

"I'm Still Hungry"

Child and Family Poverty in Ontario



A practical guide for moving from stigma to empowerment, including a review of the realities of child poverty and promising responses.

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meilleur départ**

by/par health **nexus** santé

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Disclaimer

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Introduction



Working with Families and Young Children Living in Poverty

This resource focuses on families living in poverty who have young children between the ages of 0 and 6. These families and children face many challenges as a result of living in poverty and often turn to service providers for support in the navigation of these challenges and needed services.

In order to be effective in their work, it is important for service providers to: have a broad understanding of the issues facing families living in poverty; develop an ability to see the intersections between these challenges; and reflect on what this means for their practice. To provide relevant and effective supports to families with young children living in poverty, service providers need to review examples of effective practices on an ongoing basis.

Working with families living in poverty is not easy. The needs are often complex and, at times, certain necessary services may be unavailable. This can be difficult for service providers who want to make a difference in the lives of families. Service providers can have a profound positive impact on children's healthy development, as well as improving family well-being. To be effective in their roles, it is important that service providers care for themselves, as well as consider creative solutions to the pressing problems of families living in poverty.

Purpose

This manual provides an overview of the rates of child poverty and of the impacts of poverty on families with young children. In addition, it shares effective strategies to reduce the rate of child poverty and the impacts of poverty for these families. The manual provides an opportunity to reflect on:

- What you know about families with young children living in poverty
- The range of services that you provide to families living in poverty
- The service provider practices that help or hinder families living in poverty
- Connections of the services to the broader systemic and policy issues
- Examples of effective strategies in programming and practice.

Development Process

This resource was developed through a review of the research and discussions with front-line service providers and topic experts, as well as focus groups with families living in poverty. By drawing on these rich sources, multiple perspectives were considered and a comprehensive resource was developed. There was a strong commonality and consistency in the key messages and recommendations across the varied references. When families, service providers, topic experts and the research are all providing similar information and messages, it gives a clear indication of how the day-to-day lives of families living in poverty can be improved.

The voices and stories of the families living in poverty and of the service providers were the most important sources of information for this resource. Families with young children living in poverty are not homogenous: in fact, they are exceptionally diverse. The participants in the focus groups reflected that diversity. The service providers involved in this report have experience working with a wide range of families who experience poverty. The focus groups with parents and key informant interviews with the service providers reflected the geographic diversity of Ontario and perspectives came from urban, rural, and remote experiences. There was strong consistency around responses and experiences, regardless of geographical location or the population.

Details of Focus Groups

Best Start Resource Centre worked with local community agencies that had positive relationships and reputations within their communities to conduct the focus groups. In addition to being well-regarded, these organizations already had established trust and rapport with families who live in poverty, ensuring that the parents in the focus groups were able to speak freely. Three focus groups were conducted with parents living in poverty who had young children. They took place in Algoma, Sharbot Lake, and Kingston.



Thirty-four parents of young children living in poverty participated in the focus groups, including five men and 29 women. In one focus group, 41 % of the participants were Aboriginal. In the other two focus groups, 22 % of the participants were Aboriginal and 9 % were ethno-racial participants. The participants varied in age, with both women and men under 20 years old, 20 to 29 years old, and over 30. Parents in the focus groups represented many aspects of poverty, including parents who were working in low-paying jobs (sometimes two or three), parents who were receiving Ontario Works (OW), and parents who were on the Ontario Disability Support Program (ODSP).

Details of Key Informant Interviews

Best Start Resource Centre conducted 21 key informant phone interviews, each approximately 45 minutes in length. The service providers were sent the interview questions in advance to allow time to prepare and reflect upon their responses.

The service providers interviewed were selected for their experience and expertise in working with families living in poverty. Most of the service providers were front-line workers and managers with a few service providers working in policy, planning, and advocacy.

Poverty impacts all areas of the lives of families and young children. As a result, they have extensive contact with a variety of services. To reflect this, a wide range of sector representation was included in the key informant interviews. The key informants worked in Aboriginal family services, child welfare, community health centres, community services, early years, family health teams, housing, mental health, public health, social assistance, social planning and social services.

The interviewees had perspectives on issues facing families receiving social assistance and other subsidies, the working poor, families that had been living in poverty for generations, families living in subsidized housing, those paying market rent, and those without housing. Slightly over one-half of the service providers worked predominantly with lone-parent families headed by women who often had experienced abuse and violence at some point in their lives. Other service providers had extensive experience working with individuals from diverse family structures. In addition, the service providers in the key informant interviews worked with young parents, immigrants, and refugees. A few of the key informants worked with Aboriginal families, on- and off-reserve.



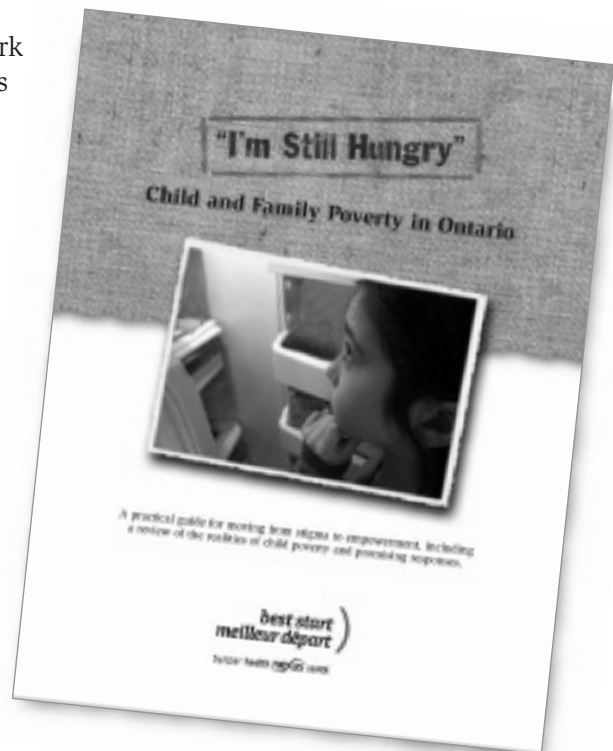
Using the Manual

This resource was written with a wide range of service providers in mind. It is intended to support front-line service providers and managers, including those who work at the community level to address the social determinants of health and those who work directly with families with young children living in poverty. Service providers and managers may work in programs that are specifically established to meet the needs of families with young children living in poverty or in programs that have families with young children living in poverty as part of their larger participant group.

This manual can be used to support training for service providers new to the field. For service providers with extensive experience, it is an opportunity to review their knowledge, ensure it is current, and to reflect on their practice – identifying areas for training and improvement. In addition, this resource can be used by a team to review and assess current services.

The resource begins by outlining the statistics on child poverty and the major implications for the lives of families with young children living in poverty. Throughout this chapter, questions are raised to encourage service providers to reflect on the influence that these realities have on their practice and ability to serve this population. The next three chapters highlight the voices of the parents and the service providers who contributed to this resource – talking about their experiences, beliefs, needs, and interactions with the systems and the services. Putting this information together creates a comprehensive and consistent picture of how systems and services can operate for optimum impact. The final chapter presents examples of services that address many of the themes brought forward by the parents and the service providers.

A list of key resources is provided at the end of the manual, including brief descriptions and links to programs, reports, networks, and initiatives of particular interest in reducing child poverty. A glossary defines many of the terms used in this resource.



The Research

This chapter provides an overview of key facts and figures relevant to working with families with children between the ages of 0 and 6 who are living in poverty. For the purpose of this resource, the understanding is that child poverty is family poverty. “Children are poor because their families are poor” (National Council of Welfare, 2007). Talking about child poverty involves reviewing statistical information about families with young children living in poverty.

This chapter presents:

- Government promises to children
- Definition of poverty
- Overview of poverty statistics
- Pathways to poverty
- Effects of poverty on young children and their families



Government Promises to Children

Child and family poverty does not occur in a policy or political vacuum. It is important to have an understanding of the governments' perspectives on child and family poverty and of how individual programs and services fit into the larger picture. Through public resolutions and the signing of international conventions, the federal government clearly acknowledges that child poverty is an issue.

In 1989, the Canadian House of Commons unanimously resolved to eliminate child poverty by the year 2000 (Conference Board of Canada, 2009; Campaign 2000, 2009). Twenty years have passed and child poverty has not been eliminated. While the rate of child poverty has fluctuated over the course of 20 years, there has not been a significant, sustained reduction. Recent statistics (2007) indicate about 1 in 10 children live in poverty (Campaign 2000, 2009).

On November 24th, 2009, the Canadian government marked the 20th anniversary of the unanimous resolution of the government to eliminate child poverty. The Canadian government acknowledged its failure to do so, reaffirmed its commitment to address child poverty, and resolved to develop an immediate plan to eliminate poverty in Canada for all (Campaign 2000, 2009).

At the same time as the unanimous resolution to eliminate child poverty, the Canadian government signed the *Convention on the Rights of the Child* (1990). In May 2002, at a UN General Assembly Special Session on Children, Canada, along with other nations, adopted a declaration and plan of action called *A World Fit for Children*. In 2004, the Canadian government created *A Canada Fit for Children* plan of action (Canadian Government, 2004).

Some important initiatives have been implemented including the Canada Child Tax Benefit and National Child Benefit Supplement for low and modest income families. Yet Canada is still 25th out of 30 Organisation for Economic Co-operation and Development (OECD) countries in the percentage of gross domestic product (GDP) spent on social spending. This means that less money is spent on benefits for families and the unemployed in Canada than in most other OECD countries (Campaign 2000, 2009). The sustained rates of child poverty indicate that the right mix of labour market solutions, public policies, and approaches to service delivery have not yet been implemented.

