Winnipeg Site: Report of Phase One Research

Submitted to:

The Centre of Excellence for Child and Youth Centred Prairie Communities

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Institute of Urban Studies

About the Winnipeg Site:
The Winnipeg Site of the Centre of Excellence for Child and Youth-Centred Prairie Communities conducts research about the issues and challenges facing children and youth in Winnipeg. We hope that, by engaging young people and their families, we can discover the ways that families, communities, service providers and governments can address these challenges. Ultimately, we hope that our work can contribute to a child and youth-friendly Winnipeg.
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The Work of the Winnipeg Site is supported by the following Community Network Member Organizations:

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65. Manitoba Teachers' Society
66. Manitoba Women's Advisory Council
67. Manitoba Women's Directorate
68. Maples Youth Activity Centre
69. Manitoba Government and General Employees' Union
70. Mother of Red Nations
71. National Council of Women of Canada, Standing Committee for Child and Family

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Host Agency in Winnipeg: The Institute of Urban Studies *Jino Distasio, Acting Director*

Founded in 1969 by the University of Winnipeg, the Institute of Urban Studies (IUS) was created at a time when the city's "urban university" recognized a need to address the problems and concerns of the inner city. From the outset, IUS has been both an educational and an applied research centre. The Institute has remained committed to examining urban development issues in a broad, non-partisan context and has never lost sight of the demands of applied research aimed at practical, often novel, solutions to urban problems. IUS has continually refocused its research objectives and broadened its mandate to incorporate issues within a prairie and national urban context, including inner city, environmental urban sustainability, Aboriginal and northern concerns, and community development issues. In addition, IUS brings in visiting scholars, hosts workshops, seminars and conferences, maintains a library and publications series, and serves as a resource centre for clients and the broader community.

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Report of Phase One Research

1. Introduction and Methods

In support of Phase I of the research agenda for the Centre of Excellence for Child and Youth Centred Prairie Communities, the Winnipeg Site at the Institute of

Urban Studies, University of Winnipeg, has undertaken a literature review. The review is intended to establish some of the principal issues facing children and youth in Winnipeg, as identified in the local literature (comprised of locally produced studies; periodical and newspaper articles; and policy documents).

This review resulted in ***Report of Phase One Research*** which is a backgrounder on issues facing children and youth in Winnipeg. This synthesis is an essay organized according to the twelve determinants of public health as set out by Health Canada, with a 13th, (recreation) added on.

The most important of these two pieces are related to housing and neighbourhood improvement. Owing to the slow growth and consequent physical deterioration of the City of Winnipeg, neighbourhood revitalization has become one of the primary missions of many of the community-based organizations, and this in itself is a major mediating influence in the lives of children and youth. These programs are in fact, so important and so numerous at the community level in Winnipeg that they are discussed separately (Appendix D).

There are two bibliographies: one at the end of the *BACKGROUNDER*, and a small one in Appendix D related specifically to housing.

In order to gather literature and document these themes, the Institute of Urban Studies contracted three student researchers to obtain locally available documents and abstract them. One student was to focus on locally produced studies; one on Provincial policy; and one on local newspapers. The summaries that they produced

were then used to produce an annotated bibliography. These submitted materials were then augmented with several additional important (non-local) sources (e.g., Statistic Canada data) to produce the following "backgrounder".

As the purpose of the Centre's research agenda is to gain a holistic and multi-disciplinary understanding of the ability of communities to mediate a host of factors impacting the lives of children and youth, it is important that the literature review avoid reductionism. It is therefore organized according to themes based largely on Health Canada's Population Health Determinants (i.e., physical and social environments) rather than specific issues (i.e., gangs). For the same reason, it also integrates Aboriginal issues within these themes, rather than discussing them separately and in isolation.

There are a couple of limitations that should be mentioned. The periodical literature from the past two years was reviewed, whereas some of the community-based studies go back to the early 1990s. It should also be noted that it has been difficult to find and obtain relevant articles in the local newspaper of record, *The Winnipeg Free Press*. It is indexed on an expensive online service called Dow Jones Interactive, which is only available for official uses at the Provincial Legislature Library, and is not available at the Winnipeg Public Library or the two Universities. Thus, newspaper articles were obtained by reviewing clipping files at the Public Library, the office of the Children's Advocate, and the Library at the Legislature.

It is also necessary to consider Provincial contexts. While the focus of this study

is on Winnipeg, many of the studies, programs and policies active in the city are provincial in scope – especially those regarding the Aboriginal community since aboriginal people tend to be particularly more mobile than other ethno-cultural communities in Manitoba. Furthermore, the capital region accounts for more than 60% of Manitoba's population and is by far the largest urban centre in the province, meaning that the province involves itself – almost by necessity – in many Winnipeg initiatives.

This literature review should not be considered a comprehensive one, nor is its purpose to explicitly define the themes to be pursued by the Winnipeg Site. It is intended to be a living document, meaning that it will be amended and improved for the duration of the project as new information is gathered. This review will provide the Centre with preliminary information on which to build its own reports, as well as to serve as the foundation for the ongoing work of the Winnipeg Site.

2.) Local Contexts

2.1 Overview

Blessed by a sunny climate, a vast urban forest, a heritage of classically-inspired architecture and a vibrant arts and cultural environment, Winnipeg has long been considered one of Canada's leading cities. Ranked the 8th safest city in Canada out of 24 by *Chatelaine* magazine (Steinberg 1999), and 4th most family-friendly city by *Today's Parent* magazine (Waytiuk 2001), Winnipeg is seen as a good place in which children and youth can thrive:

> This Prairie city tallied the highest positive score of all. While not taking top marks in any category, Winnipeg performs solidly all around on the positive measures, scoring above mid-range in environment and community involvement, third-best in per capita charitable donations, and comfortably above midpoint in education and child care. The city also benefited from Manitoba's third-place rank among the provinces for volunteering (Waytiuk 2001).

The same article does, however, honestly face Winnipeg's greatest drawback and threat to many of its young people: "What would have been a hands-down winning city was downgraded by high poverty and violent youth crime." (*ibid*). Winnipeg is facing a wide range of economic, social and political challenges that have many fundamental implications for the health and well-being of its young people. This is not just a local problem: one in four of Manitoba's children live in poverty—the second highest rate in the country after Newfoundland (Cash 2002). Various factors came together to produce these challenges, factors like the general economic restructuring of the past several decades, the city's self-defeating urban growth policies, and racial tensions.

For many years Winnipeg has been considered a "slow-growth" city and the past decade has not seen this condition change. Presently the City of Winnipeg's population, excluding the surrounding metropolitan area, sits at 619,544 people (Statistics Canada 2002).[1] This represents only a 0.2% increase from the 1996 figure of 618,475 people. Between 1991 and 1996, growth was 0.5%, and the growth between 1986 and 1991 was a mere 3.5%. These statistics demonstrate that the Winnipeg population has been growing at a progressively lower rate each year (Statistics Canada 2002). The total area of Winnipeg is 465 square kilometers, but there are substantial areas where no development has occurred and will probably not occur within the near future.

Urban decline has taken its toll on Winnipeg. The flight of young adults to provinces like Alberta and British Columbia has hindered the city's population growth. Healthy population growth tailed off in the early 1990s as young, motivated people either bypassed Winnipeg as a destination city or, if they lived here, chose to leave Winnipeg for higher paying jobs in modern, growing cities like Calgary. Quickly, youth became disillusioned about their future prospects in the city. A weakened tax base for the municipal government, coupled with a difficulty by community leaders in maintaining fresh and innovative approaches and attitudes towards urban problems, hinders the city's ability to handle 'big-city' stresses. What results is an unhealthy

1 1996 Census figures.

cycle of cynicism, flight and decay that is difficult to overcome. There is much room for optimism, however.

To combat these ills, the municipal government is trying to appeal to the young and mobile by creating a lively, dynamic atmosphere. Over the next few years, the mayor of Winnipeg intends to work towards creating a more youth and family-oriented city, which would include "a state-of-the-art skateboard park…as well as opportunities for more museums, festivals and entertainment venues." (*Winnipeg Free Press*, October 20, 2002). Municipal plans also include an expanded water taxi system and more pathways for bicyclists and pedestrians. The City is also in the preliminary stages of building an express transit system, and constant efforts are being made – successful ones – to encourage vitality in the urban core.

Winnipeg's growth characteristics reveal some alarming trends. For one, while the central city still retains a centralizing role on the overall urban territory, the city is becoming more and more decentralized during a period of post-industrial restructuring. One of the many consequences of this decentralization and downtown deterioration, one scholar noted recently, is that Winnipeg is the "only Canadian city with significant housing abandonment in some of its central neighbourhoods." (Filion, December 2000) Furthermore, to the extent that "the absence of growth expressed as population loss is indicative of decentralization", few should be surprised by recent data which show that the number of households in Winnipeg's core tracts grew by only 9.08% from 1971-1996 while Household growth during this time was a mere 1.28%. Winnipeg has

also experienced among the worst population loss in the central city compared to other centres. These growth rates are worrisome because numerous studies have described a direct, "causal relationship between the economic performance of a metropolitan region and the status of its central area"

Prominent members of Winnipeg's civil society, numerous scholars, political representatives and business leaders have gradually come together in a combined effort reverse the process of urban decline under the consensus that "that these patterns of development are, in the long run, unsustainable, or at least dangerously cost-ineffective, in any urban area" (Leo, 2001)

In 2001 young people (those aged 19 years of age and below) made up 25.8% -- or just over a quarter—of Winnipeg's total population (Statistics Canada, 2001).[2] Winnipeg's 1996 family size classifications show that 44.6% of Winnipeg residents live in two person families. Three and four person families account for 22.6% and 22.4% of all families respectively. Accordingly, the remaining 10.4% of residents live in families of five or more people. In addition, 42.6% of families with children have one child, 39.4% have two children, and 18% have three or more children (Statistics Canada 2002).

Married couples make up the largest percentage of households in Winnipeg: 68.6% of children in Winnipeg live with married parents. Following this, 21.7% of children live with their mother, compared to 3.7% with their father, while 6.0% of

2 Ideally this classification would be broken down into children [those aged zero to 12] and youth [those aged 13 to 21], but Statistics Canada classifications are not tabulated in this way.

children live with a common-law couple (Statistics Canada 2002). In the inner city (Winnipeg School Division No. 1) the proportion of families headed by a single parent was 34.5%, compared to 15.6% of families nationally (KSI Research 2001, 13-14).

The average family income in Winnipeg 1996 was $53,174. The average income also changes according to the family composition. Annual salary rates in the 1996 Census revealed that married and common-law families had an average income of $58,136, compared to male one-parent families with an average income of $38,369, and female one-parent families with $26,536. However, the incidence of low income for economic families in Winnipeg was a substantial 19.4% (City of Winnipeg, 1996).

According to the 1996 Statistics Canada census,106,745 of the 619,544 people living in Winnipeg City are landed immigrants. 25,160 people in Winnipeg list French as their primary language, while another 130,495 people in Winnipeg have a 'mother tongue' other than English or French. Just over 10% of the population knows both French and English but only 0.1% of the population speaks only French; although 7,310 Winnipeg residents (1.2%) in 1996 did not know how to speak French or English. The largest visible minority groups are Filipino (29,995), South Asian (12,165), Black (11,275) and Chinese (10,890). The total "visible minority" population of the city is 81,915. (Statistics Canada, *Community Profiles: Winnipeg*)

Winnipeg is often seen as an attractive place to live due to its very affordable housing, which is partially owed to the fact that almost 60% of Winnipeg's dwellings were built prior to 1971, and the average dwelling value in the city is $95,345. But

both higher and lower priced dwellings can be found in different parts of Winnipeg. For example, in the north end William Whyte neighbourhood, the average dwelling price is $43,983, compared to $206,728 in the inner ring suburban Tuxedo neighbourhood (Statistics Canada 2002). The majority of dwellings (59%) in Winnipeg are single-detached houses. Apartment building living is also very common, with over 30% of dwellings falling into this category. Over 60% of the dwellings in Winnipeg are owned.

Of greater concern to any evaluation of housing in the city is the fact that, approximately 9% of all the occupied dwellings in the city are in need of major repairs (City of Winnipeg, 1996). This figure does not even include the thousands of boarded-up unoccupied houses that contribute to the poor livability in many neighbourhoods and provides attractive targets for arsonists. The dilapidated state of much of the housing in Winnipeg is a major problem, one that has important implications for health, safety, economic viability, and crime.

Winnipeg is, in fact, notorious across the country as Canada's "crime capital": According to official crime statistics, the rate of violent crime in Winnipeg is one of the highest of the nine largest Canadian cities. In 1995, for instance, Winnipeg had a rate of 1,198 incidents per 100,000 citizens for violent crime, second only to Vancouver. Women make up a larger proportion of adults charged with violent offences in Winnipeg than they do throughout the country as a whole.1 It is also significant that Winnipeg has been the site of a number of criminal justice initiatives

pertaining to domestic violence (Cornack, Chopyk and Wood 2000).

More specifically, Winnipeg is known as the "murder capital" of Canada. Among Canada's nine largest metropolitan areas, Winnipeg reported the highest homicide rate, at 2.5 per 100,000 population, and Ottawa reported the lowest (1.0). Among the remaining 17 metropolitan areas with populations of over 100,000, Regina (3.5) had the highest rate and Hull (0.4) the lowest (Statistics Canada, *The Daily* October 31st, 2001).

There is also a perception that youth are largely responsible for these high crime rates; however, these figures need to be qualified. Other studies show that murder rates in Winnipeg are, in fact, dropping, as are rates for youth crime:

> Manitoba just recorded one of the largest declines in violent crime among the provinces. The province's rate fell -6.7 percent in one year. In Winnipeg the drop was 11 per-cent. Manitoba's youth crime numbers are dramatically down from 1997. The percentage change in the homicide rate was 66.9 percent (representing 4 homicides in 1998); sexual assault, -1.8 percent (85 offences); assault, -4 percent (965 of-fences); and robbery, -18.6 percent (331 offences). Thus total violent crime rates for youth in Manitoba were down 8.6 percent (much better than the national improvement of 2 percent, including both youth and adults). (Canadian Centre for Policy Alternatives 1999).

Rates of violent crime must also, of course, be viewed relative to vastly worse statistics for American cities. It is useful for instance to compare Winnipeg to Baltimore, which is almost exactly the same size: Studies have shown that a quarter of all teenagers in Baltimore's inner-city will witness a murder, and almost three quarters will know someone who has been shot (National Centre for Policy Analysis 2002).

