

REGION OF OTTAWA CARLETON
 RÉGION D'OTTAWA CARLETON

REPORT
 RAPPORT

Our File/N/Réf.
 Your File/V/Réf.

DATE 12 March 1999

TO/DEST. Co-ordinator
 Community Services Committee

FROM/EXP. Commissioner, Social Services Department
 Medical Officer of Health

SUBJECT/OBJET **REGIONAL RESPONSE TO THE ONTARIO PUBLIC HEALTH ASSOCIATION'S DOCUMENT "A PUBLIC HEALTH APPROACH TO REDUCING CHILD POVERTY AND ENHANCING RESILIENCY"-
 (RESPONSE TO OUTSTANDING MOTION CS27(98))**

DEPARTMENTAL RECOMMENDATIONS

That the Community Services Committee recommend Council:

- 1. Continue to support the involvement of Regional Health and Social Services in community initiatives to reduce child poverty and enhance the resiliency of poor children, and continue to provide programs to enhance positive parenting and parent-infant interaction such as parenting and early intervention programs.**
- 2. Lobby the Province to review the adequacy of social assistance rates, for example by using a market basket approach to ensure the basic needs of the poorest families are adequately met.**
- 3. Lobby the Province to ensure adequate funding be provided for Healthy Babies, Healthy Children to meet actual needs of families in the Region.**
- 4. Lobby the provincial and federal governments to increase capacity for licensed quality child care spaces.**

PURPOSE

The purpose of this report is to provide the Region's response to the report "A Public Health Approach to Reducing Child Poverty and Enhancing Resiliency", including an update on the planning initiative for Success by Six and recommendations for action.

BACKGROUND

In December 1998, Community Services Committee received and discussed the Ontario Public Health Association's report "Towards A Public Health Approach to Reducing Child Poverty and Enhancing Resiliency" and approved the following motion:

That the report of the Ontario Public Health Association entitled "Towards a Public Health Approach to Reducing Child Poverty and Enhancing Resiliency" be referred to the Health Department and to the Social Services Department for a report on the RMOC's mandate in this area and recommendations for action.

The Ontario Public Health report identifies the need to develop and support a broad social and political agenda to create conditions that both reduce child poverty and increase the resiliency of children in high risk families. It calls for stakeholders to lend support to a series of 6 macro goals, which are a synthesis of recommendations from a variety of reports and organizations including Campaign 2000, The Canadian Centre for Policy Alternatives, The Canadian Public Health Association, the Federal/Provincial/Territorial Advisory Committee on Population Health, the National Forum on Health, and the Registered Nurses Association of Ontario.

There are many barriers to the healthy development of children. A great deal is now known about the risk factors that compromise a child's well-being. Risks are also known to have a "multiplier" effect so that children whose lives are overloaded with risks are most likely to experience the greatest difficulties.

Poverty has been recognized as one of the greatest risk factors facing children.

Between 1986 and 1996, the percentage of children living in poverty in Ottawa-Carleton almost doubled, from 15% to 27% (1986, 1996 Census). Within the City of Ottawa, more than one in every three children lives in poverty.

DISCUSSION

The Region's mandate is discussed below under each goal appearing in the Ontario Public Health Association report. Following this discussion, a summary of recommendations appear to guide the Region of Ottawa-Carleton.

GOAL 1: Increase equity and reduce child poverty

Under this goal, the report suggests strategies such as changes to the tax structure, enhancing the child benefit, and government collection of child support payments.

Senior levels of government play a role in increasing equity and reducing child poverty through policy directions that redistribute income. Policy levers at their disposal include income tax and tax credit policies such as the National Child Tax Benefit, the full or partial indexation of income tax brackets to prevent “bracket-creep” caused by inflation, transfer payments to “have-not” provinces, and the setting of social assistance rates. These are only a few examples. For the most part, the Region interprets, implements and/or communicates senior government policy directions. However, the Region can play an advocacy role. Indeed, advocacy is a legitimate role and the Region is well-placed to play this role.

For example, the federal National Child Benefit Supplement (NCBS) introduced in July 1998 is provided to low-income working families but “clawed back” from families who primarily or partially rely on social assistance. In Ontario, the money clawed back from families on social assistance has been largely reinvested by the Province in child care supplements for working families. These measures help ensure that families are better off working. Nevertheless, the redistribution of income from families on social assistance to working poor families can only be justified if families relying on social assistance have at least the means to meet their basic needs for food and shelter. Increasingly, food security is emerging as an issue among families on social assistance. While the Region cannot set federal or provincial policies, it can play a role in lobbying these levels of government to ensure that the basic needs of the poorest children are adequately addressed.