Program Example: Community Monitoring and Accountability

Ontario Campaign 2000 is a diverse, non-partisan network of more than 60 local and provincial groups committed to raising awareness about child and family poverty, proposing practical solutions, and holding governments to their commitments on poverty reduction.

Partners in the Ontario Campaign 2000 coalition work together to monitor and hold government accountable through the annual release of the **Ontario Report Card on Child and Family Poverty**. This report provides the latest facts on child poverty and tracks progress (or lack of) on poverty reduction. The report is used to garner media coverage and as a lobbying tool in meetings with politicians from all parties.

(Maund, 2009)

As provinces adopt a more active role in poverty reduction, important progress is being made. Ontario is a good example. The Ontario government released the document, *Breaking the Cycle: Poverty Reduction Strategy for Ontario* in December 2008 (Ontario Ministry of Children and Youth Services, 2008). This long-term strategy sets out goals, timelines and indicators for tracking progress. In April 2009, all parties in the legislature approved the Poverty Reduction Act which requires the Province of Ontario to review and set new targets every five years. To learn more about the Ontario Poverty Strategy go to www.ontario.ca/growingstronger

Opportunity to Reflect and Discuss

In 1989, Canada resolved to eliminate child poverty in Canada by the year 2000. Yet the rates of child poverty have barely decreased over two decades – why is that? What influences the rate of child poverty? What can you do in your practice to support services and policies that make a difference?

Definition of Poverty

Canada does not have an official measure of poverty but draws on several existing measures of low income that are updated annually. Child poverty rates are reported differently depending on the measure of poverty being used. Statistics Canada draws on its annual survey of incomes to define an income cut-off at which people may be said to live in “straitened circumstances” with insufficient money for basic needs. This is called the Low-Income Cut-Off (LICO) and is used by most organizations including governments, non-governmental organizations, and academic institutions as the poverty line (Canadian Council on Social Development, 2008).

Statistics Canada’s plain language definition of LICO is, “income levels at which families or persons spend 20% more than the proportion of income that the average family spends of their income on food, shelter and clothing.” The LICO is adjusted for the population, the community and the number of children in the family. For example, for a lone parent with one child in a large urban area (500,000 +), the 2007 LICO after-tax is \$21,851. This same family (lone parent and one child) in a rural area would be considered poor if their after tax income was below \$14,295 (Campaign 2000, 2009).

Another established measure of low income is the Low Income Measure (LIM). Using the LIM, a family is considered to live in poverty when their income is below 50% of median income, adjusted

for family size (Maund, 2009). The LIM has been used by the Ontario government to track child poverty, and is often used for international comparison, as it is similar to what the European Community uses to measure poverty.

The Ontario government has also tracked poverty with the newly developed Ontario Deprivation Index (ODI). The ODI, released in December 2009, is a list of items or activities considered necessary for an adequate standard of living. Those who are low-income are unlikely to be able to afford these items. The ODI is not a comprehensive list of basic needs, but is intended to distinguish between people who live in poverty and those who do not.



What items are included in the Ontario Deprivation Index?

- Do you eat fresh fruit and vegetables every day?
- Are you able to get dental care if needed?
- Do you eat meat, fish, or a vegetarian equivalent at least every other day?
- Are you able to replace or repair broken or damaged appliances such as a vacuum or a toaster?
- Do you have appropriate clothes for job interviews?
- Are you able to get around your community, either by having a car, by taking the bus, or using an equivalent mode of transportation?
- Are you able to have friends or family over for a meal at least once a month?
- Is your house or apartment free of pests, such as cockroaches?
- Are you able to buy some small gifts for family or friends at least once a year?
- Do you have a hobby or leisure activity?

www.statcan.gc.ca/imdb-bmdi/instrument/5161_Q1_V1-eng.pdf

Recent research talks about social exclusion and inclusion as the best ways of defining poverty (Kersetter, 2009). Poverty is not just about very low income but also about whether people can participate in a meaningful way in the society around them. Participants in the focus groups talked about their feelings of social isolation and inability to be engaged in the community as a result of living in poverty.

Opportunity to Reflect and Discuss

- Canada does not have an “official” definition of poverty. Low-Income Cut-Off (LICO) and Low Income Measure (LIM) are the two measurements commonly used to determine the poverty line. What are the challenges to eliminating poverty without an “official” definition?
- After reviewing the new Ontario Deprivation Index, which of the measurements captures your clients’ experiences with poverty?
- How do you, your organization, and the clients that you serve define poverty?

Overview of Poverty Statistics

The Canadian and Ontario statistics provide a very general overview of poverty at the national and provincial levels. There are regional, municipal, and demographic differences within the Ontario poverty rates. For example, Aboriginal children have higher than average child poverty rates. Detailed local statistics assist service providers in gaining an accurate picture of the local face of poverty.

The most recent statistics on poverty are from 2007, when Ontario was experiencing strong economic growth. The statistics do not take into account the 2008 global economic downturn which had a significant impact on Canada, especially Ontario (Maund, 2009).

Canada

In 2007, about 1 in 10 or 637,000 children under 18 lived in poverty. This is the equivalent of a city with the population of Mississauga.

(National Council on Welfare, 2007)

In 1989, about 790,000 children, or 12.9%, were living in poverty. This number did not decrease substantially despite the economic growth that began in 1998.

(Maund, 2009)

Families often move in and out of poverty. From 2002 to 2007, approximately 1.4 million Canadian children lived in poverty. The majority of the children lived in poverty for at least one year, while a small number lived in poverty throughout this period.

(National Council of Welfare, 2007)

The rates of child poverty in North America are high compared to other developed countries.

(The Canadian Council on Social Development, 2008)

Ontario

In 2007, 11.7% of Ontario's children lived in poverty based on Low Income Measure after Tax.

Almost 6% of Ontario children lived far below the poverty line.

(Maund, 2009)

Opportunity to Reflect and Discuss

- What can be learned from the fact that child poverty rates decreased minimally during a period of unprecedented economic growth?
- Statistics provide one aspect of the poverty story. What other factors do you need to consider when developing a comprehensive picture of the experience of poverty in your community?

Poverty Rates are Higher in Certain Populations

The face of poverty is not homogenous. Some populations have a higher risk of poverty than others (Ontario Association of Food Banks, 2008B).

In Ontario, the highest rates of poverty are seen among people with disabilities, Aboriginal populations, lone parents, and new Canadians (Maund, 2009; Provincial Working Group of Nipissing District, 2008; Ontario Association of Food Banks, 2008; Children's Aid Society of Toronto, 2008). In addition, children living in remote communities and children in the child welfare system are also more likely to experience poverty (Canadian Government, 2004).

While children living in remote communities are more likely to live in poverty, the Greater Toronto Area (GTA) has the highest rate of child poverty in Ontario. Fifty per cent of children living in poverty live in the Greater Toronto Area (Maund, 2009; Children's Aid Society of Toronto, 2008).

Family Status

Most low-income children live in two-parent families

While there are higher rates of poverty in single-parent families, 54.2% of low-income children live in two-parent families.

Lone parent families are at higher risk of living in poverty

Nearly 4 in 10 (38.6%) low-income children live in a family led by a female lone parent.

(National Council on Welfare, 2007)

Diverse Communities in Ontario

Recent Immigrant Families

Children in families who moved to Canada in the past five years experience the highest poverty rates. Almost one in every two recent immigrant children lives in poverty.

Children with Disabilities

More than 1 in 4 (27%) children with disabilities live in low-income families.

Children of Aboriginal Identity

About 1 in 3 (30%) children of Aboriginal identity live in a low-income family.

(Maund, 2009)

Opportunity to Reflect and Discuss

- The risk of poverty is not equal. Significant disparities exist based on gender, region, disability status, ethno-racial identity, length of time in Canada, and indigenous status.
- Given the above, how should this inform and impact your programs, service delivery and policies?
- When planning your services and programs how can you take into account the disparities in the risk of poverty?



“A job is not a guaranteed pathway out of poverty.”

(Service Provider)

“I have two jobs that are temporary, yet can’t provide for my children.”

(Parent living in poverty)

The myth that most people who are poor are not working and are on welfare is not supported by the statistics. Many families are juggling the challenge of raising children, working in precarious (not guaranteed or stable) employment, and have the additional burden of living in poverty.

A lone mother explains the reality of living on a low-wage, “So many parents work long hours at low-paying jobs just to make ends meet, but no matter how hard they work, or how many hours they put in, there is still not enough money to pay the rent AND feed the family at the end of the month.” (Provincial Working Group of Nipissing District, 2008)

Working full-time at minimum wage does not provide enough income to raise a family above the poverty line. At no point during the past 10 years has a person working full-time earning minimum



wage been able to reach the LICO (Provincial Working Group of Nipissing District, 2008). More than one in three (34%) children living in poverty in Ontario lived in a family in which at least one parent was working the equivalent of a full-time, full-year job (Maund, 2009). Even working full time, these parents were not able to lift their families out of poverty.

This problem is compounded for women who continue to experience an income gap, earning 70 cents for every dollar paid to men, while spending a disproportionate amount of time in unpaid work related to child and elder care and other household responsibilities (Ontario Association of Food Banks, 2008; Ontario Women's Health Network, 2005).

Opportunity to Reflect and Discuss

Thirty-four per cent of all children whose families are low-income, have at least one person is working. What are the implications for the services you provide? What does this indicate about the labour market?

Social assistance benefit rates provide emergency incomes that are far below the poverty line. Families receiving social assistance, whether through Ontario Works or the Ontario Disability Support Program, live below the poverty line. This means they are unable to meet their basic needs of food, shelter, and clothing.