While not intended to minimize the violence that does occur in Winnipeg, the comparison to Baltimore shows that – relatively speaking – the differences in homicide rates among Canadian cities are not large enough to suggest that one city in this country is "violent" compared to others. Indeed, studies show that victims of violence – as well as their perpetrators - tend to be gang members (or affiliates) and, in Winnipeg, most violence tends to be heavily concentrated in only a few neighbourhoods. It is this concentration of violent crime (and its corollary, poverty) that is, however, most disturbing for Winnipeg because:

> the greater the concentration of poverty and social problems, the more intense those problems will become. As this occurs, the exodus of middle class residents, who fear the crime and social problems in the inner city, becomes greater, thereby perpetuating the cycle. (Leo 2001, 8)

It may be, however, that Winnipeg is dealing not only with actual economic and social problems, but also with problems of perception. Perhaps no area of concern is more fraught with such bias—and prejudice—as the conditions facing Winnipeg's Aboriginal people.

2.2 Winnipeg's Aboriginal Population

The Winnipeg CMA was home to 55,755 Aboriginal people in 2001. (Statistics Canada, *Census 2001*) In fact, the city contains more of the Canadian Aboriginal population than does the entire Northwest Territories (Statistics Canada, 19). About 8.4% of Winnipeg's total population is of Aboriginal descent as of the 2001 census, an increase from the previously recorded 6.9% of the total in 1996. Winnipeg is home to 27% of Manitoba Status Indians and 52% of Métis in the province (Hallett 2000, 7). While Aboriginal people are distributed throughout the city, the community tends to be concentrated in inner-city neighbourhoods such as West Broadway (27.8%) and William Whyte (37.8%). The population is almost evenly split between Métis and Status Indians (Hallett 2000, 12).

Hallett notes: "Of the approximately 80,000 Status Indians counted during the 1996 Census, 58% lived on reserve, 27% in Winnipeg and 15% somewhere else – mostly in urban settings. Of the approximately 40,000 Métis, 52% lived in Winnipeg." (Hallett 2000, 17). Over 35% of all Manitoba Aboriginals (45,750 of 128,910) live in Winnipeg. Of particular interest to the Centre is the fact that fifty-nine percent of Aboriginal migrants to Winnipeg are youths 15 to 29 years old. (*ibid*., 13).

The work of the Centre of Excellence is emphasizing Aboriginal children and youth for some very important reasons. Owing to a birth rate that is twice that of the non-Aboriginal population, the demographic profile of the Aboriginal community is very young: in the next twenty years, about 1 in 5 children in Winnipeg will be

Aboriginal (City of Winnipeg 2000, 8). In 1996 approximately 12% of youngsters living in Winnipeg's census metropolitan area were of Aboriginal descent (Statistics Canada, 1998).

Aboriginal children are more likely to live in lone-parent families. In Winnipeg about half of Aboriginal children lived with a single parent during 1996 (Statistics Canada, 1998), and this likelihood is four times higher in Winnipeg than on reserve (Hallett 2000, 12). Manitoba Health has determined that, by the year 2011, the number of non-aboriginal children will decrease from 226,070 (90.4%) to 185,417 (82.6%), while during the same period the number of Treaty Status children in Manitoba will increase from 24,109 (9.6%) to 39,106 (17.4%) (CHSC, 21).

Most First Nations families in Manitoba are headed by a single parent. Rates of families led by a single head-of-household are 61% for First Nations generally, and 41% within the Métis community. The rate for household families headed by a single person is four times higher in Winnipeg than on reserve (Hallett 2000, 12). Such figures portend huge needs in terms of parental support.

English is the most commonly spoken language (65%) by Aboriginals in Winnipeg, with Cree the second most commonly spoken at 18%, followed by Ojibway (8%). (Hallett 2000, 28).

Martens' (2002) study of the health outcomes of Registered First Nations (RFN) people in Manitoba finds that they have much poorer overall health status and higher rates of premature mortality. First Nations people in southern Manitoba—largely those

in urban areas such as Winnipeg—have even poorer health outcomes. While it examines First Nations people at all stages of life, the study gives greater weight to those premature deaths which occur at a young age; these are referred to as the Potential Years of Life Lost (PYLL). The PYLL rates for registered First Nations people is 2.5 times higher for males than those for other Manitobans; for women the rate is 3 times higher. The study also found that although RFNs are much more likely to visit a physician than other Winnipeggers (8.3 visits per person as opposed to 5.2), they are much less likely to see specialists (*ibid.* xxi-xxii).

Along with the trend towards poor living conditions and the many other social problems affecting the Aboriginal community, there has been a rise in the rate of HIV infection in that community. From 1991-1996 this rate increased by an incredible 91% nationwide, exacerbated by intense rural-urban mobility. Between 1999 and 2000, 30% of all new cases of HIV were among Aboriginal people, with those between the ages of 20-29 accounting for most of the infections (Hendry, 2001). One of the many consequences arising from these and other conditions is that Aboriginal people have a higher rate of mental health problems, according to Manitoba Health (1995). This leads in part to higher suicide rates in that group. (p. 54).

Another medical problem that is increasingly faced by Aboriginal people in Manitoba is the soaring rate of Type 2 Diabetes in both adults and children—rates that are, in fact, among the highest in the world. Not only are studies indicating that

Aboriginal people lack auto-immune defences against the disease (Sellers, Eisenbarth, Young and Dean 2000) but it is highly correlated with unhealthy sedentary lifestyles, poor diet and obesity. It is much more common in the Aboriginal population than in the non-Aboriginal population:

- Diabetes has been diagnosed in more than 20% of Status women and 13% of Status men.
- Most Status adults with diabetes are less than 45 years old, whereas in the general population, most adults with diabetes are over 55 years of age.
- Population projections for Status people suggest that the prevalence of diabetes will triple by the year 2016.

Aboriginal people with diabetes have very high rates of complications of the disease. For example, in the First Nations population of Manitoba, persons with diabetes account for:

- 91% of lower limb amputations,
- 60% of hospitalizations for heart disease
- 50% of hospitalizations for stroke
- 41% of hospital days
- 30% of hospitalizations

By 1996, there were 43 Aboriginal children in Manitoba under 18 years of age with Type 2 diabetes. This is an alarming statistic, particularly when it is estimated that the actual number of affected Aboriginal children may be three times higher. Prior to 1980, Type 2 diabetes was not found in children. This is a new disease and has been noticed to date in Aboriginal children only, and predominantly in Aboriginal girls. This will have a serious impact on their adult health since earlier

onset of disease can mean earlier onset of complications (Manitoba Health 1998, pp. 10-11). Here we see a direct correlation between social and economic determinants and population health: a group of people who are economically and socially disadvantaged are seen to be much more likely to suffer from poor health.

Such determinants are not, of course, limited to matters of economics. There can in fact be no honest discussion of issues related to Aboriginal children and youth without first acknowledging the centuries of institutionalized racism, hostility, bloodshed and cultural destruction to which Aboriginal peoples have been subjected, and from which they now work to heal. While we do not refer herein to an actual study that reports on the state of race relations in Winnipeg, the Winnipeg Site is quite cognizant of the power of racist ideology, and we will seek to identify those community factors which can combat it.

Fortunately, Winnipeg's Aboriginal community has made remarkable progress in recent years, and the city is home to a wide range of institutions and organizations accomplishing amazing work in their service to Aboriginal communities and to the city of Winnipeg as a whole. Winnipeg is even home to the Aboriginal Peoples' Television Network (APTN [www.aptn.ca]). As will be described in Part Two, Aboriginal organizations are playing a leading role in mediating negative influences in the lives of children and youth in the City of Winnipeg.

3.) Themes

3.1 Income and Social Status

Socio-economic status affects a person's expectations in almost all aspects of their life, from career to marriage to overall health and life expectancy (KSI Research 2001, 16). Low socio-economic status imposes a wide range of risks for poor health outcomes, and these can have impacts before a child is even born. Poor urban women in Winnipeg, especially those who are unmarried, face a much higher risk of delivering low birth weight babies, which means a greater likelihood of neonatal mortality or expensive post-natal care. Women in poorer neighbourhoods are also more likely to smoke, be single and be under 20 years old and less likely to seek care (CHSC, 46-47). Low income is also associated with teen pregnancy, which often perpetuates multi-generational poverty.

Low socio-economic status does not simply expose individuals to dangerous situations or contribute to multi-generational poverty: it is actually bad for their health, particularly if one is young. According to Manitoba Health (1995), Aboriginal children and non-aboriginal children living in poverty are lacking in vitamin D, calcium, zinc, and vitamin A (p. 72). As well, Native children suffer from a disproportionately high rate of rickets, a condition involving softening of the bones.

Measuring the impacts of poverty requires seeking explanations for local problems in larger contexts: "The effects of poverty are most strongly felt at the local level, even though they are often due to trends and conditions at the global and national levels" (Lee 2000, 2). Poverty has a great deal of bearing on the

health and well being of Manitoba's children in general and Winnipeg's in particular: while child poverty rates in Canada grew from 14.9% in 1981 to 19.9% in 1997, in Manitoba up to 27% of children live in poverty, while 30% of those in Winnipeg do (MCHPE 2001, 6). Young people in Winnipeg's core area are especially vulnerable. Statistics reveal that some Winnipeg neighbourhoods have ranked among the very poorest in Canada (CHSC, 88). Indeed, almost half of the children in Winnipeg School Division no. 1 (9000 out of a possible 20,181) aged 6 and younger reside in high-poverty neighbourhoods (KSI Research 2001, 13). Some of these poor neighbourhoods are adjacent to those with very opposite socio-economic status (i.e. - Portage Avenue is the dividing line for areas of high and low poverty) (*ibid*., 17). Winnipeg's neighbourhoods of Downtown and Point Douglas have over 50% of their children living in the lowest income quintile. As well, Point Douglas has high unemployment rates of over 14%, compared to Assiniboine South, St. Vital, and Transcona at less than 4% (MHCPE 2001, 202). The municipal wards of Daniel McIntyre and Elmwood, both adjacent to downtown, are two other areas of Winnipeg that experience higher rates of crime and poverty.

A recent study found that Calgary, Winnipeg, Quebec and Edmonton each showed a significant increase in neighbourhood inequality compared to other cities, meaning that wealthier people are increasingly choosing to live in wealthy areas, while poorer people are segregated into poorer ones. Another study restates this phenomenon, adding that immigrants to mid-size cities like Winnipeg were more

likely to be living in poverty. (Gertler, 2001)

The report *Urban Poverty in Canada* uses 1996 census data from Statistics Canada, and measures poverty according to the Low Income Cut-off indicator (Lee 2000, xv). The use of this indicator reveals significant linkages between socio-economic status and health outcomes: "Strong evidence suggests that children raised on incomes below the LICO [Low Income Cut-offs] have less healthy development" (*ibid.,* 3).

When examined on a national scale, Winnipeg emerges as a major concentration of urban poverty. "Neighbourhood concentrations of poor families were particularly evident in the CMAs of … Winnipeg" (Lee 2000, 24). In 1995, Manitoba had a poverty rate of 23%, while the city of Winnipeg had a poverty rate of 24.3% (pp. 8-11). Of the Census Metropolitan Areas in 1990 with populations above 500,000, Winnipeg's poverty rate ranked second at 20.7%. However, five years later Winnipeg's poverty rate increased to 23%, and Winnipeg's ranking fell to third behind Montreal and Vancouver (*ibid.,* 9). Over 19% of the census tracts in Winnipeg's CMA were high-poverty census tracts (*ibid.,* 22). Between 1980 and 1995 Winnipeg's neighbourhood poverty rates increased by 5.1%, from 9.0% to 14.1% (*ibid.,* 23).

The Winnipeg School Division No. 1 report goes on to note that "a person's age and gender have a remarkable influence on their likelihood of experiencing poverty" (Lee 2000, 27). Since children do not live by themselves, child poverty is in essence

family poverty. Children who experience childhood poverty have increased chances "of poor health, low educational attainment, riskier environments, and riskier behaviours" (*ibid*., 28). Within Winnipeg's population 25.1% of children under the age of 15 are poor (*ibid*., 29). In Winnipeg an Aboriginal child is 3.3 times more likely to live in a low-income household than non-Aboriginal children, and 1.8 times as likely as their counterparts in Toronto (Hallett 2000, 81).

Age has another more general impact on the Aboriginal community, in that the demographic profile of Aboriginals in Manitoba is quite young, and this has socio-economic effects on Aboriginal children. "Only 32% of Aboriginal people are in their prime earning years (age 20-65), compared to 46% of non-Aboriginal people. These 32% are outnumbered by the children aged 0-14 that they support" (Hallett 2000, 31). Larger families mean that even if Aboriginal parents had equal access to jobs and income, their children's standard of living would still be lower than that of non-Aboriginals. This conclusion is borne out in the statistics: the poverty rate for Aboriginal people living in Winnipeg during 1995 was 62.7% , while only 21.5% of non-Aboriginal people lived in poverty—a difference of 41.2% (Lee 2000, 40- 41).

Other groups within Winnipeg are also deeply affected by high rates of poverty. The poverty rate for landed immigrants living in Winnipeg during 1995 was 27.4% (Lee 2000, 34), and for visible minorities, 32.2% (*ibid.,* 37). The poverty rate for people with a disability living in Winnipeg during 1995 was 38.2%, compared to 22.5% for those without a disability (*ibid*., 42). Poverty rates can also be broken down

by household type, and such an analysis shows that single-parent families are much more likely to be poor than are their attached counterparts. In 1995 Winnipeg's poverty rate for lone parents with children under 18 years of age was 62.6%, while only 16.9% of couples with children under 18 were living in poverty (page 45). Such a stark contrast could be useful in promoting adoption as an option to pregnant teenagers.

In Winnipeg, rates of youth aged 15-24 living with single parents is consistent with that of other prairie cities at 34%. Along with Regina and Saskatoon, Winnipeg has a high rate of Aboriginal youth-headed single families, at 10.7% (compared to 11.8% and 13.3% in Regina and Saskatoon) (Hallet, 2000, 58).

The report *Assessing the Health of Children in Manitoba: A Population-Based Study* demonstrates that child health outcomes in Winnipeg tend to be higher than for the rest of Manitoba, but Winnipeg's neighbourhoods of Point Douglas and Downtown are consistently worse off than the rest of Winnipeg.

These general socio-economic trends are exacerbated for many of Winnipeg's Aboriginal children and youth, with serious implications for population health. Aboriginal household incomes also tend to be significantly lower than non-Aboriginal household incomes in Winnipeg (*ibid.*, 88). Figures based on the LICO (Low Income Cut Off) standard set by Statistics Canada are telling: in Winnipeg, 75% of Status Indians and 51% of Metis fall below this standard. More than 85% of inner city Aboriginal households fall below the LICO level (Hallett 2000, 11-12). Aboriginal

children in Winnipeg must deal with low incomes and social status, low education levels, poor social and physical environments, poor personal health practices, and a lack of health services and social support networks. Native children display higher rates of sickness, incarceration and mortality, and these characteristics are perpetuated by a cycle of poverty, racism, and oppression (CHSC 86). Poor health in early years leads to unhealthy long-term outcomes: the CIET study (1996) for instance, revealed that more than 1 in 5 of the Aboriginal youth surveyed in Winnipeg said their parents had had a serious illness during their lifetime.