GOAL 2: Support Families

Under this goal, the report suggests strategies such as high quality, affordable child care arrangements available to all parents who need them, family friendly work environments, and home visiting programs for high risk families.

Child Care

Regional Social Services purchases or provides \$55.4m (\$14.4m net) in child care services, including formal and informal care arrangements, cost-shared on an 80-20 basis with the Province. The Region’s ratio of child care spaces to demand is 1 to 5. The Region may recommend and lobby for an increase in spaces to meet the actual demand, however the Province determines the number of spaces for which it will provide cost-sharing.

Approximately \$1m is available to create additional child care service under Ontario Works (OW). A report to Community Services Committee with further details on Ontario Works Child Care is forthcoming.

The Province has announced a new cost-shared program, Learning, Earning and Parenting (LEAP) which will provide funding for child care and other supports such as transportation to enable young parents to complete high school. Provincial savings resulting from the changes to the NCB are being targeted to LEAP participants to intensify the supports available under OW for young parents age 16-21.

LEAP will be available for parents aged 16-21 (and will be mandatory for 16 and 17 year old parents) who qualify under Ontario Works. Participants will be required to stay in school and take parenting courses to remain eligible to receive OW benefits. Participants will also be helped to develop employment skills and to plan for the transition to employment or further education. LEAP will also provide an incentive for participants who graduate from high school and successfully complete a minimum of 35 hours of parenting courses. Successful participants will be able to choose between a \$500 bursary to be used for their own post-secondary education or training, or \$500 to be held in trust for their children's education.

Parenting Support/Parenting Skills

Key Regional initiatives providing parenting support and building parenting skills include Health Department Programs such as: the Postpartum Program; Healthy Babies, Healthy Children; Early Years Programming including Nobody's Perfect, and Social Services funded programs such as Family Resource Centres. In addition, part of the reinvestment of municipal savings resulting from the introduction of the NCBS will be directed to parenting support.

Health Department initiatives in this area include:

1. Public Health Nurses (PHNs) in the Postpartum Program call every mother of a new-born in the Region. They also provide Well-Baby and Breastfeeding Support Drop-In Clinics at a variety of locations across the Region. Mothers who cannot access other supports and who have immediate postpartum needs receive a home visit from a PHN.
2. Regional Health began providing the Healthy Babies, Healthy Children program in 1998. It is a home visiting program serving families at risk of parenting difficulties starting in pregnancy or the early postpartum and stopping when the youngest child is three years old. Family Visitors are located in Community Health and Resource Centres across the Region and are supervised by PHNs. Family Visitors are lay workers with a background in parenting who have received four weeks of training and participate in ongoing continuing education. Five hundred (500) of the six hundred spaces in the program are currently filled. There is concern that the Region will soon reach the maximum enrolment of 600. Without new funds to create additional program spaces, assessments will continue to identify high risk families in need of support but Healthy Babies will not have the capacity to serve them.
3. Nobody's Perfect is a parenting program for parents who are without the resources to parent as they might like. Regional Public Health Nurses use a "train-the trainer" model to build group facilitation skills in the community. Groups focus on issues identified by the parents themselves. Discussion is stimulated through the use of books on parenting issues especially designed for the program and written in plain language.

4. The Children's Aid Society has funded a PHN to visit high risk families for the past two years.

Social Services initiatives include:

1. There are 17 Family Resource Centres located throughout the Region (see Annex A). These centres offer services to meet the growing needs of parents and caregivers in today's rapidly changing society through a number of programs such as drop-in centres, toy libraries, playgroups, resource libraries, caregiver/parent education courses and workshops, information and referral, outreach, postpartum depression support group and special programs and projects. Each Family Resource Centre offers all or a combination of these programs depending on the particular needs of their community. They are funded through the provincial and regional government and annual fundraising done by volunteers.
2. The deduction of the NCBS from social assistance benefits has resulted in savings at the provincial and municipal level. Regional Social Services has designated \$500,000 of municipal savings for building community capacity. Parenting Support has been identified as one of the three priority areas within the building community capacity envelope. Social Services has called for proposals, an allocations committee will review the proposals in the spring of 1999 and a report with recommendations will be brought to Community Services Committee.

GOAL 3. Invest in education, health and welfare

Under goal three, the suggested strategies are national standards for social programs, universal junior kindergarten, and a comprehensive, integrated, coherent system of services that offers equal access to flexible, multi-functional quality services for all young children from birth to age six, and for their parents to elect to utilize it.