Lower income, as reflected in the rate of poverty, affects families and children in a variety of ways. In addition to looking at the rates of poverty, it is important to look at the gap between the rich and poor which also has an adverse impact on families living in poverty. The gap between the rich and poor in Canada has grown at a faster rate than in any other OECD country, except Germany, in the last ten years (Campaign 2000, 2009; Canadian Policy Research Network, 2007). This is a clear indication that the benefits of the recent economic growth were not distributed equitably (Kersetter, 2009). As a result there is an increasing disparity between those in poverty and the rest of society (Provincial Working Group of Nipissing District, 2008; Organisation for Economic Co-operation and Development, 2008).

This widening gap contributes to social exclusion. For families living in poverty, lack of discretionary income limits active participation in the community. For children this means limited opportunities to play sports or pursue music, drama, or other cultural activities. Children living in families with low incomes often live marginalized lives within their communities because family budgets are tight and parents juggle limited funds to pay rent and buy food, clothing, transportation, and other necessities for their children (Children's Aid Society of Toronto, 2008). While some local community services raise money to provide affordable activities for children, individual low-income families may not have the extra income to pay for these valuable experiences.

Statistics only tell one aspect of the story of families with young children living in poverty. They do not provide insight into the reality and experience of families living in poverty. To get the more comprehensive and in-depth picture it is necessary to:

- Talk to families and children who have first-hand experience living in poverty
- Connect with service providers in diverse sectors who are addressing and providing services to families and children living in poverty

The following chapters present those perceptions in detail.

Pathways to Poverty



“It is important to really recognize [that living in poverty] is a hard place to get out of. It is a very hard systemic ingrained issue to get out of. I have seen the mentality of blaming the poor.”

(Service Provider)

As service providers, it is important to become informed about and reflect on the reasons why families with young children are poor and to consider the underlying factors when reviewing practice and service delivery approaches. According to the Honourable Ontario Chief Justice McMurtry (2007), “the hardening of attitudes about poverty in recent years is something that all of us with access to public opinion must struggle to counter.” The public may feel overwhelmed and may tend to blame those living in poverty for their circumstances. In the other sections of this resource, professionals and families discuss their experiences of victim blaming. Service providers need to challenge themselves to look beyond the apparent individual causes and factor in the systemic causes. The research and the statistics do not support blaming families for living in poverty. The statistics reveal that in families that face barriers of systemic discrimination, child poverty rates are disproportionately high (Maund, 2009).

According to a judgement expressed by Madame Justice Joan Lax of Ontario, “It is well recognized today that the economic condition of poverty is inextricably linked with despair and homelessness. We who lead more privileged lives have great difficulty understanding how overwhelmingly disheartening and lonely [the struggle for daily living for the poor] can be. We must remember that people don’t choose to be poor and they don’t want to be poor. Unwritten histories of neglect, abuse, malnutrition, early childhood disadvantage and discrimination underlie the circumstances of those whom many seem to want to exclude from the human community.”

There is no single cause for family poverty. Poverty in families and young children is due to a complex mix of individual and institutional sources (Ontario Association of Food Banks, 2008B). According to the report, *The Cost of Poverty: An Analysis of Economic Costs of Poverty in Ontario*, institutional barriers such as the social assistance system, the skills and credential recognition policies for new immigrants, as well as cultural barriers are powerful impediments.





Individual challenges which might lead to families living in poverty include lower skills, education, or literacy.

As the report presents the situation, “The causes and effects of poverty are known to interact. That is why poor children, for example, have a greater chance of being poor in later life than children who grow up in more affluent households. Where the economic roots of poverty show up in low levels of literacy, skills and educational attainment – all of which impede productivity and the ability to earn income – growing up poor can deprive children of the nourishment, health and family resources that enable learning, and of the sense of self-esteem

needed to succeed in school. Layered on top of these family-based roots of poverty are a variety of systemic and institutional obstacles that help to keep many people poor. These range from the rigid rules and punitive tax-back rates built into the welfare system itself to outmoded and counterproductive government policies that exacerbate alienation and anomie, [particularly] among Aboriginal Canadians.”

For Dilworth (2006), societal systems often compound or increase the challenges for families living in poverty. For example, there are decreased opportunities for families living in poverty in the educational systems and the labour market. These challenges are compounded by the lack of services and supports such as reliable, affordable child care, and adequate housing and health care.

According to John Stapleton (2009), other contributors to the rates of poverty are the restrictive rules which prevent people with low-incomes from having an economic cushion. For example, there are harsh asset tests which limit eligibility to benefits such as Ontario Works, disability supports, housing and legal aids, when people have liquid assets above established thresholds. This pushes people into deep poverty and strips them of the buffer that enables them to get and stay out of poverty. Welfare rates and ODSP are not enough to meet basic needs, making it impossible for families to save for a house or to increase their standard of living. As Stapleton notes “climbing out of destitution takes time and money.”

UNICEF Canada, in the 2009 report *Aboriginal Children’s Health: Leaving No Child Behind. Canadian Supplement to the State of the World’s Children*, reminds us that the rate of Aboriginal poverty is a direct result of decades of policies that removed children from their families and perpetuated disparity, generation after generation. According to Cindy Blackstock (2005), policies of assimilation and colonization have shaped Aboriginal children’s lives. Structural discrimination is embedded in government policies and is directly linked to the high rate of Aboriginal child poverty and the high incidence of negative impact for Aboriginal families and children living in poverty.

Along with institutional and individual factors which contribute to families with young children living in poverty, there is also the economic context in which there is increased loss of jobs in an economic recession. Also, a higher income is needed to stay out of poverty as the cost of meeting basic needs such as food, shelter, utilities, and transportation increases substantially and continues to rise.

Opportunity to Reflect and Discuss

- The causes of poverty are complex and include systemic as well as individual factors. The risk of being impoverished in Ontario is not governed by chance in which everyone has an equal probability of living in poverty. What influences the risks of living in poverty?
- Understanding families' pathways to poverty is critical in developing effective programs, services, and policies to reduce the rate of poverty and the impact of living in poverty. How can information about local pathways to poverty influence your services?
- Review your internal assumptions and beliefs about why families live in poverty and see if they are congruent with the statistical information and other explanations provided in this chapter. Do people in your community feel the primary causes of poverty are related to individual factors, to societal factors, or a combination of both? What does this mean for local services?

Effects of Poverty on Families and Young Children

Families provide the most significant influence on a child's development. Parents strive to meet their children's basic needs and to teach their children the skills, values, and attitudes which enable them to participate fully in society, and foster their self-esteem (Canadian Council on Social Development, 2006). A family's ability to do this is severely compromised by the reality of living in poverty. The UNICEF report, *Child Poverty in Rich Countries*, concludes that the rate of child poverty is the most important indicator of child well-being (UNICEF, 2005).

Poverty has an impact on many aspects of families' lives. In addition, the effects of poverty on families' lives interact with each other and magnify the consequences and/or result in additional consequences.



“A young homeless mother who has no residence loses the baby if she doesn't get housing, but no one wants to rent to her. Everything seems to overlap.”

(Service Provider)

Some potential results of living in poverty, particularly persistent poverty, include:

- Inability to meet basic needs such as housing, food, and clothing
- Poor health outcomes (physical and mental) for all family members including the children's future health outcomes as adults
- Increased stress and strain for the family which impacts physical and mental health and family dynamics
- Eroded relationships among family members due to material deprivation
- Decreased human development, including early child development
- Higher risk of behaviour disorders in children

- Increased risk of learning difficulties for children, underachievement at school, and lower levels of educational attainment
- Decreased accessibility of services
- Decreased involvement and engagement in community life
- Reduced future income for children which results in adult poverty, particularly persistent adult poverty

(Conference Board of Canada, 2009; Community Social Planning Council of Toronto et al., 2009; Ontario Association of Food Banks, 2008B; Singer, 2003; Irwin, et al., 2007; Séguin, et al., 2007; Canadian Council on Social Development, 2006; Letourneau, et al., 2005; Canadian Institute of Child Health, 2001)

Opportunity to Reflect and Discuss

- Child poverty rates remain the single most telling indicator of a child's well-being. In what ways does poverty impact the children that you work with?
- Families are the most significant influence on a child's development. How does your program support and enable families to have a positive influence regardless of the fact the family is living in poverty?
- Poverty impacts families and young children in a variety of ways. How does your program address these consequences, or reduce the possibility of negative consequences, or both?
- When the issue is framed as "child poverty" instead of "family and child poverty," aspects of the issues are potentially missed. What services can you offer that help both the child and the family? How can you connect the child and family to services that make a difference?

Inability to Meet Basic Needs



"You are dealing with survival – how you put food on table, roof over your head, living with basic chronic stress, and trying to meet your kids' needs, both basic and others."

(Service Provider)

Basic needs are defined as food, shelter, and clothing. Families living in poverty lack the ability to purchase and meet these basic needs. They lack financial resources and the ability to secure funds. While supports and services have been developed to try and meet the gaps often caused by lack of money, families still lack needed supports for the following reasons:

- There are not enough services
- The services aren't available enough
- The services do not adequately meet the basic need



“We have to acknowledge that, in parts of this province, there is real hunger where parents will skip meals to be able to feed children and nutrition is often compromised.”

(Service Provider)

Access to safe and nutritious food is exceptionally important to healthy child development. Food security exists, to paraphrase the Food and Agriculture Organization’s internationally recognized definition, “when all children, all the time, have the physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” (Melchior et al., 2009; Canadian Council on Social Development, 2008). Food security is compromised when families do not have enough income to meet this basic need. Food insecurity has negative consequences for children’s physical development, and may result in behavioural and developmental problems (Melchior et al., 2009).