As important as socio-economic status is as a determinant, this should not lead us to conclude that it is the only one: there is evidence that children from lone parent households are at higher risk for emotional/academic/ social/behavioural problems, *independent* of income levels (MCHPE 2001, 178).

3.2 Employment

Employment is essential to staying out of poverty. No matter what type of household, whether single, married, or a family with children, some kind of employment is generally necessary. In 1995, people with no annual employment had a poverty rate of 44.4% in Winnipeg, while Winnipeggers with full-time and full-year employment had a poverty rate of 8.7% (Lee 2000, 60).

In 1995 the average income for all families in Winnipeg was $55,600, while poor families had an average income of $15,200 (Lee 2000, 71). During this same

year Winnipeg families earned $45,000 on average and received $4,000 in government transfers. Poor families in Winnipeg earned an average of $7,400 and received $6,500 in government transfers; the average poverty gap for the city was $12,100 in 1995 with an average market gap (i.e., what the gap would be with no government supports) of $15,700 (*ibid* 72-74).

In 1996 the city had an average unemployment rate of 8.2%, yet this figure hides disproportionately high rates in certain neighbourhoods. The inner city neighbourhood of West Broadway for instance, had an unemployment figure of 29.2%, while Tuxedo's was only 2.7%. The city's overall employment participation rate was 66.5% (City of Winnipeg, 1996).

The assumption that Aboriginal people migrate into Winnipeg for work is not borne out by statistics: Winnipeg's slow-growing economy is not a major magnet for off-reserve migration. "There is no evidence of a net migration trend to Winnipeg during the 1990s. Between 1991 and 1996, there was a net out-migration of Aboriginal individuals from Winnipeg, while Winnipeg received a net in-migration of Manitobans from "off reserve areas" (Hallett 2000, 7). This is due, Hallett suggests, to the "discouraged worker" effect, a term used to describe the emotional state of (Aboriginal) workers who come to Winnipeg looking for employment but fail to do so and therefore decide to return home. The 1996 census showed that only 45.6% of Winnipeg Aboriginals reported "labour market participation", a figure 20% lower than the rate of labour participation for non-

Aboriginals (p. 73).

Thirty-five percent of Aboriginal people in Winnipeg are unemployed; statistics show that the unemployment rate of Aboriginals is double that of non-Aboriginals (CHSC, 88). Median incomes are also extremely low: an average non-Aboriginal salary is just over $18,000, while an Aboriginal person in Winnipeg can expect to earn less than $9,000 (Hallett 2000, 10-11).

Aboriginal youth unemployment has been declining in Winnipeg since 1981, from 33.7% in that year to 28.8% in 1996.[3] (Hallet, 2000, 61-62). There is some indication that, in response to a mainstream employment market that has proven to be unwelcoming, many Aboriginal young people are seeking creative alternatives when choosing careers: "[w]hile the percentage of Aboriginal adults who are self-employed is still only half the Canadian average, the number of young Aboriginal people under 30 who are self-employed is rising rapidly" (*ibid*., 76).

Nevertheless, given the remarkably youthful profile of the Aboriginal population in Winnipeg, coupled with a high birth rate, "it will be a significant public challenge merely to maintain current Aboriginal employment rates in coming years due to the large numbers of young Aboriginal people entering the labour market" (Hallett 2000, 70). This challenge has been taken up by numerous local agencies that equip native youth with the education and skills required to find decent employment, with positive results.

3 The 1996 figure is assumed to be an overestimate of the unemployment rate due to methodological differences 1996 Census compared to the 1991 Census)

Attention is also needed in terms of creating a secure employment environment for disabled youth. According to Morris (2001) many disabled youth who gained part-time, short-term employment feel they could not risk losing disability benefits for such uncertain jobs. Worse still, incentives offered by Social Assistance to find employment are neither promoted by case workers nor are they well-understood by disabled youth. There is also a need to educate employers and their staff regarding the needs of disabled youth employees. Although many employers expressed a willingness to hire disabled youth, those who were in supervisory positions appeared to lack the necessary knowledge, support, and resources to turn the placement of a disabled youth into a successful employment opportunity (Morris 2001).

3.3 **Education**

People with lower levels of education tend to have a higher chance and degree of poverty. This is demonstrated by Winnipeg statistics. In 1995, people with less than a high school education had a poverty rate of 29.9%, compared to 13.8% for those with post-secondary education. This is a 16.1% difference (Lee 2000, 58).

Difference in education attainment levels can differ within neighbourhoods, depending on socio-economic profile. As an example, two relatively poor Winnipeg inner city neighbourhoods are compared to two wealthy suburban neighbourhoods; and each is compared to Winnipeg as a whole (**Table 1.0 below):**

Table 1.0: Educational Attainment (Winnipeg residents 15 years of age and older)	

Education Attained	Percentage				
	Winnipeg	**West Broadway (inner city)**	**William Whyte (North End)**	**Linden Woods (suburb)**	**Tuxedo (suburb)**
Less than grade 9	**9.1%**	11.1%	23.4%	3.4%	1.8%
Grade 9 to 12, without a secondary certificate	**26.0%**	27.5%	41.7%	17.2%	14.7%
Grade 9 to 12, with a secondary certificate	**11.6%**	9.4%	8.3%	8.9%	11.1%
Non-university, without a certificate or diploma	**5.5%**	8.8%	5.7%	3.7%	2.7%
Non-university, with a certificate or diploma	**19.1%**	14.7%	10.8%	13.8%	12.4%
University, without a degree	**13.5%**	18.8%	6.7%	20.0%	18.5%
University, with a degree	**15.1%**	9.6%	3.4%	33.0%	38.8%

(Source: Statistics Canada 2002)

As the above table illustrates, only 1.8% of Tuxedo's residents have less than a grade 9 education, while 23.4% of people in William Whyte have not gone past grade 9. At the opposite end of the spectrum, well over 30% of those in Tuxedo and Linden Woods have attained University degrees—essentially double the Winnipeg average), while only 9.6% in West Broadway, and 3.4% in William Whyte, have achieved this. On the other hand, the distribution of those who have completed grade 12 is fairly consistent in all four neighbourhoods with the Winnipeg average.

Low levels of educational attainment are often linked to poor socio-economic status and hence to negative health outcomes. MCHPE (2001) states that, while the overall average percentage of high school drop-outs is relatively low in Winnipeg, rates vary from 11% in middle-class Fort Garry to 40% in the inner-city

neighbourhood of Point Douglas (p. 5). Low rates of education attainment can also be linked to the unhealthy and dangerous circumstances in which youths can become involved: girls in gangs are typically two or three years behind their age cohort in school. Finding a girl with a grade 10 education or up in a gang would be rare—usually, grade 7 or 8 is the standard (Nimmo 2001, 7).

The ability of children and youth to succeed in school may be hampered by many factors outside of their control. One of the most serious of these factors is mobility, which poses difficulties for school children trying to do well academically. William Whyte School had Winnipeg's highest mobility rate in 1997-1998. Of 243 students enrolled, 218 of them had transferred, many of them more than once per year) (Hallett 2000, 102). Like many other issues discussed in this document, mobility affects Aboriginal households disproportionately. Over 50% of Aboriginal youth in Winnipeg report changing schools often, compared with 37% of Aboriginals in Victoria (CIET 1996, 11). Although overall migration rates (meaning a move from one municipality to another) among Aboriginals are only slightly higher than those of non-Aboriginals, Aboriginal households do tend to switch addresses within the same municipality more often. (*ibid*., 96-97). A 1992 review of inner-city schools found that the *lowest* migrancy rate was 40.6% (CHSC, 107). (Metis people have higher rates of address changes than other Aboriginal groups, but this is because so many Métis live in Winnipeg and address changes in large cities are more likely than in small cities [*ibid*., 100]). Of those Aboriginal students who do go on to post-secondary education, Hallett

(2000) states that most graduates are female. In Winnipeg, 4.9% of Aboriginal women have completed a degree. Overall, 4.3% of Aboriginal men and women over the age of 15 years have a degree; within older age groups these averages are slightly higher: the rate is 5.3% for those aged 30-39, and 7.7% for those aged 40-49 (p. 56). The Winnipeg average for degree attainment is 15.1% (Statistics Canada 2002).

A recent report by the Canadian Centre for Policy Alternatives concerning Aboriginal educational experience in Winnipeg high schools states that racism, in both subtle and overt forms, is socially and institutionally imbedded in a "colonial" Eurocentric high school system. The CCPA contends that there is a "cultural/class/experiential divide" for Native Youth that permeates the educational system, a divide that is evidenced by the lack of Native decision-makers and teachers who can act as role models to students. It moreover describes a negative tendency by teachers to have lower academic expectations for Aboriginal students. The CCPA says that "some Aboriginal students are happy if they see that their school is trying [to promote Native culture], even if only in a surface way, while others decry these initiatives as surface attempts and call for a meaningful treatment of Aboriginal history and culture."

Another group poorly served by education and training programs is disabled youth. There are an inadequate number of training programs for this group, and those few programs concentrate on improving manual dexterity. Disabled youth were, therefore, generally limited in the range of skills they offered. Many teachers

also spend class time trying to adjust to the poorly developed social skills of disabled youth who have lived lives of social exclusion (Morris 2001).

3.4 Physical Environments

Although Winnipeg is an attractive city with some of the sunniest weather on the continent, some of its built environment is old and in need of repair. This is particularly the case with much of its housing.

Some of the poor health-related impacts that have been documented for Winnipeg's inner city neighbourhoods may be a result of the high numbers of people per dwelling. Household crowding has been linked with a higher prevalence of respiratory as well as other children's infections, and the presence of bacteria due to crowding can be associated with gastric ulcer and other such diseases (MCHPE 2001, 194). Within Winnipeg the neighbourhoods with the highest level of crowding in rental housing occurred in Point Douglas, Downtown, Inkster, and Seven Oaks (*ibid.*, 195).

Recent vacancy rates for rental housing in Winnipeg is 4th lowest among the 25 most populated urban areas in Canada, at a mere 1.2%. (CMHC, Nov 2002)) The vacancy rate is higher in the core area, at 1.9%, than in the suburbs where it sits at 0.5%. This low vacancy rate is due a lack of new apartment construction, strong job growth, as well as a recent decrease in the Winnipeg out-migration rate. While provincial rent control policies help to keep rental rates affordable, there is on-going debate about whether rent control hampers new rental development.

Aboriginal people tend to live in more crowded housing than the rest of the general population, but in Winnipeg homes tend to be a bit less crowded than on reserves: 10.4% of Winnipeg Aboriginal people report living in crowded conditions compared to 13.8% living in such conditions on reserves (*ibid*., 94). Few Aboriginal people in Winnipeg own their own homes: Manitoba Health (March, 1995) found that only 2 out of 10 Aboriginals are homeowners, compared to 6 out of 10 for non-Aboriginals (p. 88). Furthermore, 83% of Status Indians are renters, and their neighbourhoods of residence are largely determined by the distribution of low-cost rental units (Hallett 2000, 12).

The poor condition of existing housing stock in Winnipeg is seen by CMHC as a contributing factor to youth homelessness (CMHC 2001, 1-2). Poor conditions of rental housing in Winnipeg's inner city also lead to higher rates of family mobility, which cause children to fall behind academically (Social Planning Council 1992, 17-18). It is also, of course, a determinant in child poverty:

> "Winnipeg's housing is among the most affordable in Canada, but many low income households pay excessive amounts of their income for housing. Over 50% of all households in the inner city pay in excess of 25% of their income for housing. This proportion increases to almost 70% for Aboriginal households in the inner city, and to 80% of Aboriginal single parent households. The result of spending more than 25% of their income, and in many cases 40% of their income, on housing is 'after shelter poverty' for many low income households. This leads to an increase in child poverty and a greater demand for social services, including food banks." (Planning for Equity in Winnipeg, 1996)

A major community-based study on housing and homelessness released in 2001 discusses the state of housing services in Winnipeg, and what the service

needs are for children, youth and their families. The report's conclusions regarding these core needs are worth quoting at length:

> **Single Persons and Families:**
> It was reported that a majority of the people seeking services were single, separated/divorced, or never married. Overall, there were an increasing number of
> female-headed, single parent families seeking housing services. This was particularly true in the area of Aboriginal permanent housing. Female-headed, single parent households accessing correctional services were also increasing in number. There were an increasing number of two parent families and male-headed, single parent families seeking emergency shelter. Most forms of housing resources, other than permanent housing, could not accommodate two parent families. As well, there was no emergency, transitional and permanent supported housing resources to accommodate single fathers. The Addictions Foundation of Manitoba (AFM), New Directions, Osborne House, and other women's domestic violence shelters only accommodated one-parent families. Salvation Army sent mothers with sons over age 12, as well as two parent families and single fathers and their children to a motel with a voucher. Salvation Army indicated it was in the process of building a shelter that will accommodate families.
>
> **Aboriginal People:**
> Twenty-six of the thirty-four organizations interviewed reported a high rate of Aboriginal people accessing their resources. Many respondents stated that the number of Aboriginal people accessing resources was consistently high. Some reported that more Aboriginal women, particularly female-headed single parent households, accessed permanent housing resources. It was evident that Aboriginal
> people were over-represented among the homeless population and the Aboriginal focus on a holistic approach to service delivery was not always evident among some existing services. (Social Planning Council 2001, September).

The report further noted that providing housing services to youth is problematic:

> Emergency and transitional housing resources, although available to youth, were far fewer compared with adults. The lack of data for youth in permanent supported and permanent housing was due to the reason that most youth separated from their families were likely residing in permanent supported housing (group homes and foster homes) through Winnipeg Child and Family Services. Also, the permanent housing organizations interviewed did not record the number of youth. The same holds true for children. As their parent(s) often

> accompanied them, the number of children accessing housing services was seldom recorded. As there were few permanent supported housing resources available to adults, it is likely that there were few, if any, available to children (Social Planning Council 2001, 23).

In addition to housing, the overall physical condition of Winnipeg's streets and other public places has a major bearing on the health and well-being of children and youth. Some organizations are concerned that there are some serious safety concerns for Winnipeg residents, particularly women and children. As long ago as 1991, the Social Planning Council contended that the City of Winnipeg had not integrated the personal safety and security of all its citizens as a guiding principle in its planning process. The Council noted that pedestrian bridges, approaches and underpasses are of "particular concern to the community", as are poor lighting and sightlines in parks, parking garages, lots, and alleyways, as well as the lack of what Jane Jacobs would call "eyes on the street" to watch over children and women. (p. 38-40). Demolition of abandoned housing exacerbates this problem by leaving wide gaps in city blocks over which there is no sense of ownership, and no daily occupancy. The report attacks the prevalence of blank walls, megablocks and superstructures, common in Winnipeg's downtown, as impediments to health and welfare of all people. It recommends the promotion of more 'people-oriented' neighbourhoods (p. 47).

