

Children in Hamilton: Progress and Challenges

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1.0 EXECUTIVE SUMMARY

This report provides the Hamilton community with a review of issues and recent progress made addressing the health and well being of children. An important reference point for the review is the Children's Symposium for Hamilton held in January 2001. This report provides the community with an update on progress made in Hamilton since that time. The report is structured around the issues identified at the Symposium. The purpose of this review is to add support to the ongoing work of community planning and action to improve conditions encouraging the healthy development of children.

Information in this report was derived from several sources including recent literature on changes that have taken place, information gathered through structured conversations and meetings with local stakeholders, service providers and program planners. Discussions focussed on any information that would describe program, policy or social trend changes in community that have been taken or observed.

The changes described are reported according to key themes identified by participants at the Symposium held in 2001. This format builds on the Symposium process and uses it to provide some measure of change along dimensions that were identified as important to community members of Hamilton. Those themes are:

- improve information on programs and services to facilitate better access and coordination of services
- increase participation of private sector and other community members, educate them
- create a broad community strategy to address children's health and well being
- respond to the cultural diversity of the community and create culturally welcoming initiatives
- make services universally available and accessible recognizing that poverty is still a barrier to access.
- invest in training, support and mentoring to increase use of best practices knowledge
- build a map of services, population characteristics and other information which will help to inform and influence the action we take to improve healthy development
- evaluate our progress

This report notes several recommendations that will contribute to further advancements in important areas that will contribute to the healthy development of children in Hamilton. Those recommendations are:

Formulate a community plan that includes a strategy for addressing the adequate income needs of all families.

Provide programs and services with stable and reliable funding when there is clear evidence that the services they provide have a positive impact on the healthy development of children.

Community and corporate sector involvement in addressing the needs of children is seen as having some potential for growth. Develop and test new strategies that better identify ways in which community participation can be strengthened.

Provide better supports to parents through improved parental leave and flexible work arrangements in the workplace. Pilot projects should be developed and tested with local employers to modify workplace practices in a way that assists parents.

Knowledge transfer and training on best practices is important to community service providers and practitioners. A clear plan for increasing the professional development opportunities and supports to service providers is needed to benefit services and ultimately children.

Make services more accessible and responsive to the needs of the culturally diverse community. Better systems and supports need to be developed for use in services which will enable them to serve equally well all members of our increasingly diverse community.

As the service system for children changes and expands, governments, service providers and families must build on effective programs that exist and have proven value to children in the community rather than substitute or simply replace existing systems and services.

Hamilton must create a city-wide, collaborative strategy with a core set of indicators for monitoring and reporting on the progress that we are making to create improvement in the conditions necessary for the healthy development of children. That report should provide information on children and their conditions of well being from birth to the transition to adulthood.

The process of implementing a community strategy to improve the health and well being of children requires a dedicated team of professionals and community members working together. The City of Hamilton should establish a community based advisory committee to guide this effort. A community advisory committee could pursue the social vision and articulate a plan that advises on policy and the allocation of resources to initiatives directed at benefiting children in Hamilton.

The report concludes that Hamilton has the capacity and the resources to provide a supportive environment for children through high quality education, health, social and recreational services and will be able to create better services, systems and communities through cooperation and effective action to produce better outcomes for children.

2.0 INTRODUCTION

The Children's Symposium for Hamilton was held in January 2001. This report provides the community with an update on progress made in Hamilton since that time with the issues identified. This review is also intended to add support to the ongoing work of community planning and action that will improve the capacity of the Hamilton community to improve conditions encouraging the healthy development of children.

The Children's Symposium was in part an attempt to define a community vision for children and youth and build on initiatives already in place. The event brought together more than 500 community members to define existing community strengths as well as actions needed to improve conditions for children in Hamilton.

At the conclusion of the Symposium there was a clear interest in a follow up activity to ensure progress on the directions provided. The Planning Committee for the Symposium responded by offering to work toward the preparation of an annual update on progress and consider the benefit of another Symposium in 2003. Indeed this commitment was noted in the Children's Symposium Report.

3.0 GATHERING INFORMATION

To prepare this review a number of sources were consulted. There have been a number of publications, studies and other documents generated and published in recent months that provide some insight on changes that are taking place. The literature was examined for information on change that is proposed or has taken place. Then information was gathered through structured conversations and meetings with local stakeholders, service providers and program planners to strengthen the review. Discussions focussed on any information that would describe program, policy or social trend changes in community that had been taken or observed.

In all, fourteen conversations were conducted with stakeholders and service providers in the community. Many of the individuals that engaged in these conversations were identified based on their association with the eight categories of interest areas noted in the Children's Symposium reports. The categories are: early years initiatives, school age years, youth supporting initiatives, policy development, business role in supporting children, health, research and finally community based initiatives. This process also included a meeting of the Planning Committee members for the Children's Symposium 2001. This meeting was particularly poignant because it brought back together those persons who originally conceived and designed the Children's Symposium and provided them an opportunity to reflect on that process and consider the extent to which that process had influenced activity over the year following the Symposium.

4.0 FRAMING THE DISCUSSION

Discussion among participants at the Children's Symposium generated a number of recommendations for action. These have been detailed in the "*Children's Symposium Report: Proceedings and Results of the Children's Symposium for Hamilton, January 2001*". Those recommendations converged around eight essential themes for change. Those themes were identified as follows:

- improve information on programs and services to facilitate better access and coordination of services
- increase participation of private sector and other community members, educate them
- create a broad community strategy to address children's health and well being
- respond to the cultural diversity of the community and create culturally welcoming initiatives
- make services universally available and accessible recognizing that poverty is still a barrier to access.
- invest in training, support and mentoring to increase use of best practices knowledge
- build a map of services, population characteristics and other information which will help to inform and influence the action we take to improve healthy development
- evaluate our progress

In the review of documents and in conversations about progress or change over the past year, these themes were referenced as a guide. As a result, the information gathered often deals with information or insights on change related to these themes. However, in many instances the examination of our progress since the Symposium reaches beyond these themes and elements of these issues have been noted and incorporated into the review as well.

