAS

Alberta Children's Services

Alberta Child and Youth Initiative

Alberta Community Development

Alberta Council of Women's Shelters

Alberta Health

Alberta Learning

Alberta Teachers Association

Alcohol Related Brain Injury Resource Site

A Safe Place

Bent Arrow Beverly Town Community Development Society

Bissell Centre

Big Sisters, Big Brothers Edmonton

Boys' and Girls' Clubs of Edmonton

Canadian Medical Association Journal

Capital Health

Changing Together... A Centre for Immigrant Women

City of Edmonton – Community Services

City of Edmonton – Edmonton Aboriginal Urban Affairs Committee

City of Edmonton – Youth Council

City of St. Albert

Community Building Resources

Crime Prevention

EcoCity

Edmonton Catholic Schools

Edmonton Catholic Social Services

Edmonton City Centre Church Corporation

Edmonton Federal of Community Leagues

Edmonton Food Bank

Edmonton Housing Trust Fund



Edmonton Immigrant Services Association  
Edmonton Mennonite Centre for Newcomers  
Edmonton Neighbourhood watch Program  
Edmonton Police Service  
Edmonton Public Schools  
Edmonton Sexual Assault Centre  
Edmonton Social Planning Council  
Edmonton Sport Council  
Family Centre  
Fun Team Alberta  
Gay and Lesbian Community Centre of Edmonton  
Habitat for Humanity Edmonton  
Health Canada  
HIV Edmonton  
Hope Mission  
Inner City Youth Drama Association  
Institute for the Advancement of aboriginal Women  
Islamic Family and Social Services Association  
Kids Up Front Foundation  
Ma'mowe Capital Region  
McMan Youth Services  
Metis Child & Family Service Society  
Native Counselling Services of Alberta  
Nechi Institute  
New Home Immigrant & Settlement Centre  
Northern Alberta Alliance on Racism  
Open Doors for Kids  
Planned Parenthood Edmonton  
Poundmaker's Centre  
Premier's Council on Disabilities  
Sports Central  
Support Network  
Terra Association  
United Way  
Youth Emergency Shelter Society  
Youthone.com  
YMCA Edmonton  
YWCA Edmonton

## Appendix 2 Report References

Alberta Alcohol and Drug Addiction Commission (AADAC). (2002). Alcohol, Drugs & Gambling in Alberta Facts.

Alberta Children's Services. (2000). Your Choice, Your Voice. Youth Ideas and Action Plans Shared with Government.

Alberta Council of Social Workers. (2002). The Advocate. Fall 2002.

Alberta Health. (?) Strengthening the Circle: What Aboriginal Albertans Say About Their Health.

Alberta Centre for Injury & Research. (1997). Suicide FACTS.

Alberta Centre for Injury & Research. (1997). Suicide in Alberta, Data Report, 1993-1997.

Alberta Centre for Injury & Research. (1997). Alberta Injury Data Report, 1997.

Alberta Children's Advocate. (2001). 2000-2001 Annual Report.

Alberta Children's Services. (2000). Start Young, Start Now! Report of the Task Force on Children at Risk.

Alberta Liberals. (1998). How Much Do Children matter? An Update on and Critique of the Redesign of Children's Services in Alberta.

Alberta Liberals. (1998). "Vulnerable Children – Advantaged or Abandoned?"

Alberta Municipal Affairs. (1998). A Housing Symposium: Affordable Housing for Albertans – Final Report.

Alberta Recreation and Parks Association. (1996). Benefits Based Recreation: Awareness Into Action – A Guide Book

Alberta Teachers' Association. (1999). Child Poverty in Alberta. Progress Report 1999.

Canada Mortgage and Housing Corporation. (2001) CMHC Annual Report 2001.

Canada West Foundation. (2002). Uncommon Sense: Promising Practices in Urban Aboriginal Policy-Making and Programming.

Canada West Foundation. (2002). Enhanced Urban Aboriginal Programming in Western Canada.

Canada West Foundation. (2001). Urban Aboriginal People in Western Canada: Realities and Policies.

Canada West Foundation. (1997). Where are They Now? Assessing the Impact of Welfare Reform on Former Recipients, 1993 – 1996.

Canadian Council on Social Development. (1999/2000). Annual Report.

Canadian Council on Social Development. (2001). The Progress of Canada's Children.

Capital Health Authority. (2001). How healthy are we? Health Status in the Capital Health Region. Technical Report.

Capital Health Authority. (2001). How healthy are we? A report from the medical officer of health.

Capital Health Authority. (2002). How healthy are we? A report from the medical officer of health.

Centre for Health Promotion Studies. (2002) Family Violence: A Great Cost to Health. University of Alberta. June.

City of Edmonton. (1999) Homelessness in Edmonton: A Call to Action.

City of Edmonton, Community Services. (2000). Towards 2010, A New Perspective: An Integrated Service Strategy.

City of Edmonton, Community Services. (2002). Building Together, The City of Edmonton Low-Income and Special Needs Housing Strategy 2001-2011.

City of Edmonton (2001). Edmonton Population and Employment Forecast Allocation Study 2000-2025. Summary Report.

Edmonton Federation of Community Leagues. (1997) The Benefits of Recreation.

Edmonton's Food Bank. (2001) 1981-2001 Edmonton's Food Bank 20<sup>th</sup> Anniversary.

Edmonton Housing Trust Fund. (2001). Annual Report.

Edmonton Joint Planning Committee on Housing. (1997) Low Income and Special Housing Needs Assessment.

Edmonton Joint Planning Committee on Housing. (1997) Supply and Demand Update on Affordable Housing for Low Income and Special Needs Households.

Edmonton Joint Planning Committee on Housing. (1999) Edmonton Community Plan on Homelessness, 2000-2003.

Edmonton Journal. (2002). 'Bringing the arts to inner-city children'. October 8, p. B5.

Edmonton Journal. (2002). 'Students, school district can benefit from racially based statistics'. October 4, p. B1.

Edmonton Journal. (2002). 'City parks funding runs short'. October 4, p. B1.

Edmonton Journal. (2002). 'Turn a page on literacy'. September 19, p. F1.

Edmonton Journal. (2002). 'Young people missing HIV message' July 11, p. B1.

Edmonton Journal. (2002). 'Rites of Passage a success story worth fighting for' May 29, p. B1.

Edmonton Journal. (2002). 'Extraordinary junior high program for natives could collapse' May 28, p. B1.

Edmonton Police Service. (Summer 2002). Community Connections: Zebra Centre opening a success. Volume 3, Issue 2. P. 1, 3.

Edmonton Social Planning Council. (1998). A Return Look at Two Pay Cheques Away: Social Policy and Hunger in Edmonton – Update '97.

Edmonton Social Planning Council. (1998). Children's Services Redesign in Alberta.

Edmonton Social Planning Council. (1999). Often Hungry, Sometimes Homeless: A look at Edmonton families turning to the food bank.

Edmonton Social Planning Council. (1999). Poverty & Physical Needs : 3 Good Ideas.

Edmonton Social Planning Council. (2000). Over-qualified, Underemployed: Accessibility Barriers to Accreditation for immigrant Women with Foreign Qualifications.

Edmonton Social Planning Council. (2000) Putting the Pieces Together: Preventive Social Services in Edmonton (Final Report).

Edmonton Social Planning Council. (2002). Edmonton LIFE- Local Indicators for Excellence.

Edmonton Social Planning Council. (2002). Tacking the Trends: Social Health in Edmonton – The Cost of Healthy Living.