Winnipeg suffers from urban sprawl, an urban growth phenomenon characterized by low density and marked separation of uses. The philosophy of 'New Urbanism' contends that urban sprawl decreases quality of life by isolating

residents and leaving them auto-dependent, especially children. Winnipeg, with an area-wide density of only 162 persons per square kilometer, is in fact a city in which having a car may be considered more of a need than a luxury (Miron, August 2002). Even Calgary – perhaps the model of the 'suburban city' in Canada – is more dense at 187. Exercise like walking or cycling is discouraged if destinations are too far away. Aggressive vehicle traffic and inadequate public transit represent other discouraging factors. Indeed, a city that has suburbanized at such a high rate as Winnipeg has over the past four decades needs to have efficient and effective transit systems, yet a 1999 report shows that Winnipeg transit rates poorly in these categories when compared with urban centres of similar populations.

The *Understanding the Early Years* project in Winnipeg's School Division No. 1 assessed the physical characteristics of the Division and found that over 26% of the Division qualified as heavy vehicle traffic areas. Few of these areas had marked crosswalks or stoplights; and clusters of these areas had both heavy traffic and a high proportion of children (Lee 2001, 37). The study also considered the condition of buildings, including the need for repairs; the presence of litter; noise levels; and the number of lanes and stoplights on the streets. In rating the overall physical condition based on these factors, the study found that 68 inner city neighbourhoods—many of which contained many families of low socio-economic status—were the least favourable environments in which children should be living. The report recommended

that some of these neighbourhoods required "concentrated action" to ensure improvements (Lee 2001, 39-41).

The results for Winnipeg School Division No. 1 showed that ratings for neighbourhood quality, neighbourhood safety, residential stability and parental engagement were all "substantially lower" than national averages (KSI Research 2001, 41).

The urban fabric of Winnipeg on a neighbourhood scale is, for the most part reasonably conducive to the independent mobility of young people. There are only a couple of routes in the city that might be called "freeways"; most major routes have retained their uses (shops, services, housing) along with sidewalks; and most neighbourhoods feature quiet tree-lined streets with low traffic volumes and decent pedestrian facilities. It is on the city-wide scale that problems face the young person—and indeed any resident on foot or bicycle. The rivers, railways yards and industrial areas of Winnipeg pose major barriers, and the only way to cross these is to travel on major traffic thoroughfares. There are only a couple of locations where pedestrian bridges mediate this problem. As a result, there is little incentive for children or youth to travel independently, without being driven by parents.

Because of the nature of the urban environment and the daily need for travel, most families travel by automobile. Yet this daily routine is among the most dangerous: the leading cause of accidental death amongst young people in Manitoba is automobile-related accidents (Manitoba Health 2001, 101). An examination of auto-

related fatalities shows that 4.8% of total deaths (1 death) each went to the age groups of 10-14 and 0-4. These death figures are in proportion to the Winnipeg population, as 10-14 year olds and 0-4 year olds each make up 6.4% of the Winnipeg population. (City of Winnipeg 1998, 25-27). It is widely recognized that an over-dependence on automobile travel, coupled with generally sedentary lifestyles, high-fat diets and few recreational activities, can leave young people susceptible to obesity and Type 2 Diabetes.

The accessibility of the physical environment is not solely a safety concern; it also can inhibit one's opportunities for success. This is exemplified by the difficulties that disabled youths encounter when trying to obtain jobs and careers. One recent study has found that many employers in Winnipeg, and even training facilities, did not have accessible buildings (such as wheel-chair ramps). Many of these employers felt that the costs of becoming more accessible outweighed the benefits to their organizations (Morris 2001).

3.5 Social Environments

The immediate social environments in which children and youth reside impact their health outcomes in numerous ways. Peer groups can contribute to poor health outcomes through the creation of a culture which both encourages dangerous behavior

and discourages the seeking out of alternatives. For instance, a study of young addicted women indicates that they generally perceive an alcoholic or addict as someone older than themselves, and usually someone who is male. These women are concerned with acceptance by their peer groups, and are reluctant to give up abusing substances for fear of negative responses from their friends (Tait 2000, 40). In a similar vein, the United Way (2000) has found that Drop-In Centres are viewed negatively and as 'uncool' by youth, while some parents see them as targets for gang activity (p. 19).

Runaway street youth, whose numbers reach as high as 800 in Winnipeg during the summer, tend to come from families with high rates of substance abuse. While summer is the peak time for runaway youth, about 500 street youth live in Winnipeg during the rest of the year. Cynical public attitudes towards street youth only worsen the situation: the reality is that street youth are mostly escaping from troubled family life. Street youth also reported that the families they left behind are frequently involved in conflicts (verbal, 93%, and physical, 74%) or engage in sexual abuse (Social Planning Council 1990, ix). Indeed, some 53% of youth in Winnipeg have experienced violence within the family. (CIET 1996, 11). Again, these are conditions that disproportionately impact Aboriginal children and youth - 60% of all street youth are Aboriginal. Inner-city drop-in centres report much higher rates of Aboriginal youth using their facilities. Rossbrook House, a drop-in centre that serves youth aged 17 or younger, reports that 97% of its youth are Aboriginal. (*Winnipeg Free Press*, July 25, 2001)

One study related to substance abuse and pregnancy found that a majority (24 of 28 of the women studied) reported being in at least five different homes during their youth. This was painful for the youth involved in the study for several reasons: removal from their families of origin was difficult; many had feelings of shame towards their own culture since most of them were placed in white families; many foster children were moved from homes where they had built a positive attachment to their foster parent; and finally, many were abused (Tait 2000, 43).

A study of violent crime in Winnipeg situated a small but significant portion of this violence in the home between family members:

> These incidents represented only 9 percent (89) of the cases we examined, although events involving other family members made up a greater proportion of women accused's charges than they did for men accused (14 percent for women versus 4 percent for men). Children were the most likely victims for both women and men accused (representing 41 percent and 48 percent of women's and men's complainants, respectively) (Cornack, Chopyk and Wood 2000).

Such family developments often lead youth to run away to life on the street (Tait 2000, 43).

It is estimated that there are at least 500 youths between the ages of 13 and 24 living on the streets of Winnipeg, but this number can swell to more than 800 in the warmer months (Hendry 2001). According to the Social Planning Council, almost 60% of these are Aboriginal (Hendry 2001).

Where family supports are absent or otherwise destructive, peers become family; or more accurately, family is found within gangs. In crucial ways, gang life provides youths "with some of the things they lack in their lives—a sense of power, purpose and

acceptance. The sense of family provided within the gang is one of the major motivations to gang involvement" (Nimmo 2000, 9). Gang life is attracting ever younger participants: The Fastest growing segment of the street gang population consists of young children, many under sixteen years old" (*ibid.,* 7). In addition to the dangerous situations (i.e., criminal activity) in which gang members are involved, this culture brings with it some important impacts on health and well-being. The most common of initiation rituals into the gangs are beat-ins, in which new recruits are subject to beatings by several individuals in order to determine the new recruits resolve and toughness. (Nimmo 2001, 12).

It is estimated that 1 in every 5 Aboriginal youth in Manitoba is a gang member (Ares #66 2002, 45). Gangs are often mistakenly assumed to be exclusively Native. While none of the gangs are organized strictly along ethnic or racially lines, Hallett (2000) writes that, "[l]arge numbers of members of prominent gangs such as Indian Posse and Manitoba Warriors are, however, Aboriginal youth aged 15-29, and a number of native organizations exist for the purpose of trying to prevent Aboriginal youth from joining gang, and supporting aboriginal people attempting to leave gangs" (Hallet, 2000, 63).

While there are about 40 named gangs in the Winnipeg area, the four major gangs are the Manitoba Warriors; the Indian Posse; Deuce; and Crips. What may have started several years ago as simple matters of maintaining bonds of brother hood and marking turf has now become oriented to criminal activities, including theft, drug

dealing, car theft, and physical assaults. To belong in a gang means to live by the rules of the 3 Rs: reputation, respect and retaliation/revenge. Members are told that there is almost no way they can drop out of the gang, short of earning high enough rank, or even killing their own mother (Ares #66 2002, 39-50).

To properly access the gang risks facing Winnipeg's aboriginal community, attention must be given to Native youth who migrate back and forth from rural, town and reserve areas to Winnipeg. Street gang recruitment, for example, often takes place outside of Winnipeg, yet it is within Winnipeg where major gang activities actually take place. First Nation reserves, like Garden Hill, have major gang problems of their own. The RCMP states that that there is "a connection between certain gangs inside the community of Garden Hill to Winnipeg." To a lesser extent the same is true of many larger reserves and towns in Manitoba as gangs branch out to other regions. (*CBC News Online*, November 8, 2002)

Gang culture in Winnipeg has, in fact, become multi-generational. According to Nimmo (2002), Winnipeg is seeing fourth generation gang members, and entire families are members—a gang subculture is all that many children and youth know (p. 3).

How Does Society Counter Gang Culture?

- Education: Give youth the required hope, confidence and skills to think critically
- De-glamorize Gang Life: Use outreach programs, media, ex-gang members to counter the myth that gang life offers security
- Support and Promote Aboriginal Cultural Awareness
- Parenting Skills Programs: Educate expectant parents

- Empowerment of Youth: Youth should run the programs that youth want
- Community Policing: Officers must look beyond the gang identity to understand the individual
- Create an interagency gang coalition (Nimmo 2002).

3.6 Healthy Child Development

The health outcomes of Winnipeg's children and youth will for the most part be discussed in terms of their presentation in the report titled, *Assessing the Health of Children in Manitoba: A Population-Based Study* (2001). This report primarily focuses on the years between 1994 and 1998, and was developed with the intent of helping to "identify areas where new policy efforts or programs are necessary" (MCHPE 2001, 1). In so doing the report centres on a variety of topics including: demographics, childbirth and infants, adolescent reproductive health, health issues (such as childhood acute-chronic conditions and injury), the utilization and quality of health care, and the social determinants of health (MCHPE 2001). The report's main focal point is on Manitoba as a whole and many of its communities, but for the purpose of this project the report will be used to focus on Winnipeg specifically. In addition, comparisons will be made to a previous report titled, *The Health of Manitoba's Children* (1995).

Of Winnipeg's total population, children and youth (those aged zero to 19) made up 26% of its residents in 1998. Winnipeg has a fertility rate (54/1000) that is lower

than Manitoba's average at 59/1000[4]. Within the City of Winnipeg the neighbourhood of Assiniboine South has the lowest fertility rate at 41/1000, while the Point Douglas neighbourhood has the highest at 76/1000 (MCHPE 2001, 22).

Pre-term births and low birth weight rates are detrimental to child health. Manitoba's pre-term birth rate between 1994 and 1998 was 6.72%. Winnipeg surpassed this at 7.06%, yet Winnipeg's Downtown area had a pre-term birth rate of 7.96%, and this was the highest rate in all of Manitoba (MCHPE 2001, 37-39). Moreover, Winnipeg had a low birth weight rate of 5.7%, which was higher than Manitoba's average, and Downtown Winnipeg had the highest rate in the province. A reason for this could be that women in the lowest income groups tend to be at greatest risk of delivering a low birth weight infant (*ibid.*, 63). In order to prevent low birth weight infants there must be an enhancement in prenatal care and nutrition (CHSC 1995, 46). Winnipeg's average infant mortality rate is approximately 6 per 1,000 children; in the downtown area the rate is nearly 9/1,000.

Dental care for low-income children in Manitoba is so limited that it has been compared unfavourably to dental care for children in less-developed nations. Children on social assistance have some dental care coverage, but children of the working poor have no coverage at all (Rabson 2001).

Infant and childhood illnesses and health issues tend to vary by geographic location across Winnipeg. For example, infants living in the Winnipeg neighbourhood

4 Fertility rates for all of Manitoba are based on the number of births per 1000 women aged between 15 and 44 years.

of Point Douglas were more likely to be hospitalized for respiratory tract infections. As well, in Winnipeg the most common childhood chronic condition is asthma. Children living in Winnipeg have higher asthma treatment rates than children living in southern rural areas of Manitoba and northern Manitoba (MCHPE 2001, 97). However, this does not have to be the case since the use of nurse-delivered education has proven to be effective and has lowered the number of emergency room visits and the use of inhalers (CHSC 1995, 36).

Injuries are often a part of childhood. However, "[c]hildren living in the Downtown area of Winnipeg have a significantly higher injury mortality rate (42.2/100,000) than the average for Winnipeg children (14.6/100,000), as well as the average for Manitoba children (MCHPE 2001, 104).

Among Aboriginal residents aged 1 - 45 years, vehicle accidents and suicide are the leading causes of death, with drowning and homicide more common in Manitoba than in other provinces. (Hallett 2000, 7).

Hallett (2000) states that the mortality rate peaks twice throughout the youth age range within the aboriginal population. Starting with average Canadian rates for Status Indians during the neonatal period (1-29 days), the mortality rate increases among Status Aboriginals to a level three times higher than the Canadian average for post neonatal babies (29 day to 1 year), and to four times higher for Status children 1-4 years old (first peak). Afterwards, the rate for Status children aged 5-14 drops to two and a half times higher, and then increases back to three times the average Canadian

for young adults aged 15-39 (second peak) (p. 7).

Aboriginal youth 15 – 24 years old have a suicide rate five times the national average. (Hallett, 2000, 8). The injury death rate among the 0-24 year old female age group in Winnipeg is generally much lower than that of higher age groups. Rates peak at 18.46 per 100,000 females for the 5-9 age group, but fall to 9.93 for 15-19 year olds, 9.86 for 10-14 year olds, and are lowest at 0 deaths for babies under 1 year of age. The age-adjusted average for all female age groups in Winnipeg is 33.67 injury deaths per 100,000 (City of Winnipeg 1998, 92).

The injury death rate among the 0-24 year old male age group in Winnipeg is also generally much lower than that of higher age groups. In this age range, rates are highest at 52.45 per 100,000 for 20-24 year olds, and next highest at 23.88 for 15-19 year olds. Rates are lowest at 0 per 100,000 for the under 1 age group and for the 10-14 age group (City of Winnipeg 1998, 92).

Data for both female and male youth suggest that death by injury has two peaks. For both, the first peak occurs between ages 5-9, from which point it drops off from ages 10-14, after which point the rate starts to increase again until it reaches a high point at 20-24 for both males and females (and becomes higher still in the 25-29 year age range.) (City of Winnipeg 1998, 92).

Both sexes of *non*-Core Area Winnipeg youth had lower rates of injury hospitalization. Females aged 15-19 had the highest rate of those females aged 0-24

(at 60.72 per 10,000) while males peaked at 20-24 (at 98.74 per 10,000) (City of Winnipeg 1998, 99).