5.0 POPULATION OF CHILDREN IN HAMILTON

Before examining the progress of local efforts to improve conditions for children in Hamilton it is useful to consider some basic information about the characteristics of this population. Children aged 14 or younger in Hamilton-Wentworth represented about 20% of our population in 1996. Statistics Canada estimated that there were about 95,000 children in this community at that time. Their population projections indicate that the number of children in this municipality will decline by about 1.5% over a ten-year period ending in 2006.

Most very young children in the municipality reside in the former City of Hamilton essentially because it contains the largest population of any of the former municipalities. The following Table provides some indication of the distribution of the child population over the six former municipalities that now form the new City of Hamilton.

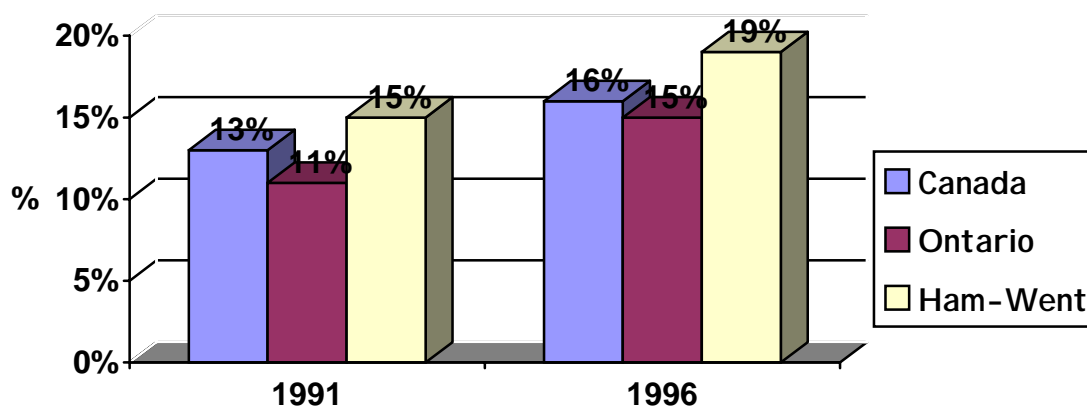
Table 1: Number of Children in Hamilton-Wentworth 0-6years of age, by Municipality

Age	Hamilton Wentworth	Ancaster	Dundas	Flamborough	Glanbrook	Hamilton	Stoney Creek
Total 0-6	43,950	1,864	1,950	3,791	954	30,309	5,082
% of total Population	8.9%	7.5%	7.9%	10.2%	8.5%	9.0%	8.7%
Total All ages	491,395	24,734	24,431	37,227	11,283	335,614	58,106

Source: Provincial Health Planning Database, Population Estimates 1998, Ontario Ministry of Health, 1999. Taken from the Child Care Service Management Plan, Public Health and Community Services Department, May 2001.

Many children in Hamilton are growing up in conditions of poverty. Hamilton has a higher rate of poverty than the Province of Ontario or Canada as a whole as indicated in the following chart. In 1996 the Region of Hamilton-Wentworth had a poverty rate of 19% for economic families according to Statistics Canada data.

Chart 1: Poverty Rates for Economic Families



Source: Statistics Canada, 1991 and 1996 Census, (custom tabulations)

Children growing up in lone parent families are more likely to be poor than children in two-parent families. The poverty rate for lone parent economic families in Hamilton-Wentworth in 1996 was an astounding 64% where those families had children under 18 years of age.

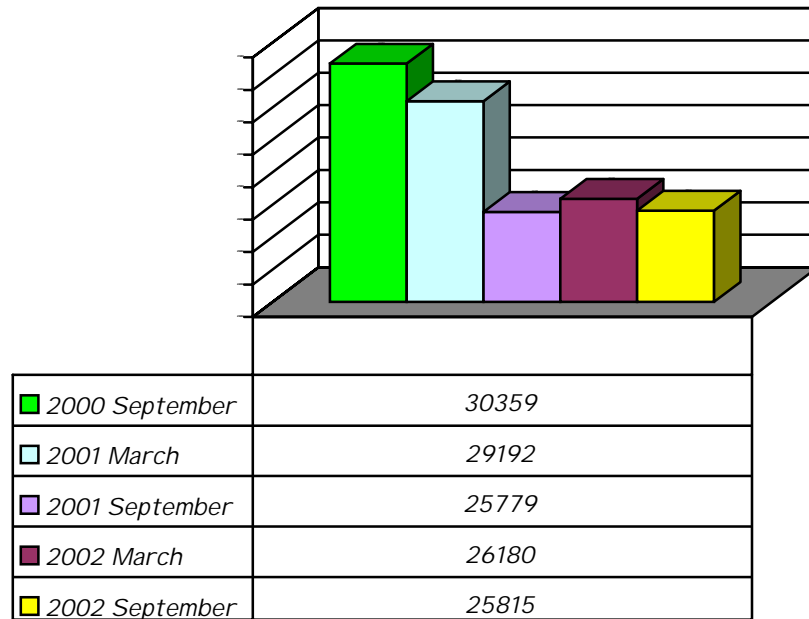
Many children living in poverty in Hamilton are members of families receiving income support through social assistance programs. The City of Hamilton delivers the Ontario Works income support program in Hamilton. As part of this service they monitor and report the number of individuals and families receiving assistance in this municipality.

The number of people receiving assistance in Hamilton has declined over the past two years. In September 2000 there were 12,480 cases receiving assistance. This provided support to 30,359 beneficiaries (adults and their dependents). Two years later, in September 2002, there were 11,068 cases receiving assistance supporting a total of 25,815 beneficiaries. This represents a decline of 4,544 people relying on the Ontario Works program for an income.

Caseload reports offer a count of the number of dependents in families on assistance. Dependents are often but not always children. Still, the number of dependents in families receiving assistance in September 2000 was 17,879. By September 2002, the number of dependents in families receiving assistance had dropped to 14,747.

The table below illustrates the decline in the number of beneficiaries in receipt of social assistance in Hamilton over a recent two year period.

Decline in the Number of Beneficiaries in Receipt of Social Assistance in Hamilton over a Recent Two Year Period



Source: Public health and Community Services, City of Hamilton January 2003

Another important feature of the municipality is the cultural diversity of the population. About 25% of the total population of Hamilton-Wentworth in 1996 was comprised of immigrants to Canada. Many of those, about 15,420 arrived in the community between 1991 and 1996. This feature of our community is important to understand because in many cases children in immigrant families face barriers that many other children will not experience. They are less likely to speak English as a first language and the poverty rate for immigrant families is much higher (50%) than in the general population.