Edmonton Social Planning Council (June 1996). First Reading – The Path to New Children’s Services.

Edmonton Task Force on Homelessness. (1999) Homelessness in Edmonton: A Call to Action. (City of Edmonton).

Globe and Mail. (2002). ‘Edmonton board embraces choice to fight cutbacks’. P. A8.

Government of Alberta. (2001). First Circle – Uniting for Children: Commitment to Action. Improving the Quality of Life for Alberta’s Children.

Government of Canada. (2000). Crime Prevention Investment Fund - Projects in Alberta.  
<http://www.crime-prevention.org/english/crime/CPIF/alberta/cow.html>

Government of Canada. (2002). Canada’s Urban Strategy: A Vision for the 21<sup>st</sup> Century. Prime Minister’s Caucus Task Force on Urban Issues.

Institute for the Advancement of Aboriginal Women. (2001). The Rights Path – Alberta. Second Edition.

Layton, J. (2000). Homelessness: The Making and Unmaking of a Crisis (Edmonton, Chapter 4).

Ma’ Mowe – Capital Region. (1998). Ma’ Mowe – Capital Region: Working Together for Children, Youth and Families. Service Plan.

Native Counselling Services of Alberta. (2001). Community Consultation on Homelessness.

Northern Alberta Alliance on Race Relations (2001). Alberta Youth Against Racism – Campaign 2001: A Report in Preparation of the United Nations World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance.

Parkland Institute (University of Alberta). (2001). Advantage for Whom? Declining Family Incomes in a Growing Alberta. Economy. Patricia Lawrence.

Population Research Laboratory. (1997). “You’re Amazing” Baseline Evaluation Summary Report. (University of Alberta).

Prairie Centre of Excellence for Research on Immigration and Integration. (2000). Immigrants and Ethnic Minorities on the Prairies: A Statistical Compendium. Authors.

Quality of Life Commission. (1996). Listen to Me: The Final Report of the Quality of Life Commission.

Ross, D., Scott, K. and Kelly, M. (1996). *Child Poverty: What are the consequences?* Ottawa: Canadian Council on Social Development.

Royal Commission on Aboriginal Peoples. (1996).

Sloan, L. (2000). *Lost Promise and Potential: Alberta's Statistics on Youth Suicides, Programs and Challenges.* Official Opposition Children's Services Critic.

Smith, G. J. & Wynne, H.J. (2002). *Measuring Gambling and Problem Gambling in Alberta. Final Report.* Alberta Gaming Research Institute.

Statistics Canada. (2002). *2001 Census. Community Profiles.*

Statistics Canada. (2002). *Homicides, 2001.*

Success By 6. (2002). *Edmonton's Children: Let's start at the very beginning...*

Tobin, L. (1997). *Being sex positive: Promoting young people's sexual health.* Health Promotion Atlantic. Volume 3, Number 3.

Walter, B. (1993). *In Need of Protection.* Edmonton: Children's Advocate.

WE Associates (Sykes, B.). (1995). *Challenge to Change – A Multicultural Initiative.*

Wilkinson, R. (1997) *Unhealthy Societies: The Afflictions of Inequality.* Routledge.

Wynne, H., Smith, G., & Jacob, D. (1996). *Adolescent gambling and problem gambling in Alberta.* Edmonton, Alberta: Alberta Alcohol and Drug Abuse Commission.

## Appendix 3 Research Framework

### Issues and Concerns that Affect Children and Youth

Themes, Issues and Concerns	Affects on Children and Youth	Community-Based Supports, Programs and Services
<b>1. Economic</b>		
Poverty		
Lack of economic opportunity (part-time work, under employment, unemployment)		
Economic inequity/development		
Job insecurity		
Inadequate social income programs		
<b>2. Social</b>		
Children and youth in conflict with the law		
Family violence		
Incomplete education		
Youths gangs		
Sexual exploitation through prostitution		
Child abuse (emotional, physical and sexual)		
Strength of family unit		
Community cohesion		
<b>3. Physical</b>		
Unequal access to green space/public recreation and amenities		
Affordable, accessible, adequate housing		
Neighbourhood safety		
School closures		
Physical environment (air quality, ground pollutants, water quality)		
Derelict/empty houses/buildings		

<b>4. Health and Well-Being</b>		
Child hunger and poor nutrition		
Teen pregnancy and teen parents		
Inadequate prenatal information and support		
Child safety/accidents		
Physical inactivity/obesity		
Poor access to primary health care		
Poor access to traditional healing		
Inadequate resources for prevention and health promotion initiatives		
Inadequate resources for Emergency Departments, hospitals		
Substance abuse (family member, youth)		
Low self-esteem, psychological difficulties		
<b>5. Cultural</b>		
Immigration and refugee status		
Aboriginal cultural loss (cultural fragmentation, assimilation, access to elders)		
Racism/discrimination (social exclusion/marginalization)		

### **Existing Community Services and Support**

<b>Type of Service/Support</b>	<b>Accessible for all Children and Youth?</b>	<b>Adequate Resources to Ensure Institutional Excellence?</b>
Pediatric hospital care		
Pediatric physicians		
K-12 education		
Home schooling education		
Post-secondary education		
Private and public childcare		
Recreational facilities and programming		
Police and legal services		
Non-profit organizations		
Cultural supports		
Immediate and extended family		

# **The Centre of Excellence for Child and Youth Centred Prairie Communities**

## **COE Edmonton-Site**

### **Stage One Research Report**

#### **Section 2**

##### **Content Analysis of Edmonton Periodicals**

**By Sarah Dawrant**

**COE Edmonton Research Assistant**

**October 2002**



## Periodical Content Analysis

### □ Background to Study

The Centre of Excellence for Child and Youth-Centered Prairie Communities undertakes practical, action-based research that brings together community knowledge/experience and academic research expertise to explore how communities can best support the development of healthy children and youth. The first of the three research stages identifies existing community-based knowledge about the societal factors affecting the health and wellness of young people and secondly, analyses the effectiveness of local strategies to mediate the influence of these factors. Within this first stage, there are three research components.

### Three Sections of Research in Stage One

1. Community-Based Literature Review
2. Periodical Content Analysis
3. Key Informant Interviews

### Section 2 - Periodical Content Analysis

This research involves compiling, reviewing, and analyzing local periodicals to better understand how the media depicts young people and how youth-oriented themes and issues are covered.

### Guiding Research Questions

1. What images of children and youth are citizens receiving?
2. Which issues are being discussed more frequently than others?
3. Which publications are presenting which images and issues?
4. What do these findings tell us about how youth are viewed and how their issues are addressed?

### □ Introduction - Relevance of Media Coverage Study

Newspapers, television, and radio provide Canadians with the majority of their information on current events, issues, and trends. Groups may be depicted either positively or negatively and themes may be covered or completely ignored. The amount of media coverage given to issues or events does not necessarily reflect their significance or how frequently they occur. For example, a rare and sensational event (e.g., school shooting) will often generate more coverage than a complex, policy-driven issue (e.g., school under funding). An underlying theory of this research is that the media is an important influence in shaping popular opinion and consequently in shaping how groups (e.g., youth) are perceived and issues (e.g., youth crime) are addressed.

The purpose of this analysis is to provide a “snapshot” of how children and youth are depicted in the media as well as how youth-related issues are reported. This study analyzed the content of six Edmonton publications to gain a better understanding of how media, through portrayals and contexts, influences public opinion. The six publications reviewed were the *Edmonton Journal*, *the Edmonton Sun*, *Alberta Sweetgrass*, *Our Voice*, *Windspeaker* and *The Report Newsmagazine*.