HIV/AIDS is another important health concern in Manitoba. It is largely an urban—i.e., Winnipeg disease, and it is also primarily a young person's illness. The Canadian Centre for Substance Abuse Website reports that:

> there were 56 individuals [in Manitoba]who tested HIV antibody positive in 2000. During this time period, the majority of new cases, both male and female, were between the ages of 20 and 39 (38 cases), and the majority of cases were recorded among males (67.9%). Slightly more than 80% of all cases were residents of Winnipeg (at the time of testing). Over recent years, there has been a gradual but consistent increase in the percentage of cases residing outside of Winnipeg...Two of the most prevalent transmission categories were heterosexual activity (includes with person[s] at risk of HIV infection) and IDU (injection drug use). There were a total of 12 AIDS cases reported in 2000. The predominant age groups were between 30 and 49 years (8 cases), and the majority of cases were recorded among males (91%). Most cases were reported in Winnipeg (83%), and the most prevalent transmission categories were heterosexual activity (includes person[s] at risk of HIV infection) and MSM (men having sex with men). The number of reported AIDS cases has declined somewhat since the early 1990s, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-seven percent of individuals reported with AIDS have died. However, delays in reporting in both cases and deaths make it difficult to determine precisely the incidence and mortality rate. Manitoba Health reported 11 deaths related to AIDS in 2000, although this figure is presumed to be under-reported.

While these statistics speak more to adult cases, and the numbers referred to are relatively small, they nonetheless have serious implications for the health and well-being of young people. One of the most common means for transmission recorded is heterosexual sex; and HIV/AIDS is regularly transmitted to infants from the mother.

And given the long incubation period of the disease, it will be many years before true numbers are known.

A recent study by the Sexual Education Resource Centre "focused on and incorporated vulnerable and at-risk youth/street-involved sectors, 14 to 24 years of age" (Migliardi et al, 2002) who spend time at shelters, group homes, on the street, or at any other non-home, non-school location where youth are likely to be involved in risky behaviour. The study found that "young people in inner-city Winnipeg are experiencing an STD epidemic and… have a great vulnerability to HIV infection." Noting that most Aboriginal Winnipeggers are *under* 25 years of age, the report stresses the importance of "development and maintenance of effective relationships between health care and other service providers and young people." The results showed that 36% of all at-risk youth clients aged 15-19 have been in jail at least once and only 46% of youth clients "attend school". 62% of 'at-risk' youth are street-involved. Worse still, a mere 10% of street-involved youth are "well-educated" about STDs. Improving awareness among youth is one strategy, but changing attitudes in healthcare workers is another. SERC writes that

> [t]he widespread view among providers that young people feel or think of themselves as *invincible* conflicts with views widely expressed in the literature showing that, contrary to popular belief, young people accurately assess the risks they face. The literature demonstrates that rather than feeling invulnerable, young people have serious concerns …related to daily life contexts such as poverty, minority status, racism and violence.

3.7 Personal Health Practices and Coping Skills

In response to environmental, economic and social conditions and pressures, children and youth may adopt a variety of strategies with which to cope. Some of these strategies are also detrimental to their health. Some are lethal: when all coping mechanisms fail, young people often turn to suicide. The CIET study (1996) found that 45.1% of participants said they had dealt with the suicide or attempted suicide of a family member or a close friend (p. 11).

One solution many youth see when faced with problems at home or at school is to run away and live on the street. Homelessness is, of course, a highly dangerous condition. According to a Social Planning Council study, 20% of runaway youth usually slept on the street. While homeless, the likelihood a youth will participate in illegal activities and drug use increases dramatically (Tait 2000, 43). Of all illegal activities, runaway youth were most likely to participate in shoplifting while on the run (71%), followed by fraudulent activity (58%), and drug dealing (56%). (p. 34). Disturbingly, 34% of the youth said they had engaged in for profit sexual activity while on the run. (Social Planning Council 1990, 36). Studies show that Winnipeg has an over-representation of homeless Aboriginal youth (CMHC 2001).

Another prevalent coping mechanism is to abuse substances. One of the most common of these practices is tobacco use. A 1996 study revealed that 60% of the youth in Winnipeg reported smoking everyday, compared to 25% in Victoria (CIET 1996, 14). These rates are consistent with a study conducted by the Nechi Institute on Alcohol and Drug Education, which focused on Aboriginal youth in Winnipeg. It

found that more than half (56%) of those interviewed were daily smokers who smoked 8 cigarettes a day on average, with 75% of them smoking at least occasionally. Most of the youth surveyed had an average uptake age of 12. Two-thirds of the 622 smokers said that they smoked because they were addicted, and, of the admittedly addicted, 77% percent expressed a desire to quit. However, if a youth abstained from drinking alcoholic beverages they were less likely to smoke (CIET 2002, 1).

Drug use is also increasing amongst Manitoban and Winnipeg children and youth. Manitoba Health (1995) found that drug use in urban areas (i.e. B cannabis, LSD, stimulants, mushrooms, cocaine/crack and prescriptions) is higher than for rural areas, except for rates of alcohol use. (p. 78). Drinking, too, has been shown to be more prevalent amongst Winnipeg youth: for example, while none of the Victoria youth in one study drank everyday, 4% of Winnipeg youth did so. The rates of Winnipeg youth who drank occasionally were also higher, and the rates of those who never drank were lower than Victoria's (CIET 1996, 14).

By all accounts, Manitoban children and youth are experimenting with alcohol, tobacco and drugs at ever-earlier ages. The Addictions Foundation of Manitoba conducted a study in 2001 and learned that most youth experiment with smoking at 11; alcohol by 12; and drugs by 14. The most heavily used drug (38% of respondents used it) was cannabis (Martin 2001; Williams 2001). Owing to the criminalization of drug use, the number of Manitoban youths facing drug charges nearly doubled between 1990 and 2000, and almost 700 youths are referred to Addictions Foundation Manitoba

every year (Sander 2001). Drug use is hardly restricted to youth from low-income families: "rave" drugs such as methamphetamine, or "crank", is becoming increasingly popular with suburban youth (Di Cresce 2001).

Drug and alcohol abuse, in turn, is associated with additional negative health outcomes: the Social Planning Council has found that 90% of runaway street youth came from families with high rates of drug and alcohol abuse (Social Planning Council 1990, 16).

One of the most tragic outcomes of alcohol abuse is Fetal Alcohol Syndrome, or FAS (as well as Fetal Alcohol Effect or FAE). Unfortunately, because it is a "syndrome" (a group of symptoms) rather than a disease as such, actual numbers of occurrence in Winnipeg are difficult to come by. Health Canada calculates that up to 3 of every 1,000 live births will be affected with FAS/FAE; based on 1996 birthrate statistics, or approximately 8000 births in 2000, this would imply a Winnipeg rate in 1996 of approximately 24 infants. This figure must be added to, however, given the high rate of FAS/FAE among Aboriginal children: "[A]mongo the 745 births in Thompson, Manitoba, in 1994, 26% of the mothers drank alcohol during pregnancy, as noted by the clinician or reported by the mother" (Roberts and Nanson 2000, 7). These considerations must also account for the high rates of mobility between reserves and Winnipeg. A study on reserves in Manitoba found that 1 in 10 First Nations children is to some degree affected by FAS/FAE. The University of Manitoba's Dr. Albert Cuddly states that, "The world frequency of fetal alcohol syndrome in live

births is 1 to 3 cases in 1000…[but] we're talking roughly 100 cases of FAS/FAE [per 1000 births] on the reserve, and that qualifies as an epidemic…" (Square 2002, 59).

This is not to say that FAS/FAE is strictly a native disease. Winnipeg Pediatrician Dr. Jack Armstrong believes that there may be a greater incident than the 1 in 3 among the euro-Canadian population in Winnipeg, and some studies show that up to 16% of pregnant women drink enough to risk harm to their infants (*ibid,* 60).

3.8 Health Services

The availability and quality of health care services in Winnipeg also carries with it the potential for a wide range of health outcomes.

In general, it has been determined that hospitalization rates for Winnipeg's children tend to be lower than those for children living outside of Winnipeg, although these rates increase in areas where the population in general has lower health outcomes. Within Winnipeg, this reality is reflected in the higher than average hospitalization rates for children living in Downtown and in the Point Douglas areas. These neighbourhoods, along with Seven Oaks and Inkster also show a higher incidence of visits by physicians, although, with the exception of Seven Oaks, children in these neighbourhoods were more likely to be served by a number of different physicians, rather than a consistent health provider (MCHPE 2001, 122-30). In terms of overall injury death rates, however, "[t]he Winnipeg injury death rate is…below the provincial rate across all age categories, being appreciably lower in the youngest and

oldest age categories, and males up to 24 years old" (City of Winnipeg 1998, 96).

Females aged 15-19 have the highest rate of hospitalization (67.26 per 10,000) among all female youth aged 0-24, but males 20-24 years old have the highest rate of hospitalization (119.47 per 10,000) of all groupings in the 0-24 year old range. (City of Winnipeg 1998, 94).

In Winnipeg's Core Area, female injury hospitalization rate peaks at 110.16 per 10,000 among females aged 20-24. The peak is younger for male Core Area residents, at 184.03 per 10,000 for males aged 15-19. Also, the hospitalization rate for Core Area females under 1 year of age is significantly higher than males of the same age group, at 86.66 per 10,000 compared to 32.21 per 10,000. The 'less than 1 year of age' category was the only age group (in the 0-24 range) in which females had a higher rate than males of injury hospitalizations. (City of Winnipeg 1998, 97)

Downtown and Point Douglas children also have a high rate of injury hospitalization. These rates are above the Winnipeg average and significantly above Manitoba's average (MCHPE 2001, 117). These children also have higher rates of injuries from motor vehicle crashes, violence (either through self-infliction or by others), falls, poisoning, and other causes (*ibid.*, 118).

Provision of prescription drugs also shows geographic variation within Winnipeg. The children of Winnipeg's Point Douglas neighbourhood were more likely to be receiving 5 or more antibiotics than children in all other areas of the city, (MCHPE 2001, 136). Point Douglas also exhibits higher than average rates for the

prescription of anti-anxiety drugs, but a lower than average distribution of anti-psychotic drugs. Interestingly, children in River Heights were the most likely to be receiving drug treatment for depression, while, conversely, children in Inkster were the least likely to be (*ibid*., 152). Reasons for these variations may be owed to the actual prevalence of mental illness in River Heights, but can also be attributed to the availability of drug insurance policies, school referral programs, and family cultural values which would lead parents to disclose such problems to family physicians (*ibid*., 145-6).

Access to specific medical procedures may also vary across Winnipeg.

> In 1998/99, the rate of [tonsillectomy/adenoidectomy] procedures for children residing in Transcend was significantly higher than the Winnipeg mean, whereas those children from the Downtown area received significantly fewer procedures than the rest of the city (MCHPE 2001, 169).

However, overall the 1998/99 tonsillectomy/adenoidectomy rates were considerably lower for Winnipeg children than the 1994/95 rates. This drop occurred following the publication of clinical guidelines for the procedure (*ibid.*, 167).

Within Manitoba, Aboriginal children who fall under the category of Status Indian receive health services from both the Manitoba and Federal Government. In addition to the Manitoba government's provision of health care services, Status Indian children (and adults) under the Non-Insured Health Benefits Program (NIHB) who reside off of the reserve receive extended health benefits from the federal government (HRDC 2000, 34). This is beneficial because,

[a] study completed in 1993 compared Winnipeg urban health care service

> utilization between Status Indians and other residents. Results indicated that Status Indians' use of health care services was substantially higher, both in the core area and suburban districts. Core area Status Indians demonstrated almost twice as many hospital days per 1,000 as other residents of the core area (*ibid.*, 44).

Rates for disabilities for Aboriginal people in every age group, particularly Métis, are also higher than those for non-Aboriginal people in Manitoba.

Table 2: Percent Reporting Long Term Disabilities: 1996 Census

Age Group	Non-Aboriginal	Reg. Indian	Metis
0-14	2.8	5.1	4.6
15-29	3.9	5.3	6.1
30-64	9.8	14.8	17.2
65+	34.4	50.6	46.5

Source: Manitoba Aboriginal and Northern Affairs, 2000.

Disability rates among Aboriginal people under the age of 65 are far higher off-reserve than on, and are highest in Winnipeg. Owing to better access to medical care, persons with disabilities are more likely to migrate to urban centres, which may lead in Winnipeg to the impression that disability rates are disproportionately higher than those for non-Aboriginal residents. At first glance, the differences are not huge: of all registered Indians in Manitoba, 9.4% report a disability, compared to 10.7% of non-Aboriginal people. There is, however, the fact that the Aboriginal population has a younger age profile overall, which means that over time, these rates could increase dramatically (Hallett 2000).

A study of service need for FAS/FAE conducted by the Children and Youth Secretariat, the Coalition on Alcohol and Pregnancy and the Community Action Program for Children, found that almost 40% of respondents (i.e., 581 Manitoban parents/families/caregivers/service providers needing or providing FAS/FAE services for children in their care) came from Winnipeg (CAYS 1998, 3). Foster parents and adoptive parents were the largest component of the parent/caregiver respondents (*ibid*., 4). Of the range of programs identified in the study, the greatest need appeared to be in the area of parent support, 24 hour crisis support, aide support, childcare, special education services and post-secondary education support. Psychiatric/ psychological services were found to be much less available as well (*ibid*., p. 16-17). In terms of age ranges covered by existing programs, it was determined that most programs are oriented to those sufferers under 13 years of age, while there are far fewer programs for older teens and adults.

3.9 Social Support Networks

While there have been some well-publicized improvements to some of the physical and social problems in Winnipeg's poorer neighbourhoods (e.g., programs for housing renovations), many of the underlying conditions continue to worsen, with measurable consequences for the health and well-being of Winnipeg's children and

youth. Silver (2002) references a 1996 survey conducted with social workers at Winnipeg Child and Family Services Winnipeg and CFS Central which found that 92 percent believed that, mostly owing to growing levels of poverty, demand for their services had "exploded to such an extent that it was no longer possible for them to comply with all aspects of the Child and Family Services Act" (p. 6). These high poverty levels and associated problems in service provision have been well-documented in Winnipeg-based studies.

Currently, Winnipeg CFS is closing 14 emergency shelters and setting up a smaller number of larger facilities where many children can be supervised at once. (*CBC News Online*, Dec. 2002) CFS officials say the change is intended not just to reduce costs (the agency often runs over-budget) but also to improve services. Many CFS employees question the benefits of these larger residences to children.