6.0 THEMES FOR CHANGE

6.1 Improve Information On Programs And Improve Access And Coordination Of Services

One of the strongest messages to emerge from the Children's Symposium was the sense that in Hamilton we should be improving the information available to the community about programs and services of benefit to children. Most agreed that by improving information availability and accessibility we could use existing resources to their fullest potential and so increase efficiency in the local system of services. This approach makes the most of local resources without adding substantially to costs.

Discussions with key stakeholders indicated that there is a sense in the community that awareness of children's issues has improved over the year. Decision-makers have become more aware children's issues as a frame of reference for developing services and taking action. Discussions indicate that the greatest advances though may have being in bringing partner services together to take action. Some of this collaboration can be credited to the introduction of the Early Years Challenge Fund and the way in which the local coordinator implemented a process of informing and involving the community in a way that encouraged cooperation and the development of partnerships.

In addition to new partnerships which may have formed based on the stimulus of the Early Years Challenge fund, several existing networks remain strong. Those include the Youth Serving Agencies Network (YSAN), the Asset Building Coalition, Child Care Supervisors Network, Integration Resources Hub, Hamilton Family Resource Network, Voices for Children and those agencies and services which worked together on new funding proposals for the expansion o development of services.

In the year 2000, Contact Hamilton, a new agency funded by the Ministry of Community, Family and Children's Services (MCFCS) assumed responsibility for centralized information and single point of access for MCFCS funded services for children with behavioural, emotional or developmental concerns, and adults with developmental disabilities. Families, professionals and community agencies can now call one agency to receive information about programs and services offered by more than twenty local agencies. In addition, access to these programs is now coordinated through Contact Hamilton.

Still within the network of services some pressing issues remain. It was noted that considerable improvement is still needed in the development of French language services and mechanisms that will promote better access to services by Francophone members of the community. New initiatives in the community need to be more inclusive. We have the community capacity to develop better support systems for children's health and development but sustaining support for those services is still not available. Over the long term this can interfere with the process of improving understanding of the local service system and so undermine accessibility to services.

Many innovative projects and services are operating on the basis of project funding. This form of support is not sustainable and so puts some of these solutions at risk if the term of funding expires and there is no renewal or alternative funding available. Services may appear and disappear before community members become entirely familiar with them. This condition needs to be balanced against the value of pilot testing new programs and community solutions for the benefit they may intrinsically offer to the process of addressing and supporting the healthy development of children.

The local United Way provides a good example of an effort to address new and emerging needs through project funding and support to pilot programs. They have established a Strategic Investment Fund that specifically targets support to programs that address the needs of "children at risk". In the year 2002/03 that fund will direct more than \$131,000 to eleven agencies for special new initiatives. These projects have received funding support after having undergone close examination by community volunteers and professionals. This process ensures that projects will meet a need in the community, will be effective in responding to that need and will achieve the desired outcomes for those being served as well as the community as a whole. This represents a systematic and responsible approach to addressing children's needs in the community. This degree of scrutiny, discipline and accountability is not unique to the United Way. Other funders of local projects benefiting children use similar processes to ensure that money is well spent on effective programs provided by responsible services.

The limitation of this strategy is that the funding is available on a time-limited basis. Project sponsors and funders know at the outset that these funds will only support the project for a specified period of time which may be for as little as one year or less or as long as three years. If a program proves effective at addressing the needs of children at risk, this is no guarantee that the service will continue. Not all pilot projects will be successful of course. Still there is no clear systematic assessment of those programs that are having an impact and those that are not.

Nor is there an effective mechanism for providing secure and stable longer term funding for those programs that should be preserved through a continuing system of funding supports.

As a partial remedy to this condition the City of Hamilton has restructured its Community Grants Program and in the process added new criteria for use in evaluating and making funding grants to community groups providing services. They have committed to a multi-year funding program that will review services annually to assess their performance according to predetermined measurements and outcomes. The organizations receiving grants will be evaluated according to a framework based on their relationship to the Strategic Vision, Mission, Values and Goals established by City Council for the City of Hamilton.

Demand for services is still great and service providers are making every effort to respond to demand provide access to services and so include more children. One of the shortcomings of a response strategy that stretches resources to accommodate more children and families than originally intended is that programs may be overextended as a result. They may be compromising the quality or the effectiveness of the program and this raises questions about the value of the intervention or the impact of service. Evaluation data on the services is not available in a format that would provide evidence one way or the other of the impact given this pressure. There are indications that in some cases programs are being modified in a seemingly practical way to accommodate demand. Programs may adjust and reduce the number of weeks they operate as a trade-off for including more participants. That program as a result may be more accessible and available in more places for shorter periods of time but may at the same time lose some of its benefit or impact.

There is no comprehensive review and analysis for Hamilton which looks across the various systems of services to measure the extent to which the demand or need for services is growing or shrinking in relation to the services available. There is however evidence of this program stress. The federally funded Community Action Programs for Children in Hamilton, like others in communities across Ontario, have been in operation for several years. They have become increasingly familiar to members of their communities and effective at responding to community needs. This growth in awareness in combination with other conditions experienced by children and families in communities has expanded demand for services. With each passing year the costs of providing services has increased while funding for these services has not. The result is a reformulation of services that may result in reduced effectiveness or reduced access as programs shrink in order to balance budgets.

More evidence of this stress in services to children may be found in education services delivered by school boards. In a presentation provided by Judith Bishop, Chairperson of the Hamilton-Wentworth District School Board in April 2002 an analysis was provided which detailed the decline in education services for the Hamilton area resulting from a decline in funding. The presentation notes evidence of measurable reductions in student supports i.e. education assistants, library, guidance, technology and professional assistance, as well as reductions in student resources i.e. textbooks and outdated technology. The analysis notes there are now fewer self-contained classes and class size is larger and education assistants are no longer available for instructional purposes for special education students. Other stresses in the education system are documented and indicate quite clearly a decline in the capacity of a major service system supporting the healthy development needs of children.