## □ Research Design and Methodology

This study surveyed and analyzed a large sample of articles from Edmonton periodicals to determine how young people were depicted and how often specific themes were reported. The study methodology was modeled in part on the Calgary Centre of Excellence media analysis. Research was conducted in three main parts:

- Compiling articles

Based on key word searches, two research assistants compiled articles from six Edmonton periodicals between January 1, 1999 and December 31, 2001. A total of 815 articles were reviewed and analyzed. They were obtained through online databases, Internet searches and original copies from various libraries.

- Coding articles according to depictions and analyzing trends

Articles were grouped by publication and then each article was identified by its two most notable images of children and youth out of a possible 16 categories. These results were then tabulated (Appendix I) and analyzed by publication to identify and compare how Edmonton periodicals depicted youth.

- Coding articles according to dominant themes discussed and analyzing trends

Articles were grouped by publication and then classified into 11 theme categories based on the primary theme in the article. These results were charted in a table (Appendix II) and analyzed to determine how coverage of the themes varied between the publications.

## Content Analysis of Newspapers and Periodicals

Six Edmonton-based publications, five newspapers and one news magazine, were selected for this study. These publications were divided into two groups (daily and alternative/niche market) based on their circulation<sup>1</sup> and, by extension, their visibility and influence in the community. For example, the combined daily circulation of the *Edmonton Journal* and the *Edmonton Sun* is 60% higher than the total monthly circulation of the four alternative periodicals. In addition, the two daily newspapers are targeted towards a mainstream audience. In contrast, the four alternative/niche market periodicals are directed towards a specific market that may be more predisposed to the content and point of views expressed.

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<sup>1</sup> Circulation figures for five of the publications were gathered from the Gale Directory of Publications and Broadcast Media, 2002 and numbers for *Our Voice* were obtained from its publisher.

Given this, the analysis will primarily focus on the themes and depictions of youth in the two daily newspapers and secondly, on the four alternative periodicals.

- Two Daily Newspapers:
  - *Edmonton Journal*
  - *Edmonton Sun*
  
- Four Alternative/Niche Market Publications:
  - *Alberta Sweetgrass*
  - *The Report Newsmagazine, formerly named Alberta Report*
  - *Our Voice*
  - *Windspeaker*

### Key Word Codes – How Were Articles Selected?

In selecting articles from the databases, the format of (youth or children or teen) and a key word was used. The articles were selected using the following key word searches:

Youth/ Children/ Teen	and:	School Education Gambling Smoking Tobacco Drinking Alcohol Drugs Pot Sex Diseases	Pregnancy Pregnant Abuse Welfare Divorce Family Remarriage Poverty Poor Violence	Crime Health Mental health Physical health Employment Unemployment Jobs Pop culture Media Effects
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### Depiction Codes – How Were Children and Youth Portrayed?

The articles, selected using the key word codes as described above, were categorized by publication and then manually shuffled. Every fourth article was selected from each publication to create samples of 25% of the total number of articles. Each article was identified with two depiction codes (the two primary images about children and youth that the articles provoked). Selections that did not directly discuss youth or their actions were placed at the bottom of each pile and other articles were selected using the same methodology.

The following 16 depiction codes were used to identify what image of children and youth the article suggested:

Carefree/Jovial	Criminally Active	Requiring Assistance
Victim	Follower	Responsible
Leader	Immature	Volunteer
Mature	Irresponsible	Substance Abuser
Physically Active	Physically Active	Troubled/Unhappy
		Violent/Threatening

The results are displayed in a table formation in Appendix 1.

### **Newspaper Theme Codes – How Were Children and Youth Discussed?**

Articles were sorted by publication and within those groups, articles were sorted by theme (the primary issue discussed in each selection). Articles were categorized by theme using the following 11 codes:

School/Education	Crime/Violence
Risky Behaviour (gambling, drinking drugs, smoking, sex, pregnancy)	Mental Health
Child Welfare/Abuse	Physical Health
Family/Divorce	Jobs/Unemployment
Poverty	Pop culture
	Other

The quantitative results are displayed in a table in Appendix 2, while the qualitative results are documented in a table in Appendix 3.

### **Description of Items Reviewed and Access Strategies**

#### **Daily Newspapers**

**Edmonton Journal:** The *Edmonton Journal* is a broadsheet daily newspaper, which was established in 1903. Currently, it has an average, (Monday to Saturday), daily circulation of 145,811 and is part of the Southam Newspaper chain, owned by Can West Global Communication Inc. The newspaper offers detailed local, national, and international news coverage. Articles were accessed using the Edmonton Public Library’s Canadian News Disc and Electric Library Plus databases.

**Edmonton Sun:** The *Edmonton Sun* is a tabloid format newspaper that has been in print since 1978 and has an average, (Monday to Saturday), daily circulation of 74,367. It is owned by Quebecor Communications, which also publishes sister editions of the Sun in seven other major Canadian cities. The Sun focuses mainly on local, national, and North American issues with brief articles and a high photo content. Articles were accessed using the Electric Library Plus database from the Edmonton Public Library.

## Alternative/Niche Market Publications

**Alberta Sweetgrass:** The *Alberta Sweetgrass* is a tabloid format newspaper. Since 1993 it has been published monthly in Edmonton. The Aboriginal Multi Media Society owns *Alberta Sweetgrass* and the circulation is 7,000 per issue. This periodical provides mainly local and provincial information on issues affecting Aboriginals. Articles were obtained using the Edmonton Public Library's Electric Library Canada Plus database.

**Our Voice:** *Our Voice*, formerly known as the *Spare Change Magazine*, is a monthly "street newspaper" published in tabloid format. It has been published since 1994 and cites a per issue circulation of 7,000. The Bissell Centre (a social service agency in Edmonton's inner city) publishes this independent newspaper. *Our Voice* focuses primarily on poverty and its effects on individuals and families. It is purchased by donation from street vendors. Issues were reviewed manually at the Edmonton Public Library and the Edmonton Social Planning Council (ESPC) library.

**The Report Newsmagazine:** *The Report Newsmagazine*, formerly named the *Alberta Report*, is a bi-monthly magazine published in Edmonton. It was established in 1972 and has a circulation of 51,232 per issue. It is owned by United Western Communications and began as a family run magazine. The Report openly presents a conservative, Christian-based Alberta perspective. Articles were selected using the Edmonton Public Library's Canadian Business and Current Affairs database, the Electric Canada Plus database, and the Report's own Internet archives.

**Windspeaker:** *Windspeaker* is a tabloid format newspaper. This Edmonton-based monthly has been published since 1983 and is owned by the Aboriginal Multi Media Society. The circulation is 18,000 per issue. This newspaper's primary focus is on celebrating national Aboriginal achievements and events. Articles from *Windspeaker* were found using the Electric Library Plus Database from the Edmonton Public Library.

### □ Limitations of Study

The study was conducted over a short time period and as a result, other types of media, such as radio and television, were not studied. Since television is the most common medium of information, the study would have benefited from an analysis of the depictions and themes related to youth presented on television. Due to difficulties in obtaining archive copies, only two-thirds (24 of 36) of the issues of *Our Voice* were reviewed. However, no issues from the other publications analyzed were missing. The fact that two different researchers worked one year apart in conducting the study may have undermined the research rigour. Every effort was made to maintain the integrity of the study. Since newspaper articles define "children" and "youth" differently, the researchers could not always make clear distinctions in the analysis. Generally though, "children" are defined as aged (0-12) and "youth" and "teenagers" are defined as aged (13-18).