Both Regional Health and Social Services are among the community partners participating in the planning process for the development of a Success by Six initiative for Ottawa-Carleton. This project focuses on the development of an integrated, multi-functional, quality service system for children age birth to six. The community partners are currently seeking to expand their membership to include the corporate sector in order to increase the amount of funds available to meet the needs of children under 6.

On April 13, a Community Forum will be held by the community partners to look at best practices and develop priorities and an action plan for the Success by Six initiative. The Community Forum will provide the opportunity to bring together a wide range of community stakeholders. Community Services Committee will be asked to support the priorities emerging from the community forum. A Public Launch of the initiative is also being planned. The Public Launch will present the Community Action Plan to the community at large, build public support and initiate the fundraising campaign.

Regional Health works in close partnership with other agencies in the community to provide accessible services for families with young children. A few examples include:

1. Buns in the Oven/Ça mijote - This is a prenatal nutrition program aimed at informing and supporting vulnerable young pregnant women. It is co-ordinated by the Young Single Parent Network of Ottawa-Carleton with many other participating agencies.
2. First Words - The First Words speech and language initiative is a partnership between the Pinecrest-Queensway Community Health and Services Centre, the Health Department and the Children's Hospital of Eastern Ontario.
3. Kick Butt for Two - This is a smoking reduction, cessation and prevention support program for pregnant young women. It is another partnership between the Health Department and the Young Single Parent Support Network.

In addition, there are a range of planning initiatives whose goal is to increase access to services by children and their families and to ensure the co-ordination of existing services. These planning initiatives and networks (including the Success by Six initiative) are further described under Goal 6.

GOAL 4. Economic and labour policies that protect children

Under goal 4, the suggested strategies includes creation of "good jobs", cutting unemployment in half and legislation that would discourage excessive overtime in order to encourage the sharing of available work.

The Regional Chair's Task Force on Employment is bringing together representatives from Regional staff and the private and non-profit sectors of the community to develop an Employment Strategy within the next 6 months, which includes both short term projects and longer term initiatives. The Employment Strategy will be targeted to unemployed and under-employed persons, with a primary focus on social assistance clients. It will seek to build partnerships between business, education/training and social service sectors by promoting skill development and job development and removing barriers to labour market participation (eg. lack of appropriate training; transportation; child care etc.).

In October 1998, Community Services Committee approved the allocation of \$1.2m in municipal savings resulting from the introduction of the NCBS in the first year to employment development and employment support activities. Since poor children have poor parents, reinvesting in supports to move people to employment will reduce child poverty in the long term. Social Services' Community Relations and Employment Development Directorate has responsibility for the portion of the funds allocated to employment development and will be working closely with the Regional Chair's Task Force on Employment to ensure a co-ordinated approach.

GOAL 5. Adequate housing

Under goal number 5, the report calls for renewed financial support from federal and provincial governments for social housing and co-op housing units.

Housing is outside the mandate of Health and Social Services; however, responsibility for social housing has been shifted to the municipal level. In Ottawa-Carleton, social housing will fall within the Region's mandate. It is recognized that housing is an important determinant of health. Inadequate housing is one of the factors linked to low birth rate trends (Offord and Mustard, 1998). Canada's National Longitudinal Study on Children and Youth (1998) has identified the negative effect on children of living in emergency shelters. In Ottawa-Carleton, there were 901 children (378 families) in emergency shelters in 1997. In 1998, there were 872 children (375 families) in emergency shelters.

Two reports being prepared by Regional staff, on homelessness and social housing, are forthcoming

GOAL 6. Make child development a priority policy area

Under goal 6, suggested strategies include designating a Minister Without Portfolio for Children, the implementation of a community-based public planning process to support children 1 to 6 years old, the establishment of national standards and indicators for child health, for example a "Well Street Index", the setting of national goals and annual progress reports.

In Ottawa-Carleton there has been a long history of collaboration and cross-sectoral partnerships in children's services. However, although there are many interrelated planning initiatives, there is no overall body responsible for planning in children's services.

The needs of Children and Youth have been highlighted in the Overview of Social Needs by the Social Planning Council. The impact of poverty on children was identified as the priority issue for children and youth. More recently Regional Health's Child and Family Health Status Report has provided a profile of children and families in Ottawa-Carleton.

The United Way and Regional Social Services developed a Poverty Funding Framework through a community process. The Poverty Funding Framework identified targeting resources to high risk groups of children and building community capacity as two important strategies.