6.2 Increase Participation Of Private Sector And Other Community Members

Participants in the Children's Symposium declared that our community needs to increase community participation in the process of creating conditions that will support the healthy development of children. The message noted that the increase in participation should both involve more people and involve a wider range of people to be successful. Most notably, participants indicated that greater involvement of the private sector was essential and that more involvement from youth would strengthen the effort as well.

In the year following the Symposium, it is difficult to find evidence of any real change in community participation. Private sector support for improving community conditions to meet the needs of children follows familiar patterns in terms of who is participating and the scale of investment in community process or innovation. This may be because most people in the community sense that businesses have a limited role to play. Many assume that private sector interests can make donations to support programs for example but cannot deliver the complex systems of services and supports that are available. Private sector participation can also take the form of volunteer support for programs. This too is still in many ways a modest component of the system of supports. It seems that for most the role of the private sector is still confined to funding, participating as volunteers or otherwise organizing charitable initiatives for children. Still this represents an important and substantial component of the local system of supports and voluntary participation.

There is currently no comprehensive local assessment of the nature and extent of private sector participation in support of the healthy development of children and in fact this would be difficult to measure. Participation by this sector could take various forms. One form would be volunteering by individuals. There is no clear evidence that individual volunteerism in children's programs has increased (or decreased) significantly over the past year. Another form of increased participation could be increased financial or in-kind donations to services. There is no comprehensive information being recorded and reported for Hamilton that indicates a change in charitable giving for children's services. Other indicators of private sector participation could include improving parental and family leave arrangements from the workplace, creating more flexible working hours and times with better provisions for allowing parents to balance work and family life ensuring that wage rates are adequate to meet the needs of families with children. While some local corporations may be modifying workplace conditions to make the workplace better suited to the needs of families there is no systematic information being kept on where and how these changes are or are not taking place in Hamilton.

6.3 Create A Broad Community Strategy To Address Children's Health And Well Being

The Children's Symposium was in some respects one more step in the process of building community awareness of children's issues and illustrating the need for a broad community strategy to address children's health and well being. Symposium participants acknowledged this and communicated the message that work to develop this awareness and create a community strategy needed to continue.

A useful reference point in the community planning process is Vision 2020, Hamilton's Plan for sustainable development. This plan is important in that it was adopted by the Regional Council of Hamilton-Wentworth in 1992 and continues to serve as a decision-making guide for Hamilton although some have argued that its influence is in decline since the formation of the new City of Hamilton was created. This plan does establish principles that call for a community that encourages:

- 1) the fulfillment of human needs for peace, clean air and water, food, shelter, education, and useful and satisfying employment; and
- 2) the achievement of equity with the fairest possible sharing of limited resources among contemporaries and between our generation and that of our descendants.

Both principles have a close relationship to the implied values for planning that support the healthy development of children.

More recently a coalition of community advocates for children developed a "Children's Charter of Rights" for Hamilton (see Appendix IV). This document was presented to and supported by Hamilton City Council in May 2000. It continues to circulate in the community as a reference to service providers, planners and others concerned with children. Over the year a number of other planning initiatives have been carried out locally that will add definition to a community strategy on children's health and well being. These may in the coming year strengthen Hamilton's position in gaining a broad community strategy. At the broadest level the City, through its Public Health and Community Services Department, has defined a social policy development plan for Hamilton. To frame this plan and begin defining the process that will ultimately be used to construct it a discussion paper that outlines a social development agenda and a broad approach for building collaboration in addressing social issues has been released. This discussion paper was published by the Caledon Institute and supported in principal by City Council is titled "*A Social Vision for the New City of Hamilton*". It identifies children and families issues as a 'flagship initiative' or one particular area of concern that the social development plan must address. This document suggests that Hamilton establish as a goal "To ensure that all children have the best possible start in life by meeting their basic needs and by providing a range of opportunities for physical, intellectual, emotional and social development."

In the pursuit of this goal the following actions are suggested:

- create a coordinating mechanism
- engage citizens
- gather information on exemplary models
- review employment policies
- commit to a Municipal Children's Strategy
- integrate services
- develop preventive supports
- promote schools as a hub
- identify key indicators for progress
- monitor progress

For the benefit of the youngest children (0 – 6 years of age) in Hamilton, there is a planning process that makes a significant contribution to the development of community strategy for children and Hamilton is captured in the report titled "*Start Smart: The Hamilton Early Years Mobilization Plan*". This document was produced for the Hamilton Early Years Steering Committee and released in March 2002. This plan documents input from the community which helps to articulate community priorities and indicate how community organizations and members should

work together. The document also provides advice about future directions for ensuring the community has the capacity to support and promote of the early years development for children and their families. This report has been endorsed and adopted by the City of Hamilton and will be used to guide the system of services for children and their families for this community.

The report includes a mobilization plan to further define actions to be taken in the coming year and years to measurably improve our condition.

For children in their preschool and early school age years, Hamilton has created a Child Care Service Management Plan. This plan identifies several priorities to be addressed in the years ahead. First is the need to strengthen the planning and management capacity of the City to deliver a childcare system. This would provide for better monitoring of child care services and ensure minimum health and safety standards for child care are being met. The plan then recommends that service gaps be addressed to improve equitable access to child care services and that coordination of child care services be improved. The plan acknowledges there are inadequacies in the system of child care services and recommends that these be addressed. This would result for example in fairer per diem fees for subsidies, improved management of the waiting list for child care subsidies and focussing of subsidies to those families most in need. And finally, the plan notes that there are important unmet needs in the community and that these must be addressed. This is an issue that will require additional funding supports.

Contact Hamilton, an agency coordinating children's and developmental services, is developing a community services plan for children's and developmental services that are funded by the Ministry of Community, Family and Children's Services (MCFCS). This plan, which will be submitted to the Hamilton/Niagara Regional Office of MCFCS, will highlight trends, strengths and gaps in the service system. The plan will define a vision for an improved system of services and identify priorities and recommendations that will guide the future allocation or reallocation of resources. Contact Hamilton recently completed a consultation process regarding the framework for the content and process for the plan. They expect to have the first plan completed at the end of 2003.