## □ Results

### Depictions – How were Children and Youth Portrayed?

#### Daily Publications

- The frequency of depictions in the *Edmonton Journal* and *Edmonton Sun* were combined and averaged because these newspapers generally promoted popularly held images of young people. The most common depictions were: “requiring assistance” (22%), “troubled/ unhappy” (13%), and “victim” (12%).
- Notable differences are that the *Edmonton Journal* more frequently depicted children and youth as “troubled/unhappy” or “substance abuser”, while the *Edmonton Sun* more often presented them as “criminally active” or “violent/ threatening”.

#### Alternative/Niche Market Publications

- *Alberta Sweetgrass* and *Windspeaker*, combined together, shared the most common depiction of “leader/mature” (28%).
- *Our Voice* most often depicted children/youth as “requiring assistance” (27%).
- *The Report Newsmagazine* depicted children and youth as equally “violent/ threatening” (17%), “victim” (17%), and “leader” (17%).

### Themes – How were Children and Youth Discussed?

- All publications noted that the child welfare system does not adequately meet the needs of children and families.
- Other common themes were: bullying is a major problem in public schools; the public school system is failing Aboriginals; Aboriginal youth are at high risk for AIDS and suicide; and child prostitutes need protection.
- All publications agreed health and safety of young people is important; however, each offered different opinions about causes and solutions of youth related issues.

#### Daily Publications

- Taken together, the *Edmonton Journal* and *Edmonton Sun* revealed dominant themes of “crime/ violence” (40%), and “risky behaviour” (19%).
- Both the *Edmonton Journal* and the *Edmonton Sun* reported these two themes most frequently, but the Sun published over 10% more stories about young people and “crime/violence”.

## Alternative/Niche Market Publications

- Combined, *Alberta Sweetgrass* and *Windspeaker* most often discussed children and youth within the context of “school/education” (22%).
- *Our Voice* discussed the theme of “poverty” in a disproportionate 58% of articles.
- *The Report Newsmagazine* predominantly reported issues of “child welfare/abuse” (22%).

### □ Discussion

As a whole, the daily publications created an image of young people as distressed, suffering, and being victimized. The *Edmonton Journal* emphasized the image of young people as troubled and likely to abuse substances, while the *Edmonton Sun* more often described them as violent or criminal. Very few articles in either of these publications depicted children and youth as being leaders, volunteers, or as acting responsibly.

In contrast, children and youth as leaders was one of the most predominant depictions found in the four alternative/niche market publications. Also, these publications depicted youth as needing assistance. While *The Report Newsmagazine* frequently described youngsters as being violent, the other three alternative publications did not, even once, report children or youth in this respect.

Thematically, the daily publications most often linked stories about children and youth to criminal or violent activities, and dangerous or illegal behaviours. Readers of these newspapers would have most frequently read about young people in the context of gangs, violence, and drugs. This prevailing connection creates an impression of threatening and dangerous youth and may influence what youth-related issues society chooses to address or not. Also, it may influence how society then deals with youth (i.e., sympathetically or harshly).

The alternative periodicals more often discussed children in a variety of contexts. The two Aboriginal publications and *Our Voice* frequently mentioned young people while discussing issues of education (e.g., celebrating academic accomplishments and achievements). *Our Voice*, in particular, emphasized the theme of poverty, while *Windspeaker* stressed risky behaviours. It is worth noting that, while *Windspeaker* frequently discussed youth and their involvement in illicit or dangerous activities, it did so while discussing progress made to solve problems and hopes for continued success.

The depictions of children and youth, as well as the thematic settings in which they are set, contribute to a larger understanding of what information the public is receiving. The daily publications showed children and youth as being in distress and requiring aid and discussed them in terms of their criminality and recklessness.

It could be inferred from the Journal and Sun's coverage that, while these periodicals associated children and youth with negative activities, they also acknowledged that young people are not wholly responsible for their actions and are in need of support. These periodicals seldom recognized the mature choices and positive contributions made by young people. As such, children and youth were mostly represented as dependents and not as active participants in their own positive futures.

In contrast, the alternative publications provided readers with differing images, perspectives, and information from more polarized political perspectives than the dailies. Generally, the alternative/niche market publications presented a more positive depiction of young people and discussed them within varied themes (e.g., "school/education, "poverty", and "child welfare/abuse"). The dailies tended to mainly discuss young people within negative themes (e.g., "crime/violence" and "risky behaviour"). Alternative publications can serve as useful tools to critically assess mainstream information by offering different perspectives. While an array of information does exist, the popular images of "reality" are more likely to be influenced by the two large daily newspapers than they by the alternative publications.

## □ **Conclusion**

Current "popular" understanding of pressing youth issues plays an important role in determining how youth are understood by society. These images also influence how children and youth are supported or punished by society. Since media constructions play a key role in developing those understandings, it is important to study how the media chooses to present their version of that current reality. Periodicals were studied by analyzing both depictions and thematic context. Edmonton periodicals studied affirmed the widely held notion that children and youth are important. Yet, how these valued members of society were constructed and their issues addressed differed by publication.



## Appendix 1 Frequency and Type of Youth Depictions by Publication

Depiction Codes*	Daily Publications		Alternative/ Niche Market Publications			
	Edmonton Journal	Edmonton Sun	Report News-Magazine	Alberta Sweet-grass	Our Voice	Wind-Speaker
Carefree/Jovial	1 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Victim	11 (11.7%)	28 (12.8%)	5 (16.7%)	2 (10.0%)	5 (22.7%)	1 (3.8%)
Leader/Mature	6 (6.4%)	8 (3.7%)	5 (16.7%)	7 (35.0%)	4 (18.2%)	8 (30.8%)
Physically Active	3 (3.2%)	1 (0%)	0 (0%)	0 (0%)	0(0%)	0 (0%)
Requiring Assistance	22 (23.4%)	45 (20.6%)	4 (13.3%)	4 (20.0%)	6 (27.3%)	6 (23.1%)
Responsible	3 (3.2%)	6 (2.8%)	3 (10.0%)	2 (10.0%)	1 (4.5%)	2 (7.7%)
Volunteers	1 (0%)	1 (0%)	0 (0%)	0(0%)	0 (0%)	1 (3.8%)
Criminally Active	6 (6.4%)	28 (12.8%)	1 (3.3%)	2 (10%)	1 (4.5%)	2 (7.7%)
Follower/Immature	4 (4.3%)	10 (4.6%)	2 (6.7%)	0 (0%)	0 (0%)	0 (0%)
Irresponsible	4 (4.3%)	18 (8.3%)	0 (0%)	1 (5.0%)	0 (0%)	0 (0%)
Physically Inactive	2 (2.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Substance Abuser	13 (13.8%)	15 (6.9%)	2 (6.7%)	0 (0%)	0 (0%)	1 (3.8%)
Troubled/Unhappy	15 (16.0%)	22 (10.1%)	3 (10.0%)	2 (10.0%)	5 (22.7%)	5 (19.2%)
Violent/Threatening	3 (3.2%)	35 (16.1%)	5 (16.7%)	0 (0%)	0 (0%)	0 (0%)
<b>Total number of possible codes</b>	94 (100%)	218 (100%)	30 (100%)	20 (100%)	22 (100%)	26 (100%)