What the outside community may see as "neglect" others may see as normal. For instance, many parents allow their young children to stay home alone or wander the streets alone at night because they themselves grew up often in the absence of adult supervision. Speaking in reference to a recent death of a baby left at home alone with two pre-school children in West Broadway, one local activist says that it is "alarmingly common" for children to be left home alone in the inner-city. Parents who lack the time and resources to effectively care for their children may be a reluctant to call CFS for any form of assistance out of a fear that their children may be taken into custody. (*Winnipeg Free Press*, Dec. 16, 2002)

Forsyth (2001) indicates that Winnipeg single mothers who live under Statistics Canada's low-income cut-off are less likely to receive social assistance benefits than mothers in other cities. For example, 35.5% of single parents in Winnipeg receive benefits, compared to 50% in Hamilton. (xi). Manitoba Health (1995) found that the use of food banks in Winnipeg has increased (p. 59).

The pressures imposed by widespread poverty are reflected in the responses of the Parent Education Resource Centre study (1999), which found that the most serious problems for Manitoba parents were, (in order of mention by professionals who provide parent education services): financial/employment stress, lack of parenting skills/discipline, lack of support/resources, isolation/loneliness, substance abuse, young/single parenting, violence/abuse/anger management, time/pressure stress, family dysfunction, few positive activities available, disability burden, peer/media influences (p. 19). Winnipeg families use certain supports more than other cities: it has been found that the use of child care by families in Winnipeg School Division No. 1 is twice as common as Canadian average (KSI Research p. 46).

The use of child care is strongly dependent on the extent to which parents are supported to leave their employment to raise children. The Province of Manitoba offers 17 weeks (15 paid at 55% of previous salary, and 2 weeks unpaid) for new mothers (Prentice 2000, 25). About 22,112 Manitobans used licensed day care services for ages 0-12 in 2000. One-sixth of these were in licensed homes. Manitoba

has a shortage of spaces for school-age children, but child care rates are cheaper than in most other provinces because it is regulated by the province (*ibid*, 3- 6).

Manitoban standards for child care are "considered among the stronger minimums" in Canada. No training is required for staff, although this is the rule among most provinces (Prentice 2001, 11). While there is a two-tier system in Manitoba where some centres are fully-funded and others are not funded at all, the inequity is narrowing each year. Fees increased in the late 1980s, and did so "dramatically" in 1991 (18% to 49%) even though childcare fees were already known to be a barrier for most families (*ibid*., 18).

The cost to parents for child care are very high in Manitoba. For women working in clerical and service position the cost of child care can be equal to almost half of their after-tax income. There is little opportunity to receive a subsidized place since the government only provides subsidies to approximately 5% of Manitoba's youngsters. And to be eligible for a subsidy the family must be below the "poverty line". For example, "[I]n a two-parent family with two children, the cut-off for fee subsidy is $40,055—meaning parents with an infant and a preschooler could easily be required to pay $12,168, or 30 per cent of their yearly income for child care" (CCCM 2001, 6). In Manitoba commercial centres receive approximately 80% of their revenue from public funds. In comparison Saskatchewan and Nova Scotia receive none of their revenue from public funds (CCCM 2001, 8).

The level of need is dramatic. In 1998, there were 197,500 children under the

age of 12; 132,000 with working mothers; and only 22,112 spaces available in regulated child care centres. There is in essence only one space available for every 10 children. This ratio is even worse when only pre-scholars are considered. Similarly the needs of rural and northern children, Aboriginal children, those whose parents work shift hours into the evening, or those children who are ill, are also gravely underserved (Prentice 2000). As the National Council of Welfare declares, many social programs support families, but child care is the backbone of them all (CCCM 2001, 2).

Low wages coupled with declining real income continue to hurt Manitoba's child care services. Winnipeg caregivers typically receive higher pay than their rural counterparts ($17.41 to $14.70). Nevertheless, "[t]he Manitoba childcare workforce is in crisis and the main reason is financial. Childcare work is very badly remunerated. Most childcare workers earn below the poverty line, and almost none can afford to use the care they provide to other people's children" (Prentice 2000, 24). Low wages are linked to increased turnover of staff (estimated to be 20% in Manitoba), which in turn affects childcare quality. However this problem is structured into child care because wages are the responsibility of private employers and parents cannot afford to pay more for child care services so that workers can receive a higher wage (CCCM 2001, 7).

The quality of child care in Manitoba can be summed up this way: "Our province's childcare system cannot accommodate the nine in 10 children excluded

from licensed early childhood care and education, it underserved children with special needs, families outside of urban centres, parents who want extended hours care, infants and school-age children." (p. 31).

In order to redress these shortcomings in child care, the Child Care Coalition of Manitoba (CCCM) has produced a *Blueprint for Action: A Five Year Plan for Manitoba Child Care Policy Redesign.* It sets forth a strategy that emphasizes universality, accessibility, and high quality programs. These would provide a good beginning to the redesign of child care policy. Since child care is provided through the non-governmental or voluntary sector, there are a number of obstacles that occur, including policy fragmentation and poor quality of care offered by the commercial sector. Therefore, the addition of such principles as public responsibility, comprehensiveness, integration and coordination, entitlement, and democratic administration and public accountability could help to lessen these present obstacles.

The problem with the provision of child care (and correcting shortcomings) is that "providing child care, or ensuring it exists, is not currently a public responsibility" (CCCM 2001, 4). However, child care centres are run privately, and the government has little power to make changes that are necessary (*ibid.,*. 5). Manitoba parents are given the public responsibilities by making them "volunteer" (*ibid*., 5). Child care policy must be redesigned: the problems that exist with the current policy are unavoidable because they are built-in (*ibid.,* 3). Consequently, there is only so much that communities can do; it requires governmental intervention.

The good news is that some of these concerns have made an impression on government. "The 2000-01 provincial budget contained the first real provincial funding increase to child care in over a decade" (CCCM 2001, 2). Between 2001 and 2006 Manitoba will receive a total of approximately $80 million under the Early Childhood Development (ECD) Services Agreement. These funds will be allocated to finance "pre- and post-natal care, early learning and child care, family supports and community supports" (*ibid*). In April of 2002 it was announced that the NDP government is trying to make child care more accessible and affordable by increasing day-care spaces by 20% and reducing or freezing the fees. Child care workers will see a 10% increase in their salaries, and this will be phased in over a five year period. It is thought that this will help the economy: "It's setting the stage for an expanded licensed, monitored child-care system". In Manitoba there are approximately 24,000 licensed child care spaces, but by the end of 2003 there should be an added 1,000 and 4,000 more spaces by March 2007. There are also plans to expand the nursery-school program for 3 and 4 years olds in Manitoba. Increasing the affordability of day care for low and middle income families by adjusting the income levels for subsidies (Kuxhaus, David 2002).

Other forms of support for children—notably foster and other types of homes—are also strained. Hallett (2000) states that Manitoba places children into foster, group care, or other types of homes much more often than the other two prairie provinces (16.6 per 1000, compared to 9.7 and 10 for Saskatchewan and Alberta respectively).

Some 70% of Winnipeg children in care are Aboriginal. A 1998 CFS report states that over the previous ten years the number of Aboriginal children in its care has tripled, while the non-Aboriginal rate of placement in care has declined. What this means is that Aboriginal children, who comprise 20% of the child population, account for 70% of the children in care. Addressing these needs has required innovation: Hallett (2000) reports that the Ma Mawi Chi Irate Centre was established in Winnipeg in 1984 and provides family and child services to Aboriginal children in Winnipeg, although it does not have any authority to remove children from their families (Hallett 2000, 50-51). This will soon change, however, since current reforms are under way meant to give Métis and Aboriginal people their own family service organizations. (*Winnipeg Free Press*, Dec. 18, 2002) Successful programs like the ones at Ma Mawi use a holistic, culturally-relevant approach to mediation that addresses the physical, spiritual, psychological and mental needs of youth. ("Building Capacity in the Aboriginal Community" *Grassroots News*, Jan. 22, 2003)

Lack of available services as well as long waiting lists not only pose inconveniences or difficulties for many children and families in Winnipeg: many of those denied treatment for various reasons eventually required intervention from Child and Family Services (Office of the Childrens' Advocate 2000, 40). Once in the CFS system, children face considerable emotional stress. The OCA states that children are affected emotionally by having too many moves [between foster homes] and too many workers (Office of the Childrens' Advocate 2000, 44). When they are old enough to

no longer be wards of the state, foster children are expected to live on their own with limited financial means (Tait, 2000). Many feel isolated and alone (p. 43).

In order to deal effectively with these conditions, many local agencies and community-based organizations offer a variety of programs and services; yet, while governmental and civil society organizations are very helpful for families, more can be done. Only 18.7% of these programs dedicate some effort towards the physical and mental condition of the child (PERC 1999, 28).

Even where programs exist, there are numerous financial barriers facing low-income families, and this has posed real hardships in Winnipeg. Forsyth found that of the 9 urban centres examined in her study (2001), Winnipeg and Hamilton were the only two that did not publicize their programs or policies aimed at low-income families, and Winnipeg was the sole centre that did not offer fee waivers or subsidies to low-income residents of all ages (pp. xii-xiii).

The options facing parents when programs or services are unavailable are few and unattractive. For instance, parents with children who have Attention Deficit Hyperactive Disorder express concern that there are not enough affordable programs for their children. Two of the four parents in the study said they gave their children Ritalin when they could not afford to enroll them in a program (Forsyth 2001, 30).

Other barriers may be practical, rather than financial. The United Way of Winnipeg (2000) found that organizations such as Boys and Girls Club and Big Brother/Big Sister were identified as being useful in preventing children from joining

destructive inner-city street culture (p. 19), but long waiting lists pose a barrier to many youth in Winnipeg.

Many Aboriginal young people require the availability of specialized programs and services. As an example, Silver (2002) points out that many Aboriginal people arrive from Northern Manitoba illiterate and poorly educated, and there are few programs and services available for them. Racism exacerbates an already bad situation. Attention should be paid, especially considering the higher rate of population growth in the aboriginal community (p. 8).

Another important barrier is transportation. According to Forsyth (2001) even though a program may be affordable, transportation costs are not. Traveling by city transit from distant suburbs to downtown is expensive and time-consuming (p. 30). This pressure is particularly acute for disabled children and youth: Morris (2001) writes that the absence of reliable transportation for people using the city's paratransit system was cited time and again as a major barrier to employment. Rides are often late for pick-up and drop-off, and it is necessary to book 4 days in advance, a requisite that hinders activities, especially job searches (p. 10).

Other service barriers for the disabled include problematic access to attendant care services. Scheduling attendant care services around the work schedule of a disabled person is very difficult, particularly if care is required during work hours, and more specifically, during non-break/non-lunch working hours (Morris 2001).

The provision of positive programs and services aimed at education, counseling, training and rehabilitation are also seen as an alternative to more traditional means of dealing with youth involved in the justice system, namely incarceration. They are also seen as far more productive than punishment. For instance, Mallea (1999) says that putting gang members in jail makes the problem worse because they are able to recruit new members from the inside (p. 14). Collaborative government initiatives like the *Cities Project for Aboriginal Youth* is one of many programs aimed at reducing the number of young offenders of Aboriginal descent being processed through the justice system.

For all these shortcomings however, Silver (2002) concludes that "there are grounds for being cautiously optimistic about Winnipeg's inner city because in many places in Winnipeg's inner city, real improvements are beginning to be made. This is the case where genuinely community-based organizations have emerged in response to local needs, and have been successful in securing reasonable levels of funding. (p. 1).

Programming alone, of course, is not going to be enough to mediate the impacts of the issues facing Winnipeg's children and youth. As Lee (2001) reminds us, parenting styles affect outcomes: for instance, maternal depression, family cohesiveness, and the extent to which families are regularly engaged with learning activities are three factors affecting a child's outcome (p. 35).

3.10 Culture

The importance of culture to population health cannot be underestimated. The confluence of history, social attitudes, traditions, conventional wisdom and psychosocial behaviours that contributes human culture can determine the extent to which children and youth can achieve positive or negative health outcomes. A prime example of this would be our overarching cultural values of individualism and self-reliance, which put parents in the position of being solely responsible for raising children without community supports. It affects a huge range of issues relating to health and well-being: social assistance programs, child care, public services of all kinds, family structure and community support networks.

Cultural perceptions are also highly influential in how society in general regards young people. The United Way (2000) found that Winnipeg's youth feel like they are being perceived by the public and the media as being gang members, vandals, hooligans, arsonists, and sexually irresponsible (p. 19). Mallea (1999) states that the word 'gang' has become a racist code word that gives an excuse to target marginalized, impoverished, inner-city youth of certain ethnicities:

> In our society, the phenomenon of young people congregating together in groups or gangs elicits a particularly nervous response from the public. Squeegee kids are a good illustration. Their alarming appearance and the fact that they are gregarious and in groups frightens people. The public thus calls for prohibition of the activity of cleaning windshields on street corners for a small fee. (p. 14).

An example of this was seen recently when it was reported that the provincially-funded youth centre Powerhouse had been locked out by the building's landlord because of complaints from other retail tenants about the presence of teenagers. The public perception is that youth are on the streets out of choice or as a form or rebellion; in fact, most are escaping poor family situations (Hendry 2001).

Such misconceptions are fuelled by the media. As Mallea says, [m]edia hysteria has fuelled a fear of violence out of all proportion to its presence in the community. Racism, sexism and ageism have played their part. Politicians have seized on these to promote tougher legislation and effective demonization of our children.(Mallea 1999, 16).

According to Mallea (1999), laws regarding youth crime are driven by misinformation as well as governments seeking to capitalize on "getting tough" on crime. Manitoba's government, particularly under the Filmon Tories, concentrated much more on law-and-order campaigns than on crime prevention. The Manitoba NDP are also guilty of using alarmist tone and inaccurate content in their youth crime policy initiatives (p. 8)

> …Manitoba is one of the harshest jurisdictions in Canada when it comes to incarcerating youth. For example, between 1984 and 1988, Manitoba transferred 87 percent of those youths charged with murder to adult court, thus permitting the more serious adult sentence. The com-parable numbers for other provinces were 54 percent for Ontario, 48 percent for British Columbia and only 15 per-cent for Quebec. About one-third of these children are being transferred to adult court for property crimes, and 7 per-cent go to adult court for failing to comply with conditions of the court (Canadian Centre for Policy Alternatives 1999).

Some accuse the justice system of discriminating against Aboriginal youths. Hallett (2000) restates some of the key findings of the Aboriginal Justice Inquiry (AJI): "Aboriginal youth under 18 years in pre-trial detention were held an average of 29.3 days, compared to 10.8 days for non-Aboriginal youth." In addition, AJI found that Aboriginals tend to spend less time with lawyers before and during a trial. The AJI also discovered that often Aboriginals "were unable to communicate effectively with police and lawyers" due to language barriers. Incarceration rates for Aboriginals, particularly Aboriginal women, were far higher than for non-aboriginals (*Ibid.,* 64-65).