There are two other planning initiatives underway that are directly relevant to the interests of children in Hamilton. One is the updating of the National Child Benefit Reinvestment (NCB) Strategy for Hamilton. The NCB Strategy provides a guide for the allocation of approximately two million dollars in annual funding for programs which will prevent or reduce the depth of child poverty and promote attachment to the workforce for parents in Hamilton. The National Child Benefit Reinvestment fund is essentially equivalent to the National Child Tax Benefit payable to low

income families. In Ontario, families in receipt of Ontario Works are, by Provincial regulation, not eligible to receive this benefit as a supplement to their income support benefit. Consequently, 20% of the clawback amount goes to a fund available to the municipality for expenditure on programs and services while the remaining 80% is diverted to a Provincial government account.

The proposed strategy for allocation of funds in Hamilton for 2002 is detailed in Appendix II.

Another local initiative is the redesign of the City's Community Grants program. This fund provides grants for arts and culture, recreation and sports, special events, social and public health services, community / neighbourhood association grants, and community equipment grants. The total amount of funds granted through this mechanism is approximately two million dollars annually and has historically supported a wide variety of programs and services that provide benefits to children and youth among others.

The City of Hamilton has developed a culture and recreation master plan. This Plan, although not specifically targeted at children, will have a bearing on the supports to healthy development of children and youth across the municipality in years to come. Research from different sources confirms that participation in sports and recreation is important to all children. It contributes to the healthy development and has a proven beneficial effect on physical and emotional health, academic performance and self-esteem. Participation in sports and recreation improves prospects for better outcomes later in life. Local studies by Dr. Gina Browne and the System Linked Research Unit at McMaster University have added even more evidence to our understanding. This research confirmed that access to subsidized, low cost recreation services promoted use of recreation programs and as a result can have a significant impact on maintaining competencies of children with behaviour disorder and improving parent's health and economic social adjustment. We also know that physical activity contributes to the health of children by building bones, muscles, cardiovascular endurance and coordination. Given that recreation and access to it is an important consideration in the healthy development of children, this plan should form an important component of our community strategy for children. The Plan reflects an awareness of the impact user fees will have on accessibility of recreational services available through the City. The strategic directions note the need to 'reconcile' the approach to financing leisure services. This suggests the need to rethink user fees and consider an increase subsidies for services that are most public in nature. The Plan also addresses the need to increase public access and use of facilities, focus on 6-18 year olds and develop strategies that can increase and enhance their use of recreation facilities.

The Central South Mental Health Implementation Task Force is also constructing a plan for services and supports central to their interest. Their goal is to recommend to the Minister of Health and Long Term Care, improvements and reinvestments for the regional and district mental health services to more effectively meet consumer needs.

The task force will be addressing family issues and children. Their plan will develop new targets for service and address ways to increase access for culturally diverse communities, particularly Francophone and aboriginal communities. Their plan will also identify early detection issues and the need to better respond to issues related to the mental health and well being of children.

City Hamilton is also proposing to complete a municipal housing statement and affordable housing policy for the community in the coming year. Although some may understand this as a planning exercise not directly related to children's issues, it is clear that access to adequate housing speaks directly to one of the fundamental indicators of health and well-being for children. As a result any gain in the capacity of families in this community to better access adequate and affordable housing we'll inevitably contribute something to a community strategy for children. Poverty and housing affordability problems in Hamilton are well documented. Housing plans, even economic development plans, need to set a vision and targets for action that will minimize these risk factors and the potential they have for undermining the prospects for children.

There was an often-reported impression among community stakeholders that we still have a long way to go in forming a clear plan for children that draws together the different sectors of the community that have a role to play. In spite of the various well intentioned individual planning efforts, we are still lacking a solid comprehensive framework for child and community well being that ties these exercises together in any systematic way.

6.4 Respond to the Cultural Diversity of the Community

Hamilton is a culturally diverse community with 25% of the population being born outside of Canada (1996 census) and over 80 mother tongue languages spoken. It follows then that we need a strategy that reflects and responds to this cultural diversity. It is particularly important in Hamilton as we have a growing and increasingly diverse population. The Children's Symposium participants recommended that our community plan and community involvement strategies needed to reflect this quality and ensure that strategies for service development, research and program investment take account of the City's cultural diversity.

In many ways it appears Hamilton is not dealing with the diversity of the population and is not making the adjustments needed to support the healthy development of children in particular. Service providers for example, in most instances do not have printed materials or other information about their programs and services in languages other than English.

This is sometimes because of resource limitations but may also reflect the extent to which services see it as a priority. It is certainly an added expense to make information available in more than one language. However, if information about programs, or the programs themselves can not be made available in more than one language, the result is that programs will not be equally accessible to all members of the community due to this barrier alone. This shortcoming, whatever the reason, continues to limit access to services for an important part of our community.

This limitation is particularly obvious to people whose home language is not English as well as being obvious to others who pay close attention to the capacity of services to meet the needs of a diverse population. There is a clear impression among stakeholders that culturally diverse communities are not being equally or well served by many local programs and services. This perception has not been fully documented or confirmed in recent reports or studies that closely examine and quantify these features of the service delivery system. The exception however may be found in the public education system. Judith Bishop in her April 2002 analysis of the Hamilton-Wentworth School Board services noted the decline in programs and services to meet the needs of a culturally and linguistically diverse student population. The analysis documents the extent to which programs have been reduced i.e. English as a Second Language, in order to preserve other special education services.

Discussions with stakeholders indicated that there is still a need for service providers to build into their strategic plan and operational plan strategies to address deficiency. A number of reform could be implemented other than providing program information in various languages. Personnel employed in services and institutions could better reflect the diversity of the community. The United Way of Burlington, Hamilton-Wentworth recently released a publication titled *The Barrier Free Hiring Handbook* and recommended it to local services for use in the hiring process to more effectively select new staff from diverse cultures. The publication reinforces the message that employing staff members from diverse cultures will further enhance the capacity of services to improve access to services for children and families from diverse cultural communities.

Over the past year there has been a growing recognition of, and in fact a growing incidence of racism in Hamilton. Racism has been a condition evident in Hamilton, and in many communities, for many years. The terrorist attacks in the United States in September 2002 triggered an unfortunate response of increased racial violence in this community. This experience raised real concerns for our community and its leadership.