In 1996 the United Way/Centraide Priority Goals identified services for vulnerable and high risk children and youth as one of six priority goals. The Board of the United Way/Centraide has made a commitment to working with community partners and initiating a major fund-raising effort to build community capacity to support families and foster healthy child development through Success by Six.

In Ottawa-Carleton the Funders Working Group brings together the primary funders and planners of health and social services, the Ministry of Community and Social Services, the Region of Ottawa-Carleton and the United Way/Centraide, in partnership with the Social Planning Council, the Champlain District Health Council and the Directors of Education Committee. It meets on a regular basis to ensure compatibility of efforts and to identify opportunities for collaboration and integration. The Funders Working Group agreed to make prevention/early intervention for young children its major focus for the coming year through the support and development of Success by Six.

As a step toward the development of national standards, it is intended that the indicators identified in the Well Street Index (Offord and Mustard, 1998) will be integrated with the Success by Six project. The index provides a way to measure vulnerability and resiliency factors, for example, indicators related to low birth rate trends.

The Region is participating along with other municipalities across Canada in the Federation of Canadian Municipalities (FCM) Quality of Life Study. This longitudinal study will provide us with information to track and measure changes in the quality of life in Ottawa-Carleton that impact on families and children.

Numerous groups within Ottawa-Carleton cross organizational boundaries with participation from health, education, social services and justice, as well as the community at large to respond to the needs and interests of children and plan for co-ordinated services. The focus of these groups range from direct service, planning, networking, co-ordination to advocacy. For example:

1. The Child Care Council of Ottawa-Carleton, Le Regroupement des services de garde de langue française and the Family Resource Services Group bring a range of partners together to plan and co-ordinate early childhood services for families with young children.
2. The Young/Single Parent Support Network meets to work collaboratively to plan and integrate services for young single parents and their children prenatally to age five, and jointly carry out strategic plans related to this special needs group across the Region.
3. The Coalition of Community Health and Resource Centres provides a forum for collaboration and support of the community-based service delivery of thirteen multi-service organizations.
4. There is recognition of the importance of strong links between services for children and families and the network of perinatal services. The Perinatal Education Committee of Eastern Ontario brings together partners in the co-ordination and delivery of perinatal services.
5. Francophone services for children have been specifically addressed by Le Réseau de co-ordination et consultation des services sociaux en français pour enfants et adolescents which has provided input and direction on the needs identification, co-ordination, and priority setting of services for francophone children.

Summary

In the latter half of this century, poverty in Canada, and the Western world, has been a problem of old age. Changes in income supplements over the past two decades have meant that poverty has been significantly reduced among the elderly. Unfortunately, poverty among families with young children has risen dramatically in the same time period. Economic factors such as the difficulty in finding full time work, the low rate of pay of the jobs which are available and cuts in benefits to families receiving income support have meant that more children are living in poor families than at any time in the past three decades (Dooley, 1994).

The Region is part of a community network that needs to work together to ensure that services for children are co-ordinated, that supportive programs and appropriate housing are available, and that parents have access to good quality child care. The Region can also play a role in advocating with other levels of government to ensure that the income supports provided are adequate to meet children's basic needs. Child poverty and the negative effects of growing up poor are not insoluble problems. However, addressing these issues will require the involvement of all levels of government, community partners, volunteer agencies, corporate sponsors and others. The Region's challenge is to be the most effective contributor it can be to these community networks in order to both reduce child poverty and enhance the resiliency of poor children.

FINANCIAL CONSIDERATIONS

There are no direct financial implications related to this report.

PUBLIC CONSULTATION

Public consultation was not required for this report.

Approved by
Dr. Robert Cushman

Approved by
Dick Stewart

CP/NS-J

Family Resource Centres

Seventeen Family Resource Centres are located at a variety of locations across Ottawa-Carleton, including:

Andrew Fleck Family Resource Centre
Barrhaven Family Resource Centre
Canadian Mothercraft
Carlington Community and Health Services
Centrepointe Early Childhood Resource Centre
Katimavik Preschool Resource Centre
Charlemagne Preschool Resource Centre
Child Care Information
Child Care Providers Resource Network of Ottawa-Carleton
Children's Village of Ottawa-Carleton
Co-operative Carrousel
Crescendo, Pinecrest-Queensway Community Health Centre
Gloucester Child Care Services
Military Family Resource Centre
Nepean-Kanata Family Resource Centre
Parent Resource Centre
West Carleton Child Care Resources