Manitoba's educational system does little to promote the understanding needed to thwart negative public attitudes towards Aboriginals. In a province with a relatively large number of Aboriginal people there is nothing in the curriculum mandating cultural and historical education about the community. A recent report by the Canadian Race Relations Foundation report noted that "a basic quiz on Canada's First Peoples would stump most first-year college and university students." (*Winnipeg Free Press*, November 18, 2002). The Canadian Centre for Policy Alternatives explains that:

> Once it is assumed that the problem is the Aboriginal students, then it follows that it is they who need to change. This inevitably leads back to the thinking that drove the residential schools-- the belief that Aboriginal students need to become more like white people. This assimilation strategy has never worked. Aboriginal people do not accept these racist assumptions. In fact, many resist them, and thus resist schools.

Organizational culture can also impact the health and well-being of young people, particularly those who are disadvantaged, such as the disabled. Morris (2000) found that prevailing social attitudes towards the disabled pose the biggest barrier to finding employment. In the experience of the youth participants in the study, employers generally see disabled youth as being harder to train, less capable and more costly than non-disabled workers. In addition, many employers do not offer means to access buildings such as wheel-chair ramps, believing that the costs of becoming more accessible outweighed the benefits to their organizations (p. 10).

In an effort to overcome many of the socio-economic and environmental problems facing their communities, there are a host of organizations offering programs and services (see PART TWO); yet even here there are cultural factors that prevent them being fully utilized. According to PERC (1999), there is a stigma attached to parenting courses, and people do not want to be seen as needing these services (p. 33).

History, too, is vital to gaining an understanding of why so many Aboriginal people experience such poor outcomes. Many of the socio-economic crises facing the Aboriginal community can be linked to the legacy of the residential school system as well as systemic racism. These cultural impacts also extend into the areas of service provision aimed at mediating these factors: while groups targeted by these programs and services are often Aboriginal, the organizations offering services are not (PERC 1999, 33).

3.11 Gender and Sex-Related Issues

Another personal practice that has complex social, psychological and medical consequences is one's sex life. As in the case with substance use abuse, teenagers in Manitoba are experiencing sex at increasingly early ages, and the rates at which youths are contracting sexually transmitted diseases is also increasing. Manitoba youths 15-24 have three times the national average rate of gonorrhea infections (Patrick 1997). In Winnipeg the rate for Chlamydia infections in 1996 for 15-19 year olds was just over 20 per 1000 (MCHPE 2001, 74).

In terms of reproductive health, adolescents in Winnipeg had a slightly higher rate of pregnancy at 65.5/1000, compared to Manitoba's at 62.3/1000, between 1994/95 and 1998/99 (MCHPE 2001, 79). In previous years Manitoba's teen pregnancy rate was lower, ranging from just below 50/1000 to just below 60/1000 (CHSC 1995, 43). Additionally, in 1996 approximately 40% of Winnipeg's youth aged 15 to 19 reported engaging in sexual intercourse in the previous year, but only one third of sexually active females reported using birth control pills (MCHPE 2001, 79). Rates are, like many other factors discussed herein, highest in the Point Douglas, Downtown, and Inkster areas of Winnipeg; in fact, only Churchill has a higher teen pregnancy rate than Point Douglas'

(*ibid.,* 67). Teen pregnancy rates are correlated highly with level of household income.

Hallett (2000) states that teen pregnancy rates in Manitoba are the highest in the country, with 45% of unmarried adolescent mothers being Aboriginal. This figure reaches 70% in central Winnipeg (p. 32). The teen birth rate remains three times the levels for that of other citizens (p. 33).

Sex and gender can also play a role in service provision. Sometimes the barriers to service provision are born of gender bias and baseless assumptions. Nimmo (2001) states that while there are gang-prevention programs offered for boys, there are no such programs or initiatives aimed at female gang members (p. 22).

For women associated with gangs, there are additional risks: within gangs unprotected sexual activity and multiple partners are common (*ibid.,* 15). Once pregnant, many use their babies as a source of protection, feeling that their chances of being attacked are considerably lower if they are pregnant or have their baby with them. (*ibid*., 21). If an ex-gang member single mom is forced to raise her children on her own, this means her children are likely to grow up in poverty in the same gang-dominated neighbourhood. Thus, there is always an abundance of vulnerable youth who can be recruited. (*ibid.,* 21).

Sexual abuse and exploitation are serious problems for Winnipeg's children and youth. Aboriginal young people in particular are over-represented in the sex trade: 90% of street prostitutes are Native. Life in the sex trade also begins early: an

Aboriginal Council of Winnipeg study found that almost all participants had started as underage prostitutes (Samyn 2001).

In spite of the seriousness of this issue, and the number of individuals involved in it, studies have shown that relatively few sexually exploited young people make use of available services:

> A majority of the organizations interviewed did not record the number of individuals seeking their services that were sexually exploited (youth) or working as prostitutes (adults). Although 15 of the 34 organizations reported that sexually exploited youth and prostitutes were seeking services from their agency, the numbers reported were generally very low. The only organization that reported a high number of sexually exploited children and youth was Rossbrook House at 66% of the total number of children and youth seeking services. Rossbrook House also reported that the numbers were increasing and that younger children were being sexually exploited. (Social Planning Council 2001, September)

An internationally released study on child sexual exploitation, ECPAT (End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes) Report denounced Canada for its low age of sexual consent and lack of a national strategy on child sexual exploitation, but cited Winnipeg for its establishment of a transition house for children and youth caught in the sex trade (Reynolds 2001).

In order to address the problem in Winnipeg, a group of concerned community members came together in March of 2002 to produce o Forum on *Exploitation in the Sex Trade: What Can Communities and Agencies do Together?* (SPCW 2002). Their recommendations included the following:

- That city Police work with Child and Family Services to ensure that interventions emphasize treatment, not punishment;

- That children or youth found to be sexually exploited be assessed and taken immediately to a place of safety;
- That "johns" found to be exploiting such children and youth be charged with child abuse;
- That the Police partner with Child Find to cross reference information on missing children and youth;
- That the Province should establish community-based safe houses, with transitional housing programs;
- That such programs have a cultural component, as many of the children and youth who have been sexually exploited are of Aboriginal Descent (SPCW 2002, 8-9).

3.12 Recreation

Although not included on Health Canada's list of determinants of population health, Recreation is seen by many as a major contributor to child and youth well-being. According to Forsyth (2001):

> Children who are given a chance to develop their skills at an early age are more likely to participate in school, community, arts and recreation programs as they get older. Moreover, involvement in activities such as sports, recreation and arts can help to protect children from emotional and social problems. Physical activity and obesity are linked, and obesity in childhood can have serious consequences in adulthood, including continued obesity that can lead to cardiovascular disease, diabetes and some forms of cancer. It is also known that children from low-income families have a greater incidence of obesity, and being overweight is more common in low-income adults. In adolescence, girls of low-income families tend to become more obese than the female children of high-income families. Yet, despite this knowledge, very little public attention or dollars have been focused on the problems surrounding children who do not engage in activities that will keep them mobile and active. A study funded by the Canadian Fitness and Lifestyle Research Institute found that "obesity increased among Canadian children between the ages of 7 and 12 from 1981 to 1988 by over 50%." Using the Body Mass Index (BMI), it was found that almost 29% of Manitoba children between the ages of 6 to 19 were obese or at risk for obesity.[39] Unless

> something is done to get Canada's youth active, and to keep them active, the health of Canada's future workforce will be negatively affected (Forsyth 2001, 8-9).

The Canadian Parks/Recreation Association concurs, stating that:

> …strategies involving physical activity and recreation appear particularly promising in minimizing or removing risk factors at all stages of the continuum. Participation in physical activity and recreation can provide positive benefits related to psychological health, physical health, familial interactions, peer influence, academic performance, Community development and other lifestyle behaviours (CPRA, n.d.)

In spite of previous efforts to promote recreation and overall healthy lifestyles to Manitoba's young people, statistics show that Manitoban children and youth are among the least active in the country:

Table 3: Participation in Unorganized Sports in Canada by Children 12 Years-of-age and Younger

	Most Days	One or More Times/wk
Newfoundland	28%	49%
Prince Edward Island	22%	48%
Nova Scotia	27%	51%
New Brunswick	18%	43%
Quebec	18%	46%
Ontario	22%	46%
Manitoba	**17%**	**42%**
Saskatchewan	26%	48%
Alberta	21%	47%
British Columbia	22%	47%

Source: Statistics Canada, *National Longitudinal Survey of Children and Youth*, 1994-95.

The Social Planning Council suggests that Winnipeg's inner-city has the most developed programs, but that these programs still do not meet demand. (ii) The study found that there is a need to "explore models of family programming to address requirements of some communities (e.g. ethno-cultural communities, the Aboriginal community.)" High fees and poor accessibility (hours of operation) as well as transportation and equipment costs posed barriers to children's services. SPC states that any comprehensive strategy for Winnipeg must be partnership-based, sustainable and should aim to maximize the utility of existing infrastructure (such as community

centres). Funding for programs and services that work is not stable. There should be greater formal education on available facilities and an increased outreach effort to the community (SPCW 1998).

"Children from low-income families tend to participate in programs which are free of charge, such as the Winnipeg Boys and Girls drop-ins… the Freight House, Rossbrook House and the West Central Community Program provided through John M. King School, Greenway School and Wellington School" (*ibid*., 13). The distribution, however, of programs and services to low-income children appears to not be evenly distributed among low-income neighbourhoods, with the more suburban programs (in St. Vital – Worthington-Lavalee) being less developed (SPCW 1998).

There are also some perceptual barriers to youth partaking of recreation services:

> [E]xisting public recreation and physical activity services have a negative image problem among some youth-at-risk. Criticism includes the perception that services are for white middle-class youth only, and, in particular, are not meeting the needs of youth who are further along the continuum (CPRA n.d.)

Most recreational interventions focus on sports, leaving a gap for those children and youth who are not good at competitive sports, nor are interested in them. One program that meets this need is the Circus and Magic Partnership (CAMP) which is a "multi-week multi-event performing arts camp for at-risk youths". The program teaches young people to be performers: clowns, jugglers, magicians and so on, and not only gives them the opportunity to learn new skills but in the process hear the applause that tells them that their skills are appreciated. (Bodi 2002).

A key factor in the usefulness of recreation programs in mediating the negative influences on children and youth is their accessibility. Yet, as Forsyth (2001) documented, few such programs are actually affordable enough for families who need them most, nor are they always convenient or otherwise practically accessible. The study found that:

> 1. Forty-seven of the 49 participants indicated that they experienced negative psychological or physical changes in their health when they were dealing with the difficulties of getting their children into recreation programs or activities. Ten of the 49 women attributed the causation for a physiological problem to be at least partially due to the stress they experienced when they were struggling to get their children into activities.
>
> 2. Thirty-six of the 49 women stated that they had made lifestyle or budget changes in order to get their children into programs. Fifteen of the 36 women were taking money out of their food budgets in order to find the funds necessary for their children to participate in an enrichment or recreation programs.
>
> 3. In the early 1990's, the City of Winnipeg adopted a user pay model for recreation programs which led to a sharp increase in fees for children's and family programs. For example, the cost for children's swimming lessons increased by 130% from 1991 to 2001. (from the Executive Summary)

There are some common assumptions about recreation planning that reduce their usefulness in mediating negative influences. One is that families will be able to afford them; another is that families will be able to drive to them. Public transportation improvements and distribution of programs so that they are closer to residential areas would help. Certainly the biggest assumption is that "recreation" generally means sports, which do not, in fact appeal to all young people. It should also

be noted that programs and services that wish to target youth at risk should not forget that many of such young people are not in the inner-city: they are also in wealthy neighbourhoods and many of them are left to their own devices for much of the time while their parents work.

Clearly, the needs for recreation programs and services are numerous and exceedingly complex. The City of Winnipeg is currently working on a new recreation plan that specifically targets the needs of children and youth, but it will be some time before it will be ready to present to the public.

3.13 Conclusion

The foregoing is only a brief and partial portrait of the city, yet it highlights some important considerations for the Centre of Excellence's work that can be summarized in the following manner:

> Compared to the province as a whole, both the northern rural section of the province and the core area of Winnipeg are characterized by high unemployment and poverty rates, disproportionate population of young people, i.e., less than 25 years old, disproportionate population of First Nations people, disproportionate number of single parent families, racial, ethnic, and cultural diversity, language barriers, and high migration (Manitoba Health 2002, 17).

This summation can fairly be said to characterize most Canadians' perceptions of Winnipeg. Yet there is also a huge range of assets that Winnipeg has in terms of social capital and environment – which shall be explored in Phase Two.

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Appendix A: Projects Funded by the Winnipeg Site

Refugee Youth Experience: Raising Community Awareness

Glen Norton – The Salvation Army
Researcher(s): Ivan Seunarine
This study will examine how the refugee/wartime experiences of war-affected youth impacts their acculturation and their utilization of services upon relocation to Winnipeg. The overall goal of the project is to minimize the mental health difficulties for this extremely vulnerable population. War-affected youth will participate in problem identification, in awareness raising activities in the community, and in identifying and communicating strategies to service providers which would meet the healing needs of these youth.

Youth and STD/HIV Prevention: Participatory Data Analysis and Dissemination

Sexuality Education Resource Centre
Researcher(s): Margaret Ormond, John Schellenberg, Karin Linnebach, David Gregory.
This study will test the feasibility of youth involvement at all levels of the research process, including skills-building, resource development and dissemination. An inner-city youth working group will advise on data analysis, as well as the design and dissemination of a community report about a previous study regarding barriers to STD/HIV prevention service delivery to youth.

Aboriginal Research Learning Circle

Main Contact Person: John Lussier, Ma Mawi Wi Chi Itata Centre, Inc.
Researcher(s): Two staff members of Ma Mawi
Grant Amount: $4,800
Project Overview:
This study will involve up to ten community youth in a cooperative learning process utilizing action research methods. A main goal of the ARC is to create an opportunity to build greater research capacity at the grassroots community level.

Perceptions of Children Living With a Parent With a Mental Illness

Main Contact Person: Elaine Murdoch,
Researcher(s): Elaine Murdoch under the supervision of Dr. Wendy Hall, UBC
Grant Amount: $4000
Project Overview:
The purpose of this study is to understand childrens' unique perceptions of living with a parent with mental illness. Children will comment on their experiences in their own voices, leading to explanations that can help other children manage this experience.

The Education of Aboriginal Students in Urban School Divisions: What Works

Main Contact Person: Dr. Annabelle Mays, Dean, Faculty of Education, University of Winnipeg.
Grant Amount: $9,425.00
Urban area school divisions will collaborate with the Faculties of Education and Manitoba Education and Youth to apply local education research in order to improve outcomes in education and employment for Aboriginal students. Curricular-, classroom- and community-based approaches will be studied through research activities that involve data sharing, dissemination and partnership development.

River East Community Schools Initiative Evaluation

Main Contact Person: Nicole Chammartin, Community Schools Coordinator
Grant Amount: $15,000.00
The focus of the River East Community Schools Initiative (RESCI) is to promote healthy early childhood development, positive parenting, and resiliency in children. The evaluation will demonstrate whether activities are being implemented in the way they were intended, whether the objectives are being met, and whether program outcomes are being realized. Furthermore, it will serve as a model for future community school initiatives.