About 330,000 people, roughly the population of Windsor, turn to food banks every month in Ontario (Ontario Association of Food Banks, 2008B). McIntyre et al. (2000), using the *National Longitudinal Study of Children and Youth*, reported that hunger was experienced by 1.2% of the families in the survey, representing 57,000 Canadian families in 1994. Single-parent families, families relying on social assistance, and off-reserve Aboriginal families were over represented among those experiencing hunger. Hunger also coexisted with the mother’s poor health and activity limitation, as well as poor child health. Parents offset the needs of their children by depriving themselves of food. Twenty-one per cent of parents living in poverty ate less or skipped meals (Community Social Planning Council of Toronto et al., 2009). Parents comment that the food is only for the children, or that they eat what is left over on the children’s plates.

Since 1989, there has been a steady increase in the number of Canadians using food banks. Sixty per cent of all households served by food banks were single parent or two parent households as opposed to single person households (Ontario Association of Food Banks, 2008B). Over 17% of food bank users reported that employment earnings are their major source of income. One in four adults accessing Ontario food banks was employed (Ontario Association of Food Banks, 2008B). The Campaign 2000, 2009 *Report Card on Poverty in Ontario* indicated that the number of children relying on Ontario food banks each month increased from 97,390 in 2000, to 118,160 in 2008, a 20% increase over eight years (Maund, 2009). While food banks meet critical needs of families, it is important to also consider food security in a broader sense, including both short-term and longer term solutions.



Program Example: Advocacy Campaign to Address Food Security

In 2009 the Social Planning Network of Ontario, in partnership with the Association of Local Public Health Agencies (alPHA), launched an Ontario-wide campaign for a **Healthy Food Supplement**. They called for the immediate introduction of a \$100 monthly supplement to the basic needs allowance for all adults receiving social assistance. The Supplement would serve as a first step in closing the monthly gap of food deficiency, while reducing the negative health effects of poverty.

The **Put Food in the Budget** campaign included the following strategies:

- Meetings with various government representatives
- A **Put Food in the Budget** petition which called on the Ontario government to create a hundred dollar monthly Healthy Food Supplement for all adults on social assistance
- A You Tube video
- A **Do The Math Survey** to document the insufficient resources to meet food needs

(Poverty Watch Ontario, 2009)

Lack of food security requires more than a community solution. While food banks were established as an emergency service, they are also struggling to meet the growing demand related to food security issues. The Ontario Association of Food Banks report (2008B) notes, “One in five food banks does not have enough food to meet the needs of those they serve. We have also surpassed the threshold by which a community can provide enough food donations to support their local food bank. One quarter of food banks in Ontario receive more than a third of their food from outside their community.”

In addition, while food banks are working to meet increasing needs, staff and clients comment about limited access to the food banks and that food banks cannot provide for the full nutritional needs of their clients (Ontario Association of Food Banks, 2008B).

Melchior et al. (2009) reports that food insecurity is frequent for families with young children, and this rate increases if the mother experiences mental health problems. Melchior et al. found that more than two thirds of mothers from persistently food insecure families experienced a mental health problem or domestic violence. Interventions need to look beyond providing food, for ways to improve mothers’ mental health and to combat domestic violence.

For current information about:

- The Special Diet Allowance for Ontario social assistance recipients who require a special diet as a result of an approved medical condition
- The Pregnancy/Breast-Feeding Nutritional Allowance for Ontario social assistance recipients to help cover the costs of additional food and nutritional supplements associated with pregnancy or breastfeeding

Go to: www.mcass.gov.on.ca/en/mcass/programs/social/directives/directives/OWDirectives/6_1_OW_Directives.aspx

Opportunity to Reflect and Discuss

- Food insecurity negatively impacts children's physical development and behaviour. What are some of the consequences that you see in your services?
- The number of families and children using food banks and with unmet core housing needs has increased. How can your programs ensure the benefits get shared during economic good times and that a buffer is provided during economic downturns?
- Children going hungry means parents are going hungry – how does that impact parents' ability to cope and function?

Affordable Housing



“Appropriate housing is the biggest thing – that is much bigger than a physical place to live. Housing that is appropriate for a family has supports available if they are needed, is safe, and is close to parks and schools.”

(Service Provider)

For families to become established in communities and have space to tackle the challenges of living in poverty, they need to have secure housing. Acceptable housing is defined by the Canada Mortgage and Housing Corporation as, “a dwelling that does not require major repairs, is suitable in size and make-up for the family, and costs less than 30% of before-tax household income.” If a family does not have shelter that meets these standards, they are considered to have core housing needs.

According to Campaign 2000, most low income families live in private rental or social housing. Forty-five per cent of Ontario tenants are living in unaffordable housing where they spend 30% or more of their income on housing. Core housing needs for couples with children decreased slightly between 2001 and 2006, but increased substantially for lone-parent families (Maund, 2009). Marginalized groups such as lone-parent households and Aboriginal families living off-reserve are at higher risk of not having their core housing needs met (Provincial Working Group of Nipissing District, 2008; Canadian Council on Social Development, 2006).

In 2006, the United Nations declared housing and homelessness a “national emergency” in Canada. According to the Ontario Association of Food Banks report (2008B), there continues to be a significant and persistent demand for affordable housing, yet Canada is one of the only countries that still has not established a national housing strategy (Campaign 2000, 2009). Housing affordability can be seen as a contributing factor to high rates of poverty (Canadian Council on Social Development, 2008) and it also has other negative consequences on the lives of families.



“Housing units are only two bedroom apartments and families have 3 or 4 children of different genders. This becomes a concern for a proper setting for the family with the proper space.”

(Service Provider)

“Many of the families are under-housed or do not have safe housing. So they are exposed to violence. Or because of their housing conditions, they are exposed to mould or second-hand smoke from drugs and cigarettes due to the apartment building. There are long waiting lists for families to secure public housing; many of the families are paying market rent but only receiving wages that accommodate public housing.”

(Service Provider)

Lack of affordable and adequate family housing has consequences for many aspects of their lives. Inadequate housing may be located in high-risk neighbourhoods which have less access to quality services, infrastructure, and vibrant communities, compared to housing in more secure locations (Dilworth, 2006). In addition, families living in inadequate housing or unable to afford their housing are frequently on the move. When families need to move constantly and/or have no place to stay, children’s education is disrupted. Most children change schools three times in the year they become homeless (Children’s Aid Society of Toronto, 2008). When families are constantly moving, it is challenging for agencies to provide the necessary services and build trust and rapport. It is much easier for families to fall through the cracks.



Program Example: Community Solutions to Supportive Housing

Young Parents No Fixed Address (YPNFA) is a network of agencies and organizations dedicated to building strong community partnerships to address the challenges for homeless/street involved, pregnant, and parenting youth and their children. The network began in 1997 and has responded to many barriers faced by young families, through numerous initiatives including the following two examples.

- **1900 Sheppard – a community for young mothers** is a YPNFA initiative that addresses the complex needs of young parents. Managed by Humewood House in cooperation with Toronto Community Housing Corporation, this program offers one or two bedroom apartments for young mothers and their children with on-site programming and supports, including a young parent resource centre. This project grew out of the network's recognition that there is a need for a range of housing options for young parents that include parenting, education, and other supports. Twenty-seven young families are housed at 1900 Sheppard and can access a donation room, food bank, and children's play area. Regular programs are offered for the tenants and young families in the community.
- Another innovative program developed by YPNFA is the **Respite Care Program**, run by the June Callwood Centre for Women and Families, which offers overnight respite care. Generally placements are from three to five days, but in emergency situations, longer placements can be arranged. This allows young parents to have a weekend off, search for housing, obtain medical care, or move. Often young parents have no child care alternatives.

Affordable housing is an effective way to address high rates of poverty and to have a positive impact on families living in poverty. According to Canadian Council on Social Development (2006), there is evidence that clearly links adequate housing with healthy child development. If children have good quality, stable and affordable housing, positive impacts include improved school success, community connections, and healthier neighbourhoods. When children do not have access to good quality, stable and affordable housing, the impact is the reverse (Canadian Council on Social Development, 2006). Families with young children living in poverty struggle to secure safe, acceptable housing.

Points to Reflect and Discuss

- Lack of affordable housing negatively impacts families' health. It also affects the quality of community neighbourhoods, decreasing access to needed services and infrastructure. In your community, how can you help families access affordable housing?
- Families from marginalized communities have a higher rate of poverty and an increased rate of inadequate housing. How should this reality be factored into your organizational plans for advocating and/or providing affordable housing and housing services?

Increased Interaction with Child Protection Services



“A lot of children come into care because of poverty. Families don’t have the resources to provide the basic necessities for their children: food, clothing, and housing. Certainly the love the parents have for their children isn’t diminished, but poverty is a key factor.”

(Service Provider)

Living in poverty is stressful. There is an increased chance of interaction with child protection services as a result of the stress of poverty, which has been linked to instances of abandonment and emotional or physical abuse (Singer, 2003). Housing, discussed previously, is an example of a factor that affects interactions with child protection services. If core housing needs are not met, there is an increased risk of poor health and an increased risk of admission into the child welfare system, with the consequent dislocation and trauma (Children’s Aid Society of Toronto, 2008). Limited access to safe and affordable housing affects parents’ ability to care for their children. Lack of adequate housing was a factor in 20% of child protection cases in which children were taken into temporary care in 2000. Parents who cannot afford rent are at risk of becoming homeless and need to move regularly.

Disproportionately high numbers of First Nation children are in care. In Ontario, between 1999 and 2005, there was an increase of 164% in the number of First Nation children in Ontario going into care (Monsebraaten, 2009).

The Children’s Aid Society of Toronto (CAS-T) spends \$400,000 per year on basic emergency assistance (food, shelter, etc.) just to prevent child admissions into care, even though providing food and shelter is not part of their mandate. While this is a stopgap measure, it does recognize that poverty pushes people towards child protection services.