\*Note: Each article was coded with two depiction codes

## Appendix 2 Frequency and Type of Theme Discussed in Publications

Theme Codes	Daily Publications Number/ Percentage of Articles		Alternative/ Niche Market Publications Number/ Percentage of Articles			
	Edmonton Journal	Edmonton Sun	Alberta Sweetgrass	Our Voice	Report Newsmagazine	Windspeaker
School/ Education	22 (11.8%)	38 (8.8%)	9 (22.5%)	4 (8.9%)	3 (5.2%)	11 (21.6%)
Risky Behaviour	35 (18.7%)	86 (19.8%)	7 (17.5%)	1 (2.2%)	8 (13.8%)	12 (23.5%)
Abuse/ Child Welfare	16 (9.6%)	45 (10.4%)	4 (10%)	4 (8.9%)	13 (22.4%)	4 (7.8%)
Family/ Divorce	18 (9.6%)	19 (4.4%)	0 (0%)	4 (8.9%)	11 (18.9%)	0 (0%)
Poverty	20 (10.7%)	50 (11.5%)	2 (5.0%)	26 (57.8%)	1 (1.7%)	1 (1.9%)
Crime/ Violence	22 (11.8%)	130 (29.9%)	6 (15.0%)	1 (2.2%)	11 (18.9%)	1 (1.9%)
Mental Health	22 (11.8%)	9 (2.1%)	1 (2.5%)	0 (0%)	4 (6.9%)	4 (7.8%)
Physical Health	17 (9.0%)	23 (5.3%)	6 (15.0%)	3 (6.7%)	3 (5.2%)	10 (19.6%)
Jobs/ Unemployment	9 (4.8%)	13 (2.9%)	1 (2.5%)	0 (0%)	0 (0%)	5 (9.8%)
Popular culture	5 (2.7%)	4 (0.9%)	0 (0%)	0 (0%)	2 (3.4%)	1 (1.96%)
Other	1 (0.5%)	17 (3.9%)	4 (10%)	2 (4.4%)	2 (3.4%)	2 (3.9%)
<b>Total Articles</b>	187 (100%)	434 (100%)	40 (100%)	45 (100%)	58 (100%)	51 (100%)

## Appendix 3 General Trends in Theme Categories

Theme Codes	Daily Publications		Alternative/ Niche Market Publications			
	Edmonton Journal	Edmonton Sun	Sweetgrass	Our Voice	The Report Newsmagazine	Windspeaker
<b>School/ Education</b>	<ul style="list-style-type: none"> <li>-Bullying a big problem</li> <li>-Aboriginal youth have high drop out rate; many programs in place to help</li> <li>-kids do better in school when: parents earn more, mothers have higher education levels</li> <li>-Alberta schools under funded;</li> <li>-Programs for age (0-5) key</li> </ul>	<ul style="list-style-type: none"> <li>-Bullying a big problem</li> <li>-Schools failing Aboriginals; high drop out rate</li> <li>-School violence common</li> <li>-Schools must meet needs of different students</li> <li>-Schools under funded; some making excellent progress- kids achieve with special programs</li> </ul>	<ul style="list-style-type: none"> <li>-Being Aboriginal is difficult in mainstream schools</li> <li>-Aboriginals have specific cultural needs; government assessing Aboriginal needs in schools</li> <li>-Aboriginal students celebrated in awards ceremonies</li> </ul>	<ul style="list-style-type: none"> <li>-Cuts led to inner city school closures; funding available for new schools in suburbs</li> <li>-Public schools can be isolating for Aboriginal students; program offered for their needs</li> </ul>	<ul style="list-style-type: none"> <li>-Home schooling great; growing in popularity</li> <li>-Gay school groups promote homosexuality</li> </ul>	<ul style="list-style-type: none"> <li>-Residential schools detrimental</li> <li>-Youth feel hopeless</li> <li>-Not meeting Aboriginal needs on or off reserve</li> <li>-Program exist to encourage/assist education of Aboriginals</li> <li>-Breakfast important for learning</li> </ul>
<b>Risky Behaviour</b>	<ul style="list-style-type: none"> <li>-Early start to drinking, gambling, heightens</li> </ul>	<ul style="list-style-type: none"> <li>-Teen smoking a problem; many initiatives to</li> </ul>	<ul style="list-style-type: none"> <li>-Many youth conferences to discuss/educate/</li> </ul>	<ul style="list-style-type: none"> <li>-Youth violence result of systemic</li> </ul>	<ul style="list-style-type: none"> <li>-Child prostitution laws good</li> <li>-Youth chastity</li> </ul>	<ul style="list-style-type: none"> <li>-Major addictions on reserves: gambling,</li> </ul>

	<p>chance of addiction problem</p> <ul style="list-style-type: none"> <li>-Easy for youth to buy cigarettes</li> <li>-Government smoking prevention programs not effective</li> <li>-More youth from all socio-economic backgrounds smoking pot frequently</li> <li>-Teens drink and drive less than previous generations</li> <li>-Parents concerned sex-ed leads to sexual activity; close/respectful relationships with parents reduces risky behaviours</li> </ul>	<p>combat</p> <ul style="list-style-type: none"> <li>-Teen pregnancy rates: going up; also going down</li> <li>-Teens informed about STDs, but STD rates rising and youths very sexually active</li> <li>-Drugs, even crack, very accessible; more use of pot by teens</li> </ul>	<p>reduce: drinking, smoking, drugs, prostitution, etc.</p> <ul style="list-style-type: none"> <li>-Youth take leadership roles in helping other youth; youth's opinion highly valued</li> </ul>	<p>social and economic problems</p>	<p>gaining popularity</p> <ul style="list-style-type: none"> <li>-Wrong to give youth inappropriate sexual information</li> <li>-Substance addictions can be treated</li> <li>-Abortion wrong</li> </ul>	<p>drinking, drugs; parents and youth</p> <ul style="list-style-type: none"> <li>-Many programs exist to combat s</li> <li>-Elders work to heal communities</li> <li>-Community very important</li> <li>-Cultural healing necessary</li> <li>-Life on streets leads to self destructive behaviour</li> </ul>
<b>Child Welfare/ Abuse</b>	<ul style="list-style-type: none"> <li>-Child welfare system in crisis; under funded; system emotionally damages children</li> </ul>	<ul style="list-style-type: none"> <li>-Child prostitutes need protection; tough laws good</li> <li>-Child pornography laws</li> </ul>	<ul style="list-style-type: none"> <li>-Child prostitution laws important</li> <li>-Child welfare: many seizures; very traumatic</li> </ul>	<ul style="list-style-type: none"> <li>-Government cuts to social programs lead to increases in child welfare caseload; kids</li> </ul>	<ul style="list-style-type: none"> <li>-Child pornography wrong; society morally breaking down</li> <li>-Child welfare services harm</li> </ul>	<ul style="list-style-type: none"> <li>-Child welfare harms families/ children; cultural, physical, emotional scarring</li> </ul>