A number of initiatives have taken place to challenge this trend. The Mayor established a *Roundtable for Strengthening Hamilton's Community* to develop and implement new strategies to combat racism. The Interfaith Community, the media and other major institutions in our community have been contributing to this response. This action and the conditions it responds to are connected to the healthy development of children. It is understood that if children and their families experience racism in their daily lives it will undermine their sense of safety and security. The sense of safety in the home and community is an essential condition to the health and well-being.

6.5 Invest In Training, Support and Mentoring to Increase Use of Best Practices

Knowledge about the conditions and factors that contribute to the healthy development children is still growing. Only recently has the emphasis on early years development emerged as critical consideration in the process of designing community based strategies for promoting the healthy development of children. This research and its application have influenced both the understanding of child development and the process of creating community investment to create the most nurturing conditions. To have the most impact, this new research and its application needs to be understood by many more people. As a result, as was indicated in the response to the Children's Symposium, we must invest as a community in more training and education on best practices and research findings as a way of changing services and the service system.

The Affiliated Services for Children and Youth (ASCY) have an important responsibility for co-ordinating training information for the child care sector and the broader community. They continue to support and coordinate training that meets the needs of childcare professionals and families. The same is true of the Community Education Service of the Chedoke Child and Family Center in providing parent education and support programs in the Hamilton area. Still, the pace of change and the number of people who need to be involved in this process suggest that these resources along with others available through education institutions such as Mohawk College and McMaster University are still insufficient to the task.

Service providers and program staff also need to have greater capacity and resources to enable them to participate in training events that are made available.

Several new initiatives have developed or expanded recently to address this need. One example is the grant provided to Hamilton Health Sciences to establish a Child Development Center.

Another example of investment in this service area is the support provided to the Big Brothers Association and Chedoke Child and Family Centers partnership to develop training services for children's service professionals. Health Canada has now established five of the Centers of Excellence for Children in Canada as a resource for information and research on best practices for the development of Children. These Centers each focus their research on one of these five subject areas: early childhood development, child welfare, children and adolescents with special needs, youth engagement and child and youth centered communities. More information on these Centres of Excellence is noted in Appendix I. Each Centre is responsible for: collecting and analysing data, conducting original research, providing policy advice, disseminating information, and developing networks of individuals and groups who are working on the same issue. These Centres are expected to operate over the next five years as a resource to this and other communities.

The Public Health and Community Services Department of Hamilton, through its participation in the Ontario Public Health Research, Education and Development Program (PHRED) was identified as an organization that continues to emphasize the use of training and evidence from research and literature to inform its program activity and its' support to other services in the community. These and other resources may be developing, however the task remains to disseminate information more extensively to the community. In that respect, stakeholders in this community noted that our capacity to support training has to grow substantially to have a noticeable impact on the system of services and children in Hamilton.

6.6 Build A Map Of Services, Population And Information To Inform Action

The Social Planning and Research Council of Hamilton in partnership with Community Information Services and McMaster University have recently completed the report "Hamilton Early Years Programs and Services Community Inventory" (March 2002). The report identifies ways the Hamilton community can build on existing data and partnerships to address the requirements of the early years programs and services community inventory. The report reviews the current state of Hamilton's

community information and sets out options for next steps in the development of the community inventory. The report confirms that this community has extensive data services that address the needs children and their families. Those data sources will be combined with additional data on indicators for child and family well being and then combined with geographic information systems mapping technology to produce new information which can inform our community and service providers. The manner in which this data and technology can be combined to benefit of our community is still under development.

However, it is expected that a plan for its implementation will be completed in the year ahead and the information resulting from this process available to the community soon after.

On another front the Social Planning and Research Council of Hamilton, in partnership with the School of Social Work at McMaster University has begun the development of the Hamilton Community Map of Child and Family Well-Being. This project is a geographic information system that maps indicators of child and family well-being at a neighbourhood level. It is an interactive mapping and information system that provides composite, neighbourhood profiles that map community assets and identifies risk and resilience factors at a local level. This project encompasses social well-being indicators, community development and community asset mapping techniques. The key objectives of the Hamilton Community Map are to develop a tool that will (a) allow community groups to access social data, (b) present social data in a variety of geopolitical spatial units, (c) identify neighbourhoods of high risk and resilience. The Hamilton Community Map is intended to help neighbourhoods to identify their community assets and needs and it will be a support for them to uses in influencing and petitioning for community-based solutions.

6.7 Make Services Universally Available and Accessible

A clear message from the presentations and discussions at the Children's Symposium indicated that in a civic community children deserve full access to and participation in the benefits and opportunities available in the community. This concept is also sometimes described as promoting conditions of social inclusion or social cohesion. The Canadian Council on Social Development in recent research on this issue defined social cohesion as the ongoing process of developing a community of shared values, shared challenges and equal opportunity within Canada based on a sense of trust hope and reciprocity. The implication then is that services will produce the best results when they are available to all children not just the casualty class of kids.

Late in 2001 Hamilton Health Sciences did receive almost \$593,000 to expand and enhance the programs at the Children's Treatment Center. This funding was part of an allocation of funds across the Province to support children's treatment centers. In Hamilton it will facilitate access to occupational and physical therapy, by reducing the waiting period for service. It will also provide behavioural therapy and speech language pathology to children with autism and severe behaviour disorders and enhances the social work supports for children with cleft lip and palates and their families.

Still, there are some of indications that we may not be making progress as a community with promoting universal access to programs. Two good examples are the increasing prevalence of user fees for public programs and services and the growing disparity of incomes between rich and poor in the community.

Examples of increasing user fees can be drawn from the Bishop analysis on local public education services where one of the identified responses to cutbacks in education was the increase in user fees and fundraising efforts to access or support some school programs. Another education related trend is the increase in tuition fees to post secondary institutions, a trend that tends to disadvantage children from lower income families in their pursuit of advanced education. The City's Department of Culture and Recreation has also contemplated the spectre of increasing user fees for public programs and facilities as noted in their Master Plan.

Hamilton has a relatively large population of poor families. The Social and Health Issues Report noted that in 1995 Hamilton had 19% of economic families living in poverty compared to 15% in Ontario and 16% in Canada. Campaign 2000, a national coalition fighting child poverty reports that by 1998 the child poverty rate in Canada was 19% and dropped only slightly to 18.5% by 1999 despite a very strong year of economic and job growth.