The CAS-T’s Community Development and Prevention Program also increases the capacity of community groups and parents to speak out and advocate for change with policy and decision makers. In addition, the CAS-T advocates for policies that address poverty and improve the lives of children.

Impact on Health and Development

Living in poverty has a negative impact on the health of family members. Poverty frequently equates to poor housing conditions, inadequate nutrition, stress as a result of the ongoing clash between trying to meet basic needs on an insufficient income, as well as financial barriers to prescription medicine and proper dental and eye care (Ontario Association of Food Banks, 2008B). This negative impact on health should not be an accepted reality. This health inequity leads to unfair and avoidable differences in health status among populations (Fang et al., 2009).

Families with health inequities have less access to nutritious food for their children, as well as increased risk of living in polluted environments. For children, particularly younger children, living in poverty increases their risk for mortality and morbidity (Séguin et al., 2007). Inadequate nutrition also increases the predisposition towards obesity (Ontario Association of Food Banks, 2008B). Children living in poverty have a higher rate of asthma due to unfavourable housing conditions, polluted environments, increased rates of smoking by parents, and increased stress, which are all related to living in poverty (Séguin et al., 2007; Canadian Institute of Child Health, 2001). In fact the stress of living in poverty can increase children's vulnerability to general health problems (Séguin et al., 2007). Dilworth (2006) found that children in low-income families are over 2.5 times more likely than children from high-income families to have problems with one or more basic abilities such as vision, hearing, speech, or mobility.

Adult members of families living in poverty have higher rates of poor health and chronic conditions such as diabetes, heart disease, chronic bronchitis, arthritis and rheumatism, mood disorders, anxiety disorders, and many other conditions (Community Social Planning Council of Toronto, et al., 2009; Ontario Association of Food Banks, 2008B). The impact of child poverty can continue to have consequences for their health status as adults. Children who were poor during their first years of life are more likely to have chronic health problems, such as cardiovascular disease (Séguin, et al., 2007).

It is important to note that poverty is a public health issue. For families living in poverty, significant concerns include inadequate nutrition, obesity, higher rates of smoking, partner abuse, dental caries, iron deficiency anaemia, and suicide.

Program Example: Breastfeeding Strategies to Improve Child Health

The World Health Organization recommends exclusive breastfeeding of infants for the first six months, with continued breastfeeding for up to 2 years or beyond. An effective strategy to reduce the negative impacts of living in poverty includes initiatives to encourage and support breastfeeding in mothers living in poverty. To learn more, refer to the document from the Collaboration of Stakeholders of Ontario entitled *Recommendations for a Provincial Breastfeeding Strategy for Ontario* listed in the References.

Breastfeeding has been referred to as “a natural safety net” because of its mediating effect on the determinants of health. Breastfeeding has a positive impact on infant health, maternal health, increases social supports and networks for the mother, supports children's cognitive development, and increases personal health practices and coping skills. The many benefits of breastfeeding help to offset the negative impacts that poverty imposes on children and their families. In addition, more of the family's income is available for other needs because infant nutrition is supplied at a low cost.

(Ontario Public Health Association, 2007)

Research consistently shows that families living in poverty have increased rates of mental health issues – in both adults and children (Helfin and Iceland, 2009; Singer, 2003; Ontario Association of Food Banks, 2008B). These mental health issues include higher rates of depression, anxiety, and other mental health problems.

Program Example: Children's Health and Development

Better Beginnings, Better Futures emphasizes the importance of taking into account a wide variety of parent, family, neighbourhood, community, and broader societal influences on children's development. The Better Beginnings project model requires each economically disadvantaged community to develop and deliver high quality programs that could be expected to produce positive child development outcomes. There were two types of models – one for children from birth to 4 years of age and the other for children from 4 to 8 years of age.

Several programs were mandated by the government funders: home visiting in the younger child sites (located in Guelph, Kingston, Ottawa, Toronto, and Walpole Island), school-based programs in the older child sites (located in Sudbury, Toronto, and Cornwall) and enriched child care programs in all project sites. Based on locally identified needs, additional programs for children and their families were provided. There was substantial variation from one site to the next in programs and emphasis, reflecting the local priorities.

Positive Impacts

Research shows that Better Beginnings, Better Futures has had a positive impact on many aspects of children's early development including: lower rates of emotional problems and increased social skills; reduced rates of smoking in the home; higher rates of breastfeeding; and improved diet for families who were part of the program. In addition, positive impacts were seen in the areas of increased quality of life in neighbourhoods with Better Beginnings through significant opportunities for parental and community involvement in the programming.

Keys to Program Success:

- Take necessary steps to ensure meaningful engagement of parents in all levels of planning and implementation, particularly on the Steering Committee and all major subcommittees.
- Allow considerable local control and flexibility to tailor the organization and its programs to local needs, balanced with clear project ground rules.
- Ensure services include programs that are focused directly on fostering all aspects of young children's development and well-being. These programs should be:
 - Continuous over a four or five year period of children's development
 - Intensive enough to provide frequent opportunities for children to acquire the skills and attitudes required for optimal development
 - Designed to include the children's parents as much as possible
 - Selected, when possible, on a solid evidence-based approach

(Peters et al., 2004)

Impact on Parenting



*“Just because I’m poor doesn’t make me a bad parent. I’ve seen some pretty damn good parenting done by low-income moms, and some pretty *%^#@! parenting done by higher income families.”*

(Parent living in poverty)

Parents play an important role in children’s development. Parents’ socio-economic background, including education and income, has a huge impact on children’s outcomes (Gutman et al., 2009). Gutman found that family income alone can not predict the quality of parenting behaviours. The Canadian Council on Social Development (2006) found that positive parenting styles were the same regardless of level of income. The quality of parenting behaviours was mediated by other factors, such as having good mental health and larger community networks. If a parent was poor and had poor mental health, this would decrease the quality of the parental interactions (Gutman et al., 2009; Letourneau et al., 2005).

Impact on Children’s Education

Poverty and the challenges associated with living in poverty can impact children’s ability to succeed at school. This may be due to the inability to concentrate because of the lack of food, frequent changing of schools due to precarious living arrangements, or as a result of increased rates of bullying compared to other children (Provincial Working Group of Nipissing District, 2008; Canadian Council on Social Development, 2006).



Parental relationships with schools are also key factors in children’s success in education. Parental involvement impacts on children’s attendance, attitude, and school achievement. Children living in poverty might be doing less well in school as a result of their parents being less engaged in the school community. Parents might be less involved because they do not feel welcome in their children’s school (Canadian Council on Social Development, 2006) or have limited time due to work constraints such as holding down several part-time jobs to make ends meet.

Program Example: Increasing School Readiness

Visits by families and children to *Parenting and Family Literacy Centres* result in a demonstrated improvement on children's school readiness and increased ability to perform in school. The children showed improved school readiness scores, according to a 2009 study by the Toronto District School Board. The study found that senior kindergarten children who attended the centres, even occasionally, were much less likely to receive a low school readiness score (Early Development Instrument) than their school peers. In fact, the study further showed that after three years of schooling – Junior Kindergarten, Senior Kindergarten and Grade 1 – students who attended a Parenting and Family Literacy Centre still demonstrated a clear advantage over their classmates, not only in reading and writing, but also in other areas such as learning skills, social skills, and school attendance. Students who attended the centres on a regular basis had a particular advantage.

(Yau, 2009)

Impact on Behaviour

Children living in poverty have higher rates of aggression, such as starting fights with their peers or family members (Dilworth, 2006). This might be as a result of the stress and insecurity of constantly moving, the lack of adequate nutrition, the lack of opportunities in general, lack of opportunities to practice social skills, lack of opportunities to participate in extracurricular activity, or general increase in levels of frustration over negative situations in which the child has no control.

Impact on Social and Community Networks



“Many of the families lack... a supportive network that they can count on... that helps support family and young children and the needs they have.”

(Service Provider)

Families living in poverty, who also live in neighbourhoods without accessible services, tend to have tenuous community and social networks due to:

- Regular address changes
- The inordinate amount of time that it takes to survive – living in poverty does not leave energy or time available to foster social connections (Stewart et al., 2008)
- The amount of stress adults are under does not facilitate the making of these connections (Provincial Working Group of Nipissing District, 2008)

This lack of networks impacts on families' ability to get ahead in life and to access needed services (Dilworth, 2006). It also increases the sense of isolation. The extent of mothers' networks impacts interactions with their infants, as mothers with fewer networks have less positive interactions with their infants (Gutman et al., 2009).

Impact on Inclusion

“A society where everyone belongs creates both the feeling and the reality of belonging, and helps each of us reach our full potential. The feeling of belonging comes through caring, cooperation, and trust. We build the feeling of belonging together. The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect. We build the reality of belonging together by engaging our society to ensure it.” (Ontario Prevention Clearinghouse, 2006)

Poverty has a negative impact on families’ and children’s sense of inclusion. It increases parents’ and children’s experience of exclusion. Poverty causes, and is a product of, social exclusion. Many families living in poverty are socially excluded because they are poor. They also face discrimination, stigma, and judgemental attitudes. This lack of inclusion can be experienced in many different ways and has a negative impact on health (Stewart et al., 2008).

Children’s ability to participate in cultural and recreational activities, such as organized sports, is severely impacted by their circumstances of living in poverty and material deprivation. There is a direct negative impact on children’s health as well as their sense of belonging (Stewart et al., 2008; Canadian Council on Social Development, 2006).

Families living in poverty often feel excluded from services. For example, some families living in poverty do not receive adequate dental services because government subsidy rates for dentists are too low. As a result, some dentists are choosing not to service families living in poverty (Provincial Working Group of Nipissing District, 2008).