	<ul style="list-style-type: none"> <li>-Social workers under trained/ underpaid</li> <li>-Poverty key reason children seized</li> <li>-Aboriginal girls victims of sex trade</li> <li>-Government ineffective: cut programs protecting children</li> </ul>	<ul style="list-style-type: none"> <li>should be tough</li> <li>-Many abused children: sexually and physically</li> <li>-Child welfare system terrible, under funded; many children harmed while in care</li> <li>-Programs exist for victimized youth</li> </ul>		<ul style="list-style-type: none"> <li>can't thrive in families struggling to meet basic needs</li> <li>-Children and society suffer the long term consequences of sexual abuse</li> </ul>	<ul style="list-style-type: none"> <li>families/children; homeschoolers, Christians targeted</li> <li>-Do more to prevent abandoned baby deaths; also shaken baby syndrome</li> <li>-Breakdown of traditional family cause of many problems</li> </ul>	<ul style="list-style-type: none"> <li>-Many children wrongfully seized</li> </ul>
<b>Family/ Divorce</b>	<ul style="list-style-type: none"> <li>-Divorce has profound, long-term effects on children; often leads to single parent households: lower incomes, higher stress</li> <li>-Common law unions increasing; more likely to end &amp; sooner</li> <li>-Remarriage and blending of families very challenging</li> </ul>	<ul style="list-style-type: none"> <li>-Dads must pay child support</li> <li>-Parents to blame for insufficient care</li> <li>-Child custody needs to meet child's best interests; government not doing enough</li> <li>-Daycare not good for kids; stay at home parents need support from government</li> </ul>	-N/A	<ul style="list-style-type: none"> <li>-Young dads taking more responsibility</li> <li>-Divorce and divorce court very hard on children</li> <li>-Parenting program with Aboriginal values offered</li> </ul>	<ul style="list-style-type: none"> <li>-Trad. family very important: role of father invaluable; parents best caregivers</li> <li>-Canadian tax system discriminates against families with stay at home parent</li> <li>-Mothers unfairly preferred in family violence disputes</li> </ul>	-N/A
<b>Poverty</b>	-20% children	-Government not	-Aboriginal child	-More street	-Need programs to	-Affordable

	<p>live in poverty</p> <ul style="list-style-type: none"> <li>-Children doing worse since cuts welfare reforms</li> <li>-Government not doing enough to solve growing child poverty</li> <li>-Many children do not get enough to eat: large demand for school lunch programs</li> <li>-Money spent on children today will save money on future services</li> <li>-Need affordable housing</li> </ul>	<p>solving child poverty; rates increasing;</p> <ul style="list-style-type: none"> <li>single mother families at greatest risk</li> <li>-Poverty stats are exaggerated</li> <li>-Welfare rates not high enough</li> <li>-Aboriginals in poverty are undereducated</li> <li>-Helping disadvantaged/troubled youth is important</li> <li>-Low paying jobs a problem for families</li> </ul>	<p>poverty issues being addressed</p>	<p>youth</p> <ul style="list-style-type: none"> <li>-Sending on children today reduces later need for programs</li> <li>-Many poor families; huge low cost housing shortage</li> <li>-High proportion of Aboriginal families live below the poverty line</li> <li>-Government must provide affordable housing</li> <li>-Economy booming, but kids suffering</li> </ul>	<p>help the poor help themselves</p>	<p>housing shortage</p>
<b>Crime/ Violence</b>	<ul style="list-style-type: none"> <li>-Violent/ angry children can be successfully treated</li> <li>-Media sensationalizes youth crime; kids not that bad</li> <li>-Crime prevention starts at birth; invest in</li> </ul>	<ul style="list-style-type: none"> <li>-Children/youth victims of violence by both adults and youth</li> <li>-Youth crime rates rising; more violent</li> <li>-Police/schools/ government working to reduce rates</li> </ul>	<ul style="list-style-type: none"> <li>-Many young Aboriginal gangs</li> <li>-Many programs to address youth gangs, crime, and addictions</li> <li>-Youth helping to solve own issues</li> </ul>	N/A	<ul style="list-style-type: none"> <li>-Youth punishment too soft</li> <li>-Aboriginal gang problem</li> <li>-Children naturally aggressive; must be controlled</li> <li>-Aggressive boys don't always grow into violent adults</li> <li>-Young females</li> </ul>	<ul style="list-style-type: none"> <li>-Alternative sentencing available for Aboriginal offenders; community support important</li> </ul>

	<p>kids early</p> <ul style="list-style-type: none"> <li>-Government offers many crime prevention programs and alternatives to jail sentences for youth</li> <li>-Youth vandalize and victimize other youth</li> <li>-Youth in court system; result of many factors</li> </ul>	<ul style="list-style-type: none"> <li>-Gang problem; gangs dealing drugs</li> </ul>			<p>committing more violent crimes; do not deserve special treatment</p>	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>-Children/youth suffer much stress/ anxiety</li> <li>-Parental link and attention improves mental health</li> <li>-Many youth consider suicide; Alberta rate high</li> <li>-Prozac/Ritalin often prescribed</li> <li>-Counselling youth with mental problems beneficial long-term; lack of funding</li> </ul>	<ul style="list-style-type: none"> <li>-Lack of healthcare funding</li> <li>-Over prescription of Ritalin</li> <li>-Criminals with FAS should not be treated less severely</li> <li>-Child abuse can cause life long problems</li> <li>-Youth are happy to help youth volunteer distress line</li> </ul>	<ul style="list-style-type: none"> <li>-Aboriginal suicide rate very high; lack of program</li> </ul>	N/A	<ul style="list-style-type: none"> <li>-Young heavily over drugged: Ritalin and Prozac</li> <li>-Abortion leads to mental instability</li> </ul>	<ul style="list-style-type: none"> <li>-Aboriginal suicide rate extremely high; caused by hopelessness</li> </ul>

<b>Physical Health</b>	<ul style="list-style-type: none"> <li>-Obesity growing problem; too much junk food, not enough daily activity; girls drop out of sports</li> <li>-Teens sleep deprived; different internal clocks</li> <li>-Teen rates of HIV higher</li> </ul>	<ul style="list-style-type: none"> <li>-Aboriginal youth risks: suicide, AIDS, malnutrition</li> <li>-Healthcare system important, but not meeting needs</li> <li>-Youth inactive and obese; risk of diabetes</li> <li>-Youth at risk of meningitis</li> <li>-Literacy linked to better health</li> </ul>	<ul style="list-style-type: none"> <li>-Many Aboriginal youth HIV positive; government/Aboriginal groups working to reduce rates</li> <li>-Aboriginal gang initiation: sex with HIV sufferer</li> <li>-Meningitis outbreak; inoculations taking place</li> </ul>	<ul style="list-style-type: none"> <li>-Privatized healthcare will disadvantage poor families</li> <li>-Poverty an indicator for poor health</li> </ul>	<ul style="list-style-type: none"> <li>-Breast feeding very important</li> <li>-Potential disabilities no excuse for abortions</li> </ul>	<ul style="list-style-type: none"> <li>-Major health issues facing youth: diabetes and AIDS; program in place</li> <li>-Need to be aware of ways to have healthy babies and keep them healthy</li> </ul>
<b>Jobs/ Unemployment</b>	<ul style="list-style-type: none"> <li>-High and rising youth unemployment; youth with jobs more likely to take part in risky behaviour</li> <li>-Grades decline when working more than 20 hours per work</li> </ul>	<ul style="list-style-type: none"> <li>-Unemployment rate low: Alberta economy healthy</li> <li>-Government provides youth employment and training programs</li> <li>-Youth choosing blue collar trades less education</li> <li>-With help, youth can be rehabilitated and enter workforce</li> </ul>	<ul style="list-style-type: none"> <li>-Youth employment program run by youth important</li> </ul>	-N/A	-N/A	<ul style="list-style-type: none"> <li>-Numerous Aboriginal youth employment/ recruitment program</li> </ul>
<b>Popular Culture</b>	<ul style="list-style-type: none"> <li>-Children mirror what's on TV</li> <li>-Media images</li> </ul>	<ul style="list-style-type: none"> <li>-Media makes prostitution look glamorous</li> </ul>	-N/A	-N/A	<ul style="list-style-type: none"> <li>-Hollywood examples lead to eating disorders in</li> </ul>	<ul style="list-style-type: none"> <li>-Aboriginal media helps to inspire youth and</li> </ul>