Stable affordable housing is essential for healthy child development. Recently reported information on the rental housing market in Hamilton indicates that for many poor families the cost of housing is increasing faster than incomes. In Hamilton in 1995, 47% of tenants were spending approximately one-third of their income on rent and another 23% of tenants were spending more than half of their income on rent! There is a scarce supply of affordable rental housing and more families are using emergency shelters now than in the previous three years. These fundamental economic forces inevitably have an impact on many children and youth

in the community and when combined with even modest user fees for services will effectively limit accessibility to services for many children.

6.8 Monitor and Evaluate Our Progress

Several indicator projects are currently monitoring and reporting information about community conditions on a population basis. These include Keeping Score on Kids in Hamilton-Wentworth published by the Canadian Center for Studies of Children at Risk, Sustainable Indicators of Vision 2020, and the City of Hamilton Social and Health Issues Report 2001.

Yet, as a community we do not have any clear evaluation of our progress. Most stakeholders agree that we need to evaluate our programs to understand not only what we have but also what we need to do better.

The Early Years Resource Centers proposed for Hamilton, five in total, are expected to make an important contribution to the knowledge base of information on services for children in their early years. It is expected that this will happen through the creation of an inventory of information relevant to children ages 0 – 6 and their caregivers. This data will be of use in informing community members about services, assessing gaps in services in the community and in facilitating the appropriate processes to address those gaps. The data gathered through for this inventory may not provide information about the impact of these services on the healthy development of children across the community. This inventory will be limited in another way. It will concentrate on very young children and not incorporate any study or analysis of older children.

7.0 RECOMMENDATIONS

There are still many actions that can be taken to support the healthy development of children in Hamilton. The following is a list of recommendations for action, which are based on the work done to prepare this report. Those recommendations are:

Formulate a community plan that includes a strategy for addressing the adequate income needs of all families.

Provide programs and services with stable and reliable funding when there is clear evidence that the services they provide have a positive impact on the healthy development of children.

Community and corporate sector involvement in addressing the needs of children is seen as having some potential for growth. Develop and test new strategies that better identify ways in which community participation can be strengthened.

Provide better supports to parents through improved parental leave and flexible work arrangements in the workplace. Pilot projects should be developed and tested with local employers to modify workplace practices in a way that assists parents.

Knowledge transfer and training on best practices is important to community service providers and practitioners. A clear plan for increasing the professional development opportunities and supports to service providers is needed to benefit to services and ultimately children.

Make services more accessible and responsive to the needs of the culturally diverse community. Better systems and supports need to be developed for use in services which will enable them to serve equally well all members of our increasingly diverse community.

As the service system for children changes and expands, governments, service providers and families must build on effective programs that exist and have proven value to children in the community rather than substitute or simply replace existing systems and services.

Hamilton must create a city-wide, collaborative strategy with a core set of indicators for monitoring and reporting on the progress that we are making to create improvement in the conditions necessary for the healthy development of

children. That report should provide information on children and their conditions of well being from birth to the transition to adulthood.

The process of implementing a community strategy to improve the health and well being of children requires a dedicated team of professionals and community members working together. The City of Hamilton should establish a community based advisory committee to guide this effort. A community advisory committee could pursue the social vision and articulate a plan that advises on policy and the allocation of resources to initiatives directed at benefiting children in Hamilton.

8.0 CONCLUSION

This review has reported on community progress in addressing conditions that encourage the healthy development of children in Hamilton over the past year. This report offers the community a reflection that recognizes positive actions as well as focuses attention on conditions that still need to be addressed by a community plan.

The Hamilton community has the capacity and the resources to provide a supportive environment for children through high quality education, health, social and recreational services. We also have the capacity to create better services, systems and communities through cooperation and effective action to produce better outcomes for children. This report has been prepared to provide information that may be useful in that process.

9.0 SELECTED REFERENCES

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APPENDICES

APPENDIX I

Centres of Excellence

Health Canada: Centres of Excellence for Children's Well-Being

The Centres program is one of the federal government's contributions to effectively disseminate advanced knowledge on key issues of children's health to individuals or groups who need it most. There are five Centres of Excellence for Children's Well-Being. Each Centre is focussing on a different issue: child welfare, communities, early childhood development, special needs, and youth engagement. Each Centre is responsible for: collecting and analysing data, conducting original research, providing policy advice, disseminating information, and developing networks of individuals and groups who are working on the same issue.

More information is available on Health Canada's website at:
www.hc-sc.gc.ca/hppb/childhood-youth/centres/index2.html

Centre of Excellence for Child Welfare

The Centre is looking at children and youth who are, or who are at risk of becoming, involved with provincial and territorial child welfare services. The Centre supports collaborative research projects that integrate prevention and intervention efforts in a variety of sectors.

Centre website at www.cecw-cepb.ca or contact:
Susan Sullivan, Communications Coordinator
c/o Child Welfare League of Canada
75 Albert Street, Suite 209
Ottawa, Ontario K1P 5E7
Tel: (613) 235-4412, ext. 25
Fax: (613) 235-7616,
E-mail: sue@cecw-cepb.ca

Centre of Excellence for Child and Youth-Centred Prairie Communities

The Centre is looking at children and youth living in Prairie communities, because these communities are experiencing demographic, economic, and social changes that are unique in Canada. Its specific interest is in the ways that communities mediate change in order to bring about positive effects on child development.

Wayne Helgason
Social Planning Council of Winnipeg
412 McDermot Avenue
Winnipeg, Manitoba R3A 0A9
Tel: (204) 943-2561,
Fax: (204) 942-3221
E-mail - wayneh@spcw.mb.ca

Centre of Excellence for Early Childhood Development

The Centre's mandate is to collect and analyse information on a broad spectrum of determinants influencing early social and emotional childhood development, and to effectively disseminate this information through products such as a multimedia CD and an encyclopaedia. Its work plan for the five-year mandate mirrors the developmental stages of a child from conception to age five.

Dr. Richard Tremblay
University of Montreal
3050 Edouard Montpetit, Room A2010
Montreal, Quebec H3T 1G7
Tel: (514) 343-6963,
Fax: (514) 343-6962,
E-mail - grip@umontreal.ca

Centre of Excellence for Children and Adolescents with Special Needs

The Centre is looking at children and adolescents with special needs in the context of rural, remote, and Northern communities. It is focussing on four specific aspects of special needs: nutrition, substance abuse, learning and communication, and mental health. The Centre is also addressing early intervention issues as well as the development of a Northern policy community.