Children who are poor are systematically excluded which limits opportunities for healthy development. The consequences unfold over the life span. This can be seen in children from low income families by the time they reach kindergarten, since some children are more ‘ready for school’ than others (Hertzman, 2002).

Program Example: Community Programming to Increase Inclusion

Operation Snowsuit is a community driven program offered by Renfrew County Child Poverty Action Network (CPAN). Through the community’s collective efforts, Operation Snowsuit collects gently used and new snowsuits, boots, hats, and gloves from the entire school system in Renfrew County. Bell Canada employees pick up at all locations and take the items to Giant Tiger Pembroke’s store, where the owner has donated space where items can be sorted, hung by size, and stored. Some racks were donated by another storeowner; others were custom made by a fabrication business; the steel was donated by a local steel company.

Teams of volunteers sort donations ensuring everything is clean and in good repair. The team also picks and packs special request orders. CPAN coordinates the project, including the paperwork and slips needed for packing, picks up the orders once packed, and ensures that they are delivered to the agency closest to the client.

This program gets a steady stream of donations and funds from the general public and businesses, as well as a lot of media coverage. This is truly a program in the community, by the community, for the community, ensuring that the children of the community are not left out.

www.renfrewcountycpan.ca

Impact on Children's Feelings

A child's feeling of self is impacted by their experience of poverty. A sense of self is unique to each child and is impacted by the child's resiliency. Resiliency is promoted through experiences such as positive relations and experiences in the family, community, and school. Robinson et al. (2005) noted that as a result of being poor, some children living in poverty "feel deprived, part of the 'poor group', embarrassed, hurt, picked on, inadequate and responsible." The Ontario Federation of Indian Friendship Centres (2000) conducted interviews with parents living in poverty and 100% mentioned the psychological effects of poverty on parents and children. The experience of poverty has a physical, mental, and emotional impact on children as well as their parents.

Impact on Economic Growth

Aside from the impact of poverty on families and children, there is an impact on the economy. Poverty places a heavy strain on the economy and the OECD has concluded that the failure to tackle poverty and exclusion is not only socially reprehensible, but also has dire effects on a country's ability to grow economically in the future (Conference Board of Canada, 2009).





In a report for the Ontario Association of Food Banks (2008A), it was noted that the federal and provincial governments are losing between 10.4 and 13.1 billion dollars a year due to poverty. This loss translates into a cost for every household in Ontario of between \$2,299 and \$2,895 a year. Combining both the private and social costs of poverty equals 5.5% to 6% of the Gross Domestic Product in Ontario.

Increased Impacts

Marginalized groups may experience compounded impacts from poverty. This section provides brief information about families that have higher rates of poverty. It is beyond the scope of this resource to provide in-depth information about working with specific marginalized groups that may be living in poverty. For additional information on working with these and other marginalized groups, visit www.beststart.org.

Immigrant and Refugee Families

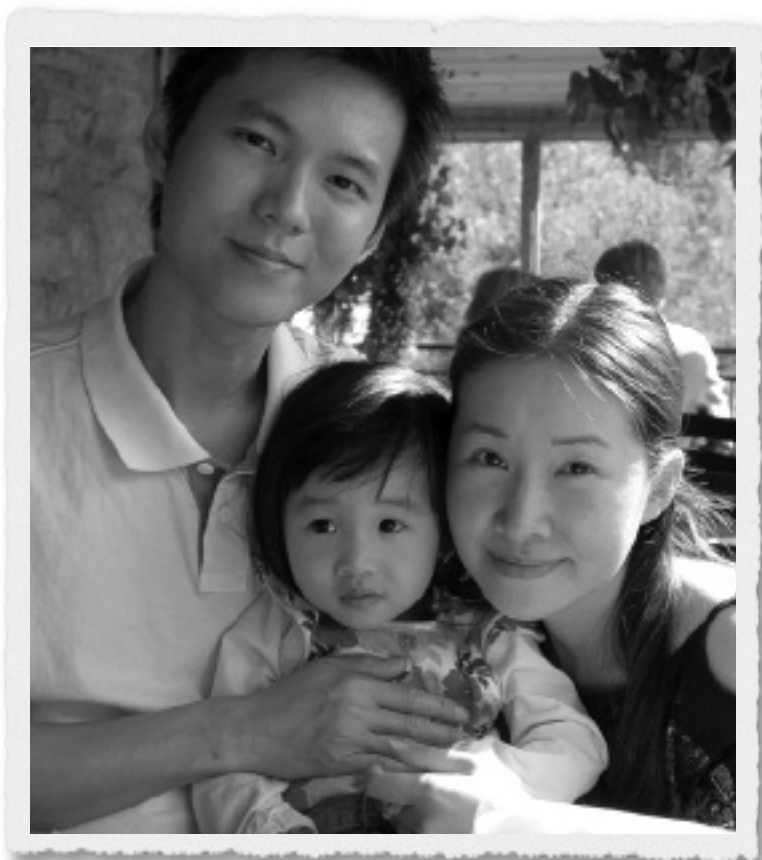
Immigrants and refugees living in poverty not only have to contend with the lack of income but also feelings of isolation and discrimination as a result of being new to the country. Immigrants and refugees often lack familiarity with the services of their new country, including the school system, health, and social services, causing increased stress. These stressors have similar negative consequences on the physical and mental health and the educational success of children (Stewart et al., 2008).

Aboriginal Families

Compared to other Canadian children, Aboriginal children face more discrimination and increased risk factors (First Nations Child and Family Caring Society, 2003). Along with the high rate of child poverty in Aboriginal communities, there is a higher than average rate of inadequate housing, increased infant mortality rates, increased rates of obesity, diabetes and other chronic diseases, as well as higher rates of mental health issues such as depression (UNICEF Canada, 2009).

Reflections

Families and children living in poverty cope with a harsh reality. Reviewing the facts and figures on the state of poverty in Canada and Ontario can be disheartening. It is important to remember that this harsh reality can be changed and everyone has a role to play (families, service providers, policy makers, governments, and communities) in making this happen. On a day-to-day basis, service providers, through the services they provide and their relationships with clients, are able to buffer the impact of poverty on individual families. This has been highlighted throughout this chapter in the boxes with the *Program Examples*. The chapter titled *Moving Forward – Reducing the Rates and Impact of Poverty* highlights many additional effective strategies for addressing child and family poverty.



Living in Poverty: Voices of Parents of Young Children

Listening to Parents



“We are human too and have not chosen this life for ourselves.”

(Parent living in poverty)

“We’re human too. Just because we have no money doesn’t change that.”

(Parent living in poverty)

“Please – I’m not a bad parent because I’m poor. I’m not sub-human or uneducated because I’m a single parent with a low income.”

(Parent living in poverty)



It all starts with listening to families and young children living in poverty. This is the first step in beginning to understand the reality of parents and young children living in poverty. To establish programs and policies that effectively address and alleviate issues facing these families, it is important to learn from their experience.

Parents vividly described the impact that living in poverty has on their families. They shared concrete solutions for improving the situation. To collectively make a difference and implement appropriate program and policy responses, all voices must be at the table, including those with lived experience, service providers, managers, researchers, policy makers, and funders. Along with a commitment to listening to diverse perspectives, the commitment needs to include taking action and initiating change. This chapter provides an opportunity to read first-hand what families living in poverty want everyone to know about their situations, including their needs and the solutions they recommend.

Challenges of Living in Poverty

In general, parents are trying to do their best for their families. Parents living with insufficient financial resources are no exception.



“I’m trying to give my kids the best, do what’s best for them.”

(Parent living in poverty)

“Parenting is the most important job there is.”

(Parent living in poverty)

Day-to-day living becomes a challenge when families are raising children on an income that doesn’t meet basic family needs such food, housing, transportation, and other costs. As one parent exclaimed when asked what was challenging about living on a limited budget, “*What isn’t!*” Families are stuck between a rock and a hard place and are being forced to make untenable choices.



“If it’s a choice between food for kids and food for mom, kids come first – mom doesn’t. I just don’t eat or I don’t eat as much as I need and I’m still hungry.”

(Parent living in poverty)

The following headings present the challenges faced by living in poverty, as described by parents:

- Managing in a precarious situation
- Inability to meet basic needs
- Lack of resources and services
- Restrictions to services and benefits
- Challenges of living in a rural area
- Stigma of living in poverty

Managing in a Precarious Situation

Parents feel stress and guilt because of the choices they need to make, how close to the edge they are living, and how this negatively impacts their children, particularly in terms of the child's sense of self. Parents feel an array of emotions from stress, to guilt, to anger, to sadness.



“Your kids come to you saying, ‘Can I have this, my friends have that.’ You’re always saying no. It makes you feel guilty. So there’s the guilt, there’s the worry, there’s the stress... There’s a lot of emotional baggage that comes with being poor.”

(Parent living in poverty)

“Like if my kid’s asking for something, and it’s just because Johnny has it, well that’s just too bad... But if it’s something that they need, then that makes me feel guilty. Not for frivolous things, but for things that they just need and you can’t provide that for them. A lot of emotional stuff is wrapped up in it.”

(Parent living in poverty)

“You feel angry — you have these children, you’re supposed to provide for them, until they’re at least 18 years old and you can’t. You feel inadequate.”

(Parent living in poverty)

“Sadness... you feel defeated. My six-year-old started to ask for something and then she stopped and said, ‘No, wait, we don’t have enough money for that right now, do we?’ Yeah, you’re right, but she shouldn’t know that at six.”