	<p>can lead to eating disorders</p> <p>-Increasing amounts of sex and violence in media;</p> <p>Hollywood irresponsible;</p> <p>parents must monitor media consumption</p>	<p>-Media teaches kids more about sex, but not about protection</p> <p>-Media suggests girls need to be skinny</p> <p>-Media images of smokers help to increase youth smoking</p>			<p>youth girls</p> <p>-Video games grossly violent;</p> <p>-Christian messages needed</p>	<p>share their dreams</p> <p>-Media can negatively affect body image</p>
<b>Other</b>	-N/A	-Some youth are outstanding	<p>- Aboriginal youth conferences celebrate their achievements, help empower them</p> <p>-Young Aboriginals excelling in various sports</p>	-N/A	-N/A	-N/A

# **The Centre of Excellence for Child and Youth Centred Prairie Communities**

**COE Edmonton-Site**

**Stage One Research Report**

**Section 3**

**Key Informant Interviews**

**By Philip O'Hara**

**COE Edmonton Research Manager**

**August 2002**

## Key Informant Interviews

### □ Methodology

A list of 12 individuals knowledgeable about issues related to the health and well-being of children and youth in Edmonton was developed based on prior involvement in the Centre of Excellence. Half of these individuals were available and willing to participate in the interviews (Appendix 2). The interviews were conducted using the template of questions provided and supplemented by three questions based on themes emerging from the community-based literature review conducted earlier (Appendix 1). Five of the interviews were conducted over the phone and one interview was done in person. The research manager conducted four of the interviews and the research assistant performed two. All of the interviews were transcribed.

A coding analysis of the interview transcripts was undertaken to group the reoccurring themes and identify the common topics. All of these themes are documented in the 'Themes of the KIIS Interviews' chart. The chart duplicates the style and content of the previously submitted community-based literature review in that it also identifies the 'Mediating Strategies' and the 'Effects of the Mediating Strategies'.

### □ Key Themes

The following 10 'Key Themes' are topics that were mentioned by several interviewees or are themes that capture the substance of comments by different speakers:

- No single definition of community, but community transcends geographical boundaries and typically includes "a community of interests";
- Prairie communities have largely lost the features that once made them "unique";
- While a health environment for children and youth starts in the home, it takes a community to raise children and people and organizations have varying roles in this process;
- There are fewer poor families, but there is a growing economic inequality and disparity in opportunity between rich and poor and an unequal access to amenities; need to address the poverty of the entire family and not simply the "poor" children;
- Rapidly growing, young Aboriginal population is not being well served: increase in child welfare cases; high school dropout rate, disparity in opportunities, etc;

- Edmonton a good place to raise children: generally high quality of life, with lots of amenities; still a hopeful place;
- Child welfare programs not working, especially for the Aboriginal community; “don’t think we know what we’re doing with Aboriginal programs”;
- Disagreement about whether Early Intervention Programs are effective, but agreement that the programs need to be extended to older youth;
- Huge gap in services for youth; youth appallingly underserved by programs, especially Aboriginal youth;
- Unclear about which issues should be researched locally; desire to make research more practical and accessible to practitioners and the community.

## Appendix 1 Themes from the KIIS Interviews

Themes	Mediating Strategies	Effects of Mediating Strategies
<b>Definitions of community:</b> - no single definition - geographic, ethnic, community of interest (3) , where I live, psychological, leisure/social - co-operation, diversity (2) - sum of smaller communities - macro: City of Edmonton		- transcends geography
<b>Prairie communities:</b> - individualism - many rural/urban issues - high blue-collar population - less “American”; rural beginnings - lost unique features;- quite homogenous		- people expected to do things for themselves - stuck out in the middle of nowhere - take care of each other - immigrant communities are especially homogenous
<b>Roles &amp; responsibilities:</b> - government is part of community - education of children; role models - expose to different thinking - takes a community to raise children (2) - roles vary, but everyone has a role - sense of belonging, securing, stability - more support to caregivers	- taxation to delivery programs/services individuals can’t do for themselves - professionals rather than “rank amateurs” deliver programs - neighbours protect local children - starts with family, aided by community - community provides safety net, healthy environment	- people/communities disempowered by ‘help’ from professionals (2) - children ‘raised’ by whole community - parents can’t do it on their own - public education great equalizer, but eroding - healthy environment starts in home, but community responsibility

<p><b>Emerging themes</b></p> <ul style="list-style-type: none"> <li>- increasing youth crime</li> <li>- increasing child welfare, especially in Aboriginal community</li> <li>- rapidly growing Aboriginal population</li> <li>- education: key to success (2)</li> <li>- schools can't adequately support families</li> <li>- growing gap between rich and poor; disparity of opportunity (2); "deserving poor and the undeserving poor"</li> <li>- equal access to playground</li> <li>- stability in the household (2)</li> <li>- divides between generations</li> <li>- need to embrace diversity</li> <li>- low-income youth not heard</li> <li>- increasing pressures on youth e.g. suicide rate among Aboriginal youth</li> <li>- violence by girls</li> <li>- effectiveness of programs</li> <li>- exhaustion of parents, especially single</li> </ul>	<ul style="list-style-type: none"> <li>- schools don't have the space, resources to adequately help parents</li> <li>- how do we provide services and help to transient families and help them feel connect to their community?</li> <li>- YMCA Youth Enterprise Centre: programming for youth suspended from school</li> <li>- community leagues provide good recreational programs</li> <li>- clubs and after school programs that have no cost or other barriers</li> </ul>	<ul style="list-style-type: none"> <li>- how do youth prepare for unknown future?</li> <li>- need to find a way to address Aboriginal issues</li> <li>- child poverty becoming worse; hard for people to grasp depth of poverty</li> <li>- booming economy, but poverty; stats don't "jive" with reality</li> <li>- safe haven for children crucial</li> <li>- disparity affects relationship building, participation in community</li> <li>- value of diversity not universally shared</li> <li>- media distorts how success is defined</li> </ul>
<p><b>Good place for children?</b></p> <ul style="list-style-type: none"> <li>- unanimous yes</li> <li>- quiet, resources, opportunities</li> <li>- quality of life good;- no major differences between haves, have-nots</li> <li>- good sense of community; social justice</li> <li>- still a hopeful place</li> <li>- multi-cultural, good education &amp; recreation</li> <li>- relatively safe place</li> </ul>	<ul style="list-style-type: none"> <li>- lots of accessible community resources</li> </ul>	<ul style="list-style-type: none"> <li>- we share in and hope for a better future</li> </ul>