Dr. Julia O'Sullivan
Lakehead University - Faculty of Education
Bora Laskin Building, Room 1016
Thunder Bay, Ontario P7B 5E1
Telephone: (807) 343-8199,
Fax: (807) 346-7840
E-mail: juliao@mercury.lakeheadu.ca

Centre of Excellence for Youth Engagement

The Centre is focussing on effective strategies for engaging youth in making decisions for healthy living. This includes providing support for youth in research, policy, and communications activities, as well as "walking the talk"-making the Centre itself a working model for youth engagement.

Eric Costen
The Students Commission
c/o Youth Net / CHEO
401 Smyth Road
Ottawa, Ontario
K1H8L1
Tel: (613) 737-2763
Fax: (613) 738-3917
eric@tgmag.ca

APPENDIX II

National Child Benefit Reinvestment (NCB) Strategy for 2002 in Hamilton

Project/Program	Fund allocation
Child care unmet needs	578,021
LEAP	390,000
Car Seat/Injury Prevention	275,000
Family Resource Centers	200,000
Healthy Babies/Healthy Children	188,000
Community Health Bus	186,900
Temporary Care Worker	38,400
Employment Strategies-ADGS	43,329
Layettes	20,000
Emergency Child Care	2,500
Grants	468,750
Giving Recreational Opportunities for Wellness	374,550
Early Years Challenge Fund	200,000
New Choices	82,500
Women Without Borders	78,750
YWCA Employment Resource Center	46,800
Pediculosis Project	60,450
Heat Alert Initiative	14,500
Homeless Youth Theatre	8,750
Homeless Youth Basic Needs	2,100
Carry-over	250,000
Administration	64,000
Emergency Shelter/Utility Fund	500,000
Women Alive	16,700
Nutritious Food Basket OW top up	10,000
Total	4,100,000 *

Source: City of Hamilton, Social and Public Health Services Department, Community Information Session, May 2002

* Note: approximately 2 million dollars is added annually to this local fund, the amounts shown in this Table reflect an accumulation of unexpended funds for this program over a two year period.

APPENDIX III

Key Stakeholders

Individual Stakeholders

Judith Bishop, Hamilton Wentworth District School Board
Dr. Jean Clinton , Child Psychiatrist
Marion Emo, Hamilton District Health Council
Glenn Harkness, Hamilton East Kiwanis Boys and Girls Club
Andrea Horwath, Hamilton City Council
Patti Moore, Ministry of Community, Family and Children's Services
Sarah Pennisi, Ministry of Community, Family and Children's Services
Monica Quinlan, United Way of Burlington, Hamilton-Wentworth
Tammy Wade, Hamilton Regional Indian Centre

Planning Committee Members

Rebecca Barrows-Vrankulj, City of Hamilton
Rick Beauchamp, Ministry of Community, Family and Children's Services
Helen Benoit, Hamilton Public Library
Sharon Charters, Hamilton Community Foundation
Don Jaffray, Social Planning and Research Council of Hamilton
Gary Michaluk, Ministry of Community, Family and Children's Services
Angela Parle, City of Hamilton
Jennifer Powell-Fralick, Hamilton-Wentowrth District School Board
Sandy Shaw, Social Planning and Research Council of Hamilton
Wanda St. Francois, Affiliated Services for Children and Youth
I da Thomas, YMCA of Hamilton/Burlington

APPENDIX IV

CHILDREN'S CHARTER OF RIGHTS

Children, like all human beings, are entitled to fundamental rights and freedoms. Because of their unique vulnerability, it is incumbent upon adults and the communities in which they live, to ensure that children are safe from exploitation and neglect and have access to a fair share of the society's resources. While parents have the primary responsibility for their children's care and upbringing, the United Nations Convention on the Rights of the Child makes it clear that governments have a duty to help protect the rights of children. Not only is this the right thing to do but local and national evidence has clearly demonstrated it is the best investment in our future.

All Our Children:

- 1. have the right to preserve and maintain their ethnic, cultural, spiritual and/or religious identity; and to be protected from racism and discrimination.*
- 2. are entitled to a standard of living that ensures healthy physical, cognitive, emotional and social development and a good quality of life.*
- 3. must have adequate nutrition on a daily basis.*
- 4. must have housing which is safe, secure, accessibleⁱ and appropriate for healthy development.*
- 5. are entitled to spend sufficient time with their familiesⁱⁱ and/or other nurturing and positive role models throughout their childhood.*
- 6. will have access to high quality child care/early education programs designed to ensure the healthy development of that child.*
- 7. are entitled to receive "holistic education"ⁱⁱⁱ and/or training or apprenticeships to enable them to reach their full potential.*
- 8. are entitled to a continuum of information and resources enabling children, family and caregivers to make informed decisions concerning health and well-being.*
- 9. will have access to recreational resources and leisure activities, in the form a play, creative expression and/or skill development.*
- 10. are entitled to the "highest attainable level of health,"^{iv} and the assurance that the resources necessary to ensure life-long good health, including pre-natal life, are available and accessible.*
- 11. have the right to be served by governments, at all levels, which demonstrate their responsibility to improve the health and well-being of children and work co-operatively to ensure adequate funding and policies for children's programs.*
- 12. have the right to be protected from physical, emotional and sexual abuse and neglect both in the home and in the community.*

The foregoing rights shall apply to all our children without discrimination according to race, colour, sex, sexual orientation, ability / disability, ethnic origin, language, region, property or class, religion, source of income or any other distinction. This may entail the use of affirmative action or equity programs in order to redress situations of special individual, community or regional disadvantage.

ⁱ Accessible refers to physical and financial accessibility.

ⁱⁱ Families may include: parents, legal guardians, relatives and care-givers.

ⁱⁱⁱ Holistic education refers not only to established academic subjects, but also to the study of areas such as: art, music, drama, health vocations and physical education

^{iv} Highest attainable level of health as defined by the World Health Organization

Supported by City of Hamilton Council at May 16, 2000 Council Meeting.