(Parent living in poverty)

The emotional impact on the parents has repercussions for the children and vice versa. The emotional impact felt by children affects the parents. For example, one parent noted that her child feels punished for being poor and then, *“parents feel frustrated and guilty.”*

Inability to meet Basic Needs

Participants identified that their basic needs include food, housing, clothing, medicine, and transportation. Without enough money, it is very challenging for families to meet these basic needs, and it remains challenging, even with access to services and resources. Often, the supports for basic needs, such as funds for clothing, transportation, or dietary needs, are limited, reduced, or not available.

Basic needs have to be met for physical development and comfort, but there is also an emotional impact. For example, many participants talked about how their children felt bad because of the type of clothes they could afford.

Challenge of meeting basic food needs

Parents found it difficult to get the food they needed for their families. They noted it was particularly challenging to provide healthy food, which is generally more expensive than junk food. This is even more difficult if a member of the family has dietary requirements as a result of a medical condition.



“Food – buying food period, and making healthier choices, when you know that pasta goes this far [gestures with hands] and your salad goes this far [gestures a smaller amount with her hands]. Especially in the last five days of the month before my next OW cheque arrives, we have a more vegetarian diet. Meat is more expensive, and so we have filler foods. We have limited fruits, limited vegetables, a lot of bread, carbohydrates. Filler food.”

(Parent living in poverty)

“Restricted diets – I’m a diabetic and my nephew is allergic to everything. Food with no sugar is more expensive than food with sugar. Go figure! And lactose free milk costs more.”

(Parent living in poverty)

“They only give \$30 for a diabetic diet. Tell me, what can you get for \$30 a month?”

(Parent living in poverty)

Access to services that provide low-cost or free food is also a challenge:



*“There’s not much in this area for access to food resource.
The food bank only allows you to get food every three months.”*

(Parent living in poverty)

*“Food bank hours of operation have been cut and there is not enough
funding to support food banks.”*

(Parent living in poverty)

Securing healthy food is much more than meeting a basic nutritional need. It affects parents’ emotional and physical well-being, keys to their ability to parent.



*“I’m trying to control my weight. If I eat healthy, I can control
my diabetes. If I’m healthy, I can take better care of my kids.”*

(Parent living in poverty)

Challenge of meeting basic housing needs

The statistics support the grim reality of lack of affordable housing. Without safe, secure housing families are put in precarious situations which impact both their physical and mental health.



*“Trying to find affordable housing. I have to be out of my place by
the end of the month. I only get \$560 for rent from welfare and
I need three rooms because I have a son and a daughter. They have
to have their own rooms. I can’t get a place because I have bad
credit and not too many references because I’m from out west.”*

(Parent living in poverty)

Challenge of meeting basic clothing needs

Getting clothes for families with young children is particularly challenging as children are constantly growing.



“They have cut all their clothing allowances.”

(Parent living in poverty)

*“Even beyond uniforms, my kids need two pairs of shoes each, and
one of them is a size 12. Where can you find a size 12 for under \$20?”*

(Parent living in poverty)

*“My son is 11 in adult clothing, and he goes through 4 outfits
a week. He has ADHD so he gets them ripped or stained. He just
destroys them.”*

(Parent living in poverty)

Challenge of meeting basic health needs

Parents who are living in poverty may be unemployed or they may have jobs. For those who are working in precarious, low-paying jobs without extended health insurance, it is very challenging to afford the necessary medications.



“That’s one advantage of being on OW, getting your prescriptions covered. But if you’re working in a low income job like I am, then you have to pay. I paid out over \$3,000 last year in prescriptions. And I just can’t afford that.”

(Parent living in poverty)

Challenge of meeting basic transportation needs

Access to transportation is not a luxury. People need to travel to be able to meet their basic needs such as buying groceries and going to school and work. Transportation is also vital to access the services that are available to support families with young children living in poverty. These needs are interrelated. For example, without transportation a family can’t get to discount grocery stores and other discount outlets as they are often at the periphery of urban centres or spread out in northern and rural areas. In addition, being able to travel is critical to being actively involved or socially included in the community. Without transportation, families become isolated. Access to transportation is affected by lack of money. Outside the urban areas transportation options may be limited, they may be expensive, or transportation may be unavailable.



“Transportation seems especially hard for single mothers like me.”

(Parent living in poverty)

“To get to a lot of services is hard for people who don’t have a vehicle, out here you need to have a car.”

(Parent living in poverty)

“Transportation is a big issue out here. They do have a transportation service but it’s for doctor appointments, dentist appointments. If you just want to go grocery shopping, because it’s so much cheaper to buy food in the city, that means it’s \$75 for me to go grocery shopping... I just cannot afford this.”

(Parent living in poverty)

Challenge of accessing extracurricular activities

The term “extracurricular activities” (recreation, arts, leisure, and community activities) implies that these activities are not necessities and they are “extras.” With young children, extracurricular activities provide the opportunity to engage and connect with friends and to build skills. They are often a key ingredient in helping children to increase their physical fitness and to explore their talents. If a child does not participate in activities, the opportunity for social interactions and to build positive relationships is limited. As a result, children living in poverty have fewer opportunities to develop and practice social skills, as well as other life skills. In addition, the children may be ridiculed for their lack of participation and isolated from their peers, which then has a negative impact on their self-esteem. While a family might be able to squeeze the resources through careful budgeting or a subsidy to participate in an activity, they still need to find the resources for transportation to get them to the activity as well as the equipment required for participation.



“I can come up with the money to put my daughter in, say, gymnastics or something for, you know, like a few weeks, but I can’t come up with the gas to get there. And then anywhere you go, like dance school or karate or something that the kid’s interested in, we have none of that here so you have to drive [50 km one way]. So you might be able to come with the money, you know, to pay for the classes for maybe a couple or few weeks, but you can’t come up with the money for gas. And then there’s the wear and tear on your vehicle.”

(Parent living in poverty)

“You always need money for trips and lunch [for school]. They’re all barriers.”

(Parent living in poverty)

Lack of Resources and Services

Being unable to buy things means dependence on the resources and services provided in communities, which often are insufficient for families living in poverty.



“Cost of living has increased, but income from Ontario Works has not.”

(Parent living in poverty)

“If your child has special needs the services are very limited, once per month if you’re lucky. What benefit is it to that kid to see them only once a month?”

(Parent living in poverty)

“There is a [service provider] that comes up... but it’s only once or twice a week, which is ridiculous, because there are so many people that need to see them people. So when they do come, there’s a huge line-up, a whole week’s worth of people waiting to see them, right?”

(Parent living in poverty)

Families noted that there was a significant decline in supports and services when their children were older than six years old.



“Once your child is school age, the supports are more difficult and the subsidies are limited.”

(Parent living in poverty)

“This whole 0 to 6 thing – there are probably more supports for kids under six but once they’re over that magic age of six, and into the school system, then it’s a whole other story.”

(Parent living in poverty)

The lack of child care was also mentioned as contributing to the difficulties of coping with poverty.

Restrictions to Services and Benefits

While not having enough money is a huge barrier to meeting basic needs, there are also barriers inherent in how services are organized. These prevent families from using the services and heighten the precarious nature of how these families must live.



“You have to be referred and then qualify [to use the transportation service].”

(Parent living in poverty)

Many parents talked about the need to have their income assessed to see if they met the eligibility requirements to access programs and services (means test), the delay in qualifying for support, the inordinate number of rules that they needed to follow, and also the need for a referral or assessment before they could access the service or benefit that they needed. These additional challenges result in negative feelings such as shame and frustration.

Restricted access to services due to the need for a referral



“It’s not helpful when you always have to have a referral for something your child needs.”

(Parent living in poverty)

“It’s really hard – when you go to access the food bank, you have to have somebody refer you, so if you’re not already in contact with one of the local service providers, you can’t have access to the food bank.”

(Parent living in poverty)

“Every time you need something, you need a referral. Like if you want to get your kid into daycare. And they give you a hard time when you’re on OW and need something.”

(Parent living in poverty)

Restrictions due to bureaucracy

Services can also be restricted through the rules that are applied and the separation of related services into silos. There is also a general lack of flexibility so that if someone does not exactly fit into the form or description, the service is not available. To the parents, it often seems that the services are not responsive to their needs.



“There are so many rules to use the transportation service. So if it’s not the right thing that you need it [the transportation service] for, and food doesn’t count, apparently... They want us to fit into this little box that matches their priorities. Well, we obviously don’t have the same priorities!”

(Parent living in poverty)

“Specific income is required to qualify (\$21,000 was mentioned). If I had that kind of money I could build my own house.”

(Parent living in poverty)

“I finally get up enough nerve to come to talk to somebody and when I get there I have to fill out a form... it’s too much.”

(Parent living in poverty)

“I no longer qualify [for social assistance]. My income hasn’t changed. Their standards have changed. So consequently I don’t qualify for a drug card. I have an asthmatic son; I have an asthmatic daughter. I also have a child with ADHD. And you know, all of these things, and I’m paying for it.”

(Parent living in poverty)

“I applied for OW... I can’t get it because my boyfriend works. But he was the only one that worked and we didn’t make enough money with just him working... We don’t qualify for anything. We were just meeting our bills every month and that’s it. You know what I mean? Like I can’t get [a referral to] the food bank, I can’t get anything, like no help with anything [because my boyfriend works]. They always say, ‘Oh, he makes too much money.’ There’s nothing for people like us. You have to have absolutely nothing at all...”

(Parent living in poverty)

“We’re given just enough to survive, but not enough to get even a half a step ahead. You’re always playing catch up. Anything you do to try to get ahead is docked from your cheque.”

(Parent living in poverty)

Challenges of Living in Rural Areas

Location has an impact on how a family experiences living in poverty. Families living in rural areas mentioned the challenges related to the lack of anonymity, the lack of services, and challenges in accessing services because of distance or cost.



“I tried to get my son into [a program] but he’s been on the waiting list for four years. He’s the only one they can’t match because we’re out here in the rural area.”

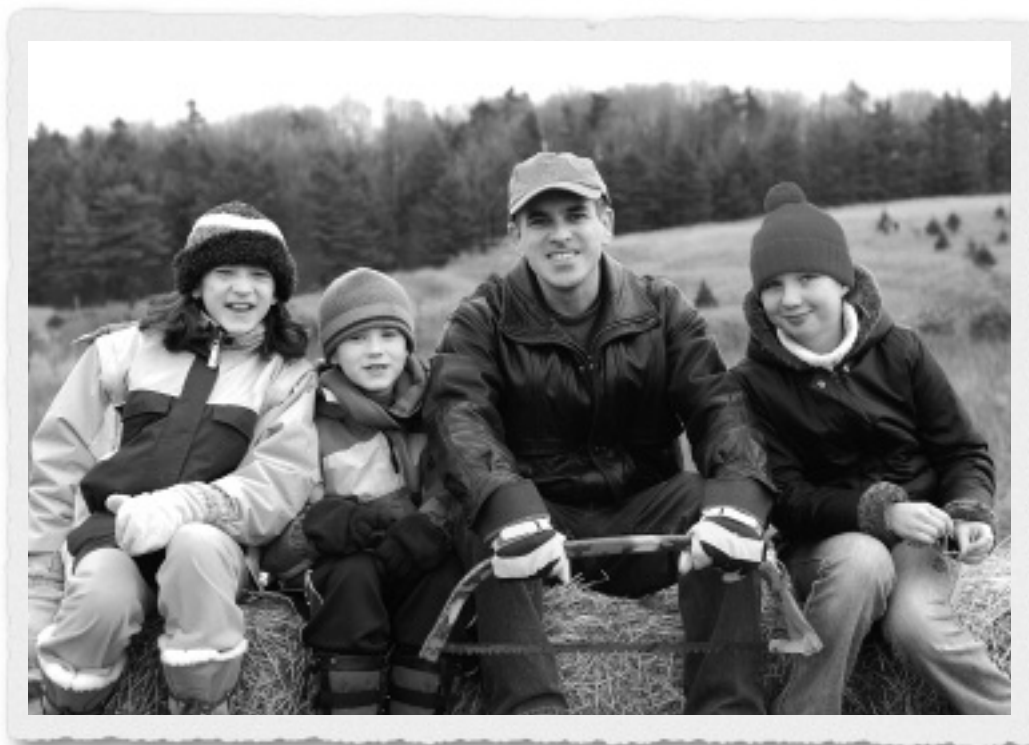
(Parent living in poverty)

“Extracurricular activities cost more in Northern communities.”

(Parent living in poverty)

“living in a small rural area where everybody knows everybody’s business. It’s a double edged sword. On the one hand, people do know your business so if something horrible happens, people will rally behind you. But on the other hand, everybody knows if you’ve gone to the post office or had a cigarette or whatever. That’s one thing that’s really different about living out here in a rural community. In the city, you’re more anonymous. You can hide a little bit. You’re not quite so obvious.”

(Parent living in poverty)



The Stigma of Living in Poverty



“You feel embarrassed.”

(Parent living in poverty)

The challenges of living on an inadequate income and having to make the choices necessary for the family have an impact on both physical and emotional well-being. It is well-known that living in poverty makes it difficult to meet basic needs such as food, housing, clothing, and access to medicine. Parents also feel a tremendous amount of guilt, stress, and low self-esteem when making-do on an insufficient budget.

Participants noted there is a stigma associated with living in poverty and this has an impact on a family’s mental health. One participant noted how hard she works to minimize the impact on the family.



“I’ve never let someone make me feel ashamed. They try to make you feel low, but I won’t let them. I have more fun with my children than some adults. Grab a shower curtain, grab whatever you can out of the cupboard and make pictures. The other day we made pictures out of chocolate syrup. It washes! Throw them in the bath afterwards. I want my kids to grow up to be creative, and how could they be if I wasn’t?”

(Parent living in poverty)

Emotional Impact on Children

There is a practical impact of not meeting basic needs such as not enough clothing, but there is also an emotional impact. There is an increased level of bullying and a tremendous impact on children’s self-esteem and sense of self as a result of living in poverty.



“Children’s self-esteem is affected by living without enough money.”

(Parent living in poverty)

“Children feel they are getting punished because we can’t afford certain items.”

(Parent living in poverty)

“There’s all this brand name stuff that you can’t afford. And you don’t have enough [money] to get this stuff. And your kid comes home crying because he’s not as cool as the other kids.”

(Parent living in poverty)

“Bullying that occurs from other children because our kids are not wearing name brand clothing.”

(Parent living in poverty)



“saying no to the kids for money for school trips, lunches and kids are ostracized at school when they don’t go.”

(Parent living in poverty)

“If you don’t have the money, then you’ve got kids picking on other kids.”

(Parent living in poverty)

Emotional Impact on Families

Parents talked a lot about being invisible, and not feeling respected or treated as an adult. Being a parent living in poverty has a negative impact on parental self-esteem.



“Sometimes you know what you need, but then you face roadblocks when you try to get help, so you leave feeling worse.”

(Parent living in poverty)

“We get looked down on more because we’re on welfare rather than because we’re single moms - but all the single moms up here are on welfare, so there you are!”

(Parent living in poverty)

“That’s the whole issue of being on assistance – you’re treated like you’re the lowest of the low.”

(Parent living in poverty)

“People look at you like you got into this mess, you get yourself out or I don’t know where you spend all your money – as if we get loads of it!”

(Parent living in poverty)

“People say to me how dare you buy a bottle of wine or a package of cigarettes – everybody watches what you buy, what your kids wear, and everything you do but then they look right through you like you’re invisible.”

(Parent living in poverty)

Services and Supports

While there are a lot of challenges for families raising children with inadequate income, there are also things that make a big difference. In addition to increasing the resources (financial, services etc.) available for these families, supports must also be enhanced.

Families talked about the importance of having the support of their families and friends and they also talked about the help they received from organizations and workers. There was a diverse range of organizational supports described as helpful such as Friendship Centres, Community Action Program for Children (CAPC), Canada Prenatal Nutrition Programs (CPNP), pregnancy centres, YMCA, Early Years Centres, LaLeche League, child care centres, Healthy Babies Healthy Children, free community library programs such as Mother Goose, and community programs that offer crafts and snack time.

Parents appreciated the availability of a variety of free and low-cost supports and services.



“I started going there [to service] a year ago, for free, which makes a big difference for me. There wasn’t the barrier of having to pay.”

(Parent living in poverty)

“milk, meals, a place to socialize and learn stuff”

(Parent living in poverty)

“subsidized programs (i.e. fitness centre, swimming programs)”

(Parent living in poverty)

“The daycare centre and subsidy program, although it’s challenging and has a lot of rules, has been a life saver for me.”

(Parent living in poverty)

Most of the parents in the focus groups were connected with community resources that were provided by a wide range of service providers. Families talked about individual professionals who made a huge difference and others who compounded the challenges of living in poverty.

The next section summarizes comments about unhelpful interactions with service providers and the following section reviews the interactions that were helpful. The information will help service providers to better understand the type of services that make a difference for families. The sections include some strong comments and stories from parents that reflect their frustration in trying to care for their families on very low incomes, their relief when they receive much needed services, and also their pride in what they have accomplished. Service providers are encouraged to review and reflect on the parent’s comments. The information may be useful to you in considering ways to strengthen the services that you provide, or to assess the services provided by your organization.

Unhelpful Interactions with Service Providers

Unhelpful interactions with service providers have a negative impact on parents, creating barriers and negative emotions. Parents discussed the following themes related to negative interactions with service providers:

- Respect
- Understanding
- Commitment
- Rules
- Expectations

Respect

While interaction with some service providers strengthened family members' self-worth, there were other interactions that eroded their self-worth. Parents sometimes felt that they weren't respected and weren't treated like capable adults.



“They act like they begrudge you for having to use the [service] in the first place.”

(Parent living in poverty)

“Some service providers use your bad situation against you and try to turn it into a learning opportunity. I don’t need to hear that I’m out of money because I didn’t budget properly and what can I do better next time.”

(Parent living in poverty)

“Their attitudes! They repeat themselves over and over because they think you’re too stupid to remember.”

(Parent living in poverty)

“Don’t make assumptions. The counsellor made assumptions about me and acted like I was incapable of making decisions on my own.”

(Parent living in poverty)

Some families felt that certain service providers do not treat families equally.



“At times you feel like the workers are discriminating or make prejudices based on how you look or dress.”

(Parent living in poverty)

“not inclusive of father or partners and interfering at times”

(Parent living in poverty)

“Teen mom is told by her daycare provider that her daughter may have strep throat. Teen mom goes to emergency department and gets asked if she is involved with CAS and not about her daughter’s health.”

(Parent living in poverty)

Understanding

Parents felt very strongly that service providers were better able to understand their lives if they were drawing on their own experience, such as living in poverty and raising children. Parents did not appreciate it when they felt they were being lectured from a text book or were just being seen as a classic case, as opposed to a unique individual trying to meet the challenges in their lives.



“Very evident when you’re working with a service provider that is working with a theory based background vs. ‘having lived the experience.’”

(Parent living in poverty)

“Providing information as if it was being read out of a text book with one answer and no other possible answer.”

(Parent living in poverty)

“The know-it-alls – the ones who think to themselves, ‘Well, this is how it’s supposed to happen in the books.’ You can just see it on their faces.”

(Parent living in poverty)

“Their attitude is, ‘I have a college education, I’m better than you are.’ Then, if you ask them any questions, like if they have any kids, they say, ‘None of