Safe, Active, Green and Easy Ways to Schools

Main Contact Person: Andrea Lamboo Miln

Grant Amount: $3,300.00
The subject of this research is the evaluation of a local program utilizing the 'walking school bus' concept, which promotes active transportation and safe routes to school. In particular, this evaluation will examine the potential for such programs to address a number of health issues facing young Manitobans today, such as inactivity and obesity. As well, the evaluation will also examine if, by encouraging neighbourhood children and adults to walk together on a daily basis, walking school buses can contribute to community-building. Walking school buses will be examined in terms of how they can contribute to the creation of child friendly communities.

Appendix B: Concurrent Research Projects in Winnipeg

"The Centre of Excellence on Child Welfare, First Nations Child and Family Caring Society of Canada"

Marlyn Bennet, Research Coordinator First Nations Research Site, University of Manitoba

Promoting Excellence in First Nations Research, Policy and Practice in Child Welfare.

"Child-Friendly Cities, and Participatory Planning and Design in Canada".

Dr. Rae Bridgman, Department of City Planning, Faculty of Architecture, University of Manitoba

Funded by the Social Science and Humanities Research Council (SSHRC) Initiative on the New Economy Research Grant

"The New Canadian Children and Youth Study"

Three local researchers from the University of Manitoba: Esther Blum (Social Work); John Anchan (education); Lori Wilkinson (sociology)

Multi-year project monitors the health and development needs of immigrant and refugee childrem; targets Vietnamese, Filipino, Kurhish, Salvadoran, Polish, Chinese and Hong Kong Chinese children.
(Source: WFP July 8/02, p. A12)

"Understanding the Early Years"

Understanding the Early Years is a unique effort that will provide communities in Winnipeg School Division No. 1 with information they can use to make informed decisions about what their families need.
http://www.wsd1.org/Departments/RPT/early.htm

Appendix C: Projects Funded under the Winnipeg Inner City Research Alliance

Giving Voice to Marginalized Youth: Exploration of Health and Well-being

Nancy C. Higgitt, Janice Ristock, Margaret Church

Many disenfranchised youth enter life on the street to escape situations they perceive as desperate and unresolvable. Yet street life presents serious problems, puts the well-being of young people at enormous risk and stresses the larger community. This is a great concern because costs associated with the social exclusion of youth are enormous in terms of human, social and economic capital. We are interested in health concerns of marginalized youth not often addressed by mainstream organizations. This study builds our knowledge base by seeking to understand how youth themselves understand the situation. A better understanding of personal experiences, meanings and perceptions of health are all factors underpinning effective prevention.

The work is guided by the principals of participatory action research where academic knowledge, popular knowledge and experiences of people produce a deep understanding and commitment to social change. Together with Operation Go Home, a research team will be formed with university researchers, agency members, university students and youth at risk who will work as research interns. Phase 1 goals are to: a) build relationships, b) develop an effective research team, methodology and learning environment, c) explore youth perspectives on health and well-being, d) develop a proposal for phase 2 involving additional youth-serving agencies and youth participants.

University researchers and students will develop skills and understanding by partnering with community members, agency capacity will be enhanced, students and youth interns will develop knowledge and numerous skills in conducting research. The team will generate information about youth at risk that can affect the decision-making capacity of service-providers and policy-makers.

Mentoring Inner City Youth in Transition to Independent Living

Ken McCluskey, Education, University of Winnipeg

Mentors will be trained and supervised to work with youth living in the core area while participating in Winnipeg Child and Family Service's Independent Living Program. Mentors will receive education on issues of relevance to inner city youth in transition to independent adulthood, such as recognizing and developing one's talent, employment and careers, violence and bullying, steps to achieving real-life skills, and the themes of connectedness, continuity, dignity, and opportunity. In each year youth who have a mentor will be compared to youth who have not yet been assigned a mentor, to determine whether mentorship enhances self concept, self awareness, effective coping and problem solving, life skills, social support. It will also be determined whether mentoring increases participants' likelihood of remaining in the independent living program, obtaining and maintaining education or employment, and reduces involvement in substance abuse, violence and illegal activities.

Aboriginal Educational Attainment in Winnipeg School Division No. 1

Principal Investigator: Jim Silver, *Politics, University of Winnipeg*
Co-Investigators: Leslie Spillett, *Mother of Red Nations Women's Council of Manitoba*
Ardythe Wilson, *Mother of Red Nations Women's Council of Manitoba*

On average, Aboriginal students do less well in school than non-Aboriginal students. This study will attempt to determine the reasons why this is so, through interviews with Aboriginal students in Winnipeg School Division No. 1, Aboriginal adolescents who have left school, and Aboriginal and non-Aboriginal teachers. The study will look at factors such as socio-economic status, levels of parental support, educational experience of parents and/or siblings, student and parental expectations, educational attainment and expectation of peers, teacher expectations, students' relationship with teachers, and the cultural relevance of the curriculum. The study will also draw on American literature regarding African-American students, and examine whether and to what extent these

hypotheses hold with respect to Aboriginal students in Winnipeg. Hypotheses drawn from the American context include deliberate engagement in "non-learning" as an act of rejection of "alien" institutions and norms, and lack of motivation due to the belief that the rewards of success in terms of jobs do not warrant the effort. Policy recommendations will be made based on the findings.

Appendix D: Neighbourhood Improvement and Housing Resources in Winnipeg

Christa Jacobucci, Institute of Urban Studies

Presently neighbourhoods within Winnipeg have the potential to receive funding from a number of different sources and programs. Following is a description of such funding sources.

WHHI

The Winnipeg Housing and Homelessness Initiative (WHHI) is a program involving the federal, provincial, and municipal governments which focuses on addressing issues of homelessness, declining housing stock, and the revitalization of older neighbourhoods in Winnipeg (WEDC, 2002).
Examples of WHHI's recent funding within the target neighbourhoods:

- Operation Go Home received $383,000 to continue on providing outreach services to homeless and **at-risk youth** (HRDC, 2002).

- The University of Winnipeg, within the Spence neighbourhood, received $432,000 towards the construction of safe and affordable **student housing** (CMHC, 2002).

- Housing Opportunities Partnership (HOP) received over $200,000 to increase access to home ownership for **low and moderate income** families in the inner city (HRDC, 2001).

- The neighbourhood of West Broadway, along with William Whyte and Lord Selkirk received in combination over $638,000 to fund three housing projects, and an additional $218,000 to deal with **youth homelessness** (City of Winnipeg, 2002A).

Winnipeg Development Agreement

In 1995 the Winnipeg Development Agreement was initiated with the intent of making Winnipeg a better place, not only to live and work, but also to visit. In order to achieve this goal all three levels of government agreed to pool $75 million over the following five years. This fund would then be used to finance Community Development and Security, Labour Force Development, and Strategic and Sectoral Investments (WDA, ND: 1).
Examples of the Winnipeg Development Agreement's recent funding within the target neighbourhoods:

- PLUTO (Please Let Us Take Off) Program received $210,000 to support its **mentoring program** in the inner city (WDA, ND).
- The Spence Housing Rehabilitation Initiative received $569,000 to help

finance improving the neighbourhood's housing stock (WDA, ND).

The following community organizations received funding (WDA, ND):

- **Pregnancy Distress family Support** Services received $8,350.
- The Laurel Centre received $20,000.
- Ma Mawi Wi Chi Itata Centre received $99,900.
- West Broadway Revitalization received $200,000 to finance the Westminister Housing Society Inc.'s renovation of properties to provide rental units to low income residents (WDA, ND).

Neighbourhoods Alive!
Neighbourhoods Alive! is an initiative run by the province of Manitoba. Its focus is on the revitalization of neighbourhoods through community based efforts. This includes programs and services in the area of the Neighbourhood Renewal Fund; Housing; Training, Education, and Employment; Safety and Crime Prevention; Recreation; and Community Economic Development (Intergovernmental Affairs, 2002).
Examples of Neighbourhoods Alive!'s recent funding within the target neighbourhoods:

- JobWorks received $100,000 to be used for renovations to its **Youth Builder** facility in the Spence neighbourhood which accommodates its young construction trainees (MB Government, Feb. 25, 2002).
- Housing Concerns Group of Winnipeg Inc. received $30,000 in the West Broadway neighbourhood to be used for its **Odd Jobs for Kids** program (MB Government, Feb. 25, 2002).
- West Broadway Development Corporation receives $75,000 annually to continue its important community leadership (MB Government, Feb. 22, 2002).
- Spence Neighbourhood Association receives $75,000 annually to continue its revitalization efforts in the Spence neighbourhood (MB Government, Feb. 22, 2002).
- Winnipeg Housing Rehabilitation Corp. received $10,000 for its Housing Resources Training Initiative involving organizations in the area of Spence,

West Broadway, and the North End (MB Government, Dec. 19, 2001).

- West Broadway Development Corporation received $100,044 for its Yo**uth Builders Training program** which focuses on providing unemployed youth with academic upgrading and housing renovation training (MB Government, Dec. 19, 2001).

- Art from the Hearth which is organized by the St. Matthew's-Maryland Community Ministry received $3,500 to provide the opportunity for low income artists to show and sell their work (MB Government, Dec. 12, 2001).

- West Broadway Development Corporation received $35,000 for its Greening West Broadway initiative (MB Government, Oct. 15, 2001).

- West End Development Corporation received $7,800 for the St.Matthew's/Daniel MacIntyre Community Needs Assessment (MB Government, Oct. 15, 2001).

- Stages, a West Broadway based project received approximately $6,100 for its developmental phase (MB Government, April 2, 2001).

- Tenant Landlord Co-operation Program based in the West Broadway area received $20,000 to cover operational costs, staffing, and benefits (MB Government, April 2, 2001).

- West Broadway Neighbourhood Housing Plan received approximately $30,000 to cover its comprehensive housing plan (MB Government, April 2, 2001).

- **Art City** Inc., located in the West Broadway neighbourhood received approximately $6,000 to replace its roof (MB Government, April 2, 2001).

- The West Broadway Drop-In Job Search received approximately $10,800 to help people in the midst of seeking employment (MB Government, April 2, 2001).

- The West Broadway Lighting project received approximately $5,000 towards its development with the ultimate goal of addressing safety issues and improving the neighbourhoods attractiveness (MB Government, April 2, 2001).

- Crossways in Common, in the West Broadway neighbourhood, received approximately $100,000 for its basement renovations to provide space for programs in nutrition, education, and recreation (MB Government, March 5, 2001).

- Art City, which is administered through the West Broadway Renewal corporation, received approximately $3,200 to improve the exterior of the building (MB Government, March 5, 2001).

- West Broadway's community based newspaper, Broadway Broadcaster received approximately $4,100 to finance the production and distribution of two issues of the paper (MB Government, March 5, 2001).

- The Spence Revitalization Strategy received approximately $2,700 to fund the implementation of the Spence Neighbourhood organization project (MB Government, March 5, 2001).

Core Area Initiative

The Core Area Initiative began in 1981 and continued on until 1992 as a tripartite agreement between the province and city. Over the years the Core Area Initiative developed programs focused on the revitalization of Winnipeg's inner city and better economic opportunities for residents who reside in the inner city (WEDC, 2002). Examples of some of the Core Area Initiative's funding within the target neighbourhoods:

1.

- St. Matthews-Maryland Safe House Inc. received $8,900 to provide **recreational services to St.Matthews and Maryland area children after school** and in the early evening. They also received $15,000 to make renovations to its community facility (CAI, 1991).

- St.Matthews Kids Korner received $4,000 to allow **inner city children the opportunity for a train ride on the Prairie Dog Central**. They also received $2,188 to renovate their day care facility (CAI, 1991).

- The West Broadway Family Centre received $34,947 to fund their **day care services.** The next year they received an additional $35,000 (CAI, 1991).

- The West Broadway Youth Outreach program received $6,136 to provide **recreational and social activities to West Broadway youth**. The following year they received an additional $5,000 (CAI, 1991).

- The West End Cultural Centre in the Spence neighbourhood received $70,000 to insulate sound and heat and make structural and electrical upgrades (CAI, 1991).

City of Winnipeg

The City of Winnipeg funds may programs and services in accordance with both the Province of Manitoba and the Government of Canada, however; the city also funds programs on their own. The following is a brief description of some of the programs the city has developed and fund:

The *Housing Investment Reserve Fund* allows the city to support housing initiatives. In 2000, $2 million was invested in this fund with an additional $5 million to be added over a four year period (City of Winnipeg, 2000A). This fund will be used to finance:

- *Neighbourhood Housing Plans and Advocacy*: approximately $30,000 will be used to produce and activate Neighbourhood Housing Plans with the potential of also providing training and support to home owners and renters (City of Winnipeg, 2000A).

- *Municipal Cost Offsets*: in specific neighbourhoods a maximum of $5,000 per unit is available to help residents fund renovations and upgrades they make to their dwellings (City of Winnipeg, 2000A).

- *Housing Revitalization*: provides grants of a maximum of $5,000 per unit to help alleviate some of the costs involved with planning, design and site preparation of housing projects that are consistent with the approved Neighbourhood Housing Plan (City of Winnipeg, 2000A: 3).

- *Minimum Home Repair*: provides up to $3,000 per unit to finance repairs to prevent dwellings from being vacated (City of Winnipeg, 2000A).

- *Home Renovation Tax Assistance Program*: developed to aid in the renovation of residential dwellings through the availability of property tax credits. A maximum investment of $10,000 allows the resident to be eligible for a total of $1,500 in total tax credits, with an annual tax credit of $500 (City of Winnipeg, 2002B).

Other City of Winnipeg services include:

- *Neighbourhood Improvement Support*: available to neighbourhoods that provide and administer a planning process in which individuals with neighbourhood ties have the option to participate in improvement projects and initiatives partnered with the city, which allocate resources and provide grants (City of Winnipeg, 2002C).

Heritage Building Designation and Granting: allows the public to have a

building designated as historical, in addition to providing grants and tax credits to act as incentives in the reuse of heritage buildings, and makes grants available for research and economic development in the field of heritage building asset service (City of Winnipeg, 2002C).

- *Community Development, Consultation & Facilitation*: deals with:

> planning related to the implementation of targeted programs, as well as neighbourhood management, suburban and downtown developments, development applications, BIZ zones, heritage buildings and districts, parks and open space, implementation of targeted programs and community facilities. The service includes the provision of information and advice, and liaison with other levels of government on planning and development matters, regulations, standards and processes (City of Winnipeg, 2002C: 2).

- *Manitoba/Winnipeg Community Revitalization Program (M/WCRP)*: is shared between the province and the city, which focuses on improving the Aliving conditions in specifically selected older residential neighbourhoods (City of Winnipeg, 2000B: 11).

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