<p><b>Programs working well?</b></p> <ul style="list-style-type: none"> <li>- Early Intervention, Head Start (2), quality daycare</li> </ul>	<ul style="list-style-type: none"> <li>- engaging youth in planning the activities and turning their desired activities into learning opportunities</li> <li>- youth working with youth can be very effective e.g. Open Doors Program</li> <li>- ensure information is shared between programs, promote collaboration</li> </ul>	<ul style="list-style-type: none"> <li>- Heart Start programs “certainly” having an impact</li> <li>- lots of research supporting early intervention</li> <li>- concern about equal access to Head Start</li> </ul>
<p><b>Programs not working well?</b></p> <ul style="list-style-type: none"> <li>- child welfare (2)</li> <li>- not enough youth programs</li> <li>- poor response to youth gangs</li> <li>- mental health services</li> <li>- elements of the justice system</li> <li>- accessibility to programs</li> <li>- programs run by people who don’t know the community</li> <li>- need ‘family-friendly’ policies and programs</li> <li>- inadequate/ineffective programs for Aboriginals</li> </ul>	<ul style="list-style-type: none"> <li>- bullying programs target elementary kids</li> <li>- can be impatient and aren’t interested in the issues the youth are; youth aren’t at the table deciding on programming</li> </ul>	<ul style="list-style-type: none"> <li>- problems not getting solved</li> <li>- lots of program gaps</li> <li>- accessibility also a problem</li> <li>- only pockets of youth programming; need universality of access</li> <li>- bullying more of a problem in high school</li> <li>- ineffective response to youth gangs</li> <li>- programs not based where people live</li> </ul>
<p><b>Needed programs?</b></p> <ul style="list-style-type: none"> <li>- shortage of Aboriginal programs and programs for immigrants</li> <li>- community capacity building required</li> <li>- have formalized programs, but not creative programs</li> <li>- don’t help to bridge differences, help people recognize commonalities</li> <li>- target higher risk youth; more emphasis on 15-18 year olds</li> </ul>	<ul style="list-style-type: none"> <li>- “Adventure Playgrounds” not so creative</li> <li>- Quality of Life Commission good</li> <li>- inadequate resources for youth; usual focus is on children</li> </ul>	<ul style="list-style-type: none"> <li>- don’t think we know what we’re doing with Aboriginal programs</li> <li>- programs don’t address basic issues of discrimination: poverty, culture, etc.</li> <li>- children feel a lack of a safety net at home &amp; in community</li> <li>- forget that children in poverty are living in families that are poor</li> </ul>

<p><b>Opportunities?</b></p> <ul style="list-style-type: none"> <li>- lots of jobs</li> <li>- comparatively low family housing costs</li> <li>- education provides options</li> <li>- lots of resources; good schools</li> <li>- opportunities are based on class (2)</li> </ul>		<ul style="list-style-type: none"> <li>- lots of potential, but a lack of partnerships</li> <li>- not equal opportunities; depends on class and income</li> </ul>
<p><b>Barriers?</b></p> <ul style="list-style-type: none"> <li>- many people have low incomes</li> <li>- for low income families, education not always a priority</li> <li>- poor partnerships</li> <li>- gaps in services</li> <li>- instability in the home e.g., violence, substance abuse, etc.</li> <li>- emphasis on child poverty</li> <li>- increasing cutbacks to programs</li> <li>- parents have complex issues to deal with and programs often only zero in on 1 issue</li> <li>- too many poverty programs deigned to help people cope with poverty rather than help move them out of poverty</li> <li>- low minimum wage undermines people's efforts to pull themselves out of poverty</li> </ul>	<ul style="list-style-type: none"> <li>- lots of duplication in services</li> <li>- need to have a much better understanding of the dimensions of poverty</li> <li>- Economic Health Project and Health for 2 attempted to help people move out of poverty, rather than just cope better</li> </ul>	<ul style="list-style-type: none"> <li>- education a good way to improve your lot in life</li> <li>- need more partnering</li> <li>- identify and fill in gaps in service</li> </ul>
<p><b>Value of early intervention programs</b></p> <ul style="list-style-type: none"> <li>- positive future for children/youth (3)</li> </ul>	<ul style="list-style-type: none"> <li>- boost up families needing help</li> <li>- start the earlier the better (2)</li> <li>- kids get attention from 0 to 6, but what happens when the kid turns 7?</li> <li>- exposes kids to positive role models at</li> </ul>	<ul style="list-style-type: none"> <li>- targeted programs not for everyone, but raise everyone's level</li> <li>- not clear if they are effective</li> <li>- enormous waste of money because don't follow after age six</li> </ul>



	an early age	<ul style="list-style-type: none"> <li>- delivery fragmented due to cuts in FCSS</li> <li>- need to recognize that families change at different stages; families may need help when child is older than six</li> </ul>
<b>Challenges for Aboriginal children</b> <ul style="list-style-type: none"> <li>- destruction of their culture (2)</li> <li>- sexual abuse among families</li> <li>- social/psychological problems</li> <li>- fetal alcohol syndrome</li> <li>- addictions suicides</li> <li>- ambivalent support in Aboriginal families for education</li> <li>- discrimination; marginalized</li> <li>- negative stereotypes</li> </ul>	<ul style="list-style-type: none"> <li>- Aboriginals look at the world differently; need reconciliation of different views</li> <li>- only addressing small fraction of FAS problem</li> <li>- challenge is to access good role models and youth leaders and understanding distinct cultural needs</li> <li>- can be a hidden community to outsiders</li> </ul>	<ul style="list-style-type: none"> <li>- would make a difference in healthier Aboriginal children</li> <li>- lack of consistency, disruption, poverty, racism</li> <li>- huge long-term, consequences of inadequate response to FAS</li> </ul>
<b>Future research in Edmonton?</b> <ul style="list-style-type: none"> <li>- looking at Gina Brown's work</li> <li>- good data source on Aboriginals and programs offered that is user friendly</li> <li>- FAS</li> <li>- community dimensions of poverty</li> <li>- children/youth within a family context</li> <li>- youth-based research</li> </ul>	<ul style="list-style-type: none"> <li>- don't know what we're dealing with, particularly with Aboriginal families</li> <li>- youth involved in research – chance for taking on leadership roles</li> <li>- opportunity to bring youth together from different communities</li> </ul>	<ul style="list-style-type: none"> <li>- we know what works; what we need is some arm twisting to get funding to do what we know works; political will</li> <li>- research is often targeted at a specific age group and doesn't consider the whole family</li> <li>- how poverty “extends to the family and community dimensions of poverty”</li> </ul>

## Appendix 2 Survey Questionnaire

### Centre of Excellence for Child & Youth-Centred Prairie Communities

August 2002

#### Key Informant Interview Survey Questionnaire

Thank you for taking part in this survey. This questionnaire interview is part of a multi-year research program that is being undertaken throughout the major cities of the Prairie Provinces. Our primary goal is to investigate how society is responding to the needs of children and youth.

1. What does 'community' mean to you? (What would you consider to be your community?)
2. Are there aspects of "community", in your view, that are unique to the Prairies?
3. What roles or responsibilities should 'community' play in raising children and youth?
4. What are the emerging themes/issues in your community relating to children/ youth?
5. Is Edmonton a good place to raise children and youth? Why?
6. What programs are working well for children and youth in Edmonton?
7. What programs are not working well for children and youth in Edmonton?
8. What programs are needed where apparently none exist?
9. What opportunities do you see in Edmonton for a good future for children and youth?
10. What barriers to do you see in Edmonton for a good future for children and youth?
11. Do Early Intervention Programs help promote a positive future for children and youth? How?
12. Are there particular challenges facing Aboriginal children and youth? What are they?
13. What areas/issues related to child and youth health and well-being in Edmonton need to be researched? How would this research influence your work?

## Appendix 3 People Interviewed for the Survey

Perdita Baier  
Social Policy Analyst,  
Children's Services  
Alberta Government

Ronda Baxter  
Social Planner  
Edmonton Social Planning Council

Debbie Chaba  
Co-ordinator  
Action for Healthy Communities

Anne Fitzpatrick  
Executive Director  
Kara Family Support Centre

Steve Friedenthal  
Strategic Planning Officer  
Community Services  
City of Edmonton

Ann Goldblatt  
Consultant  
Community Development and Health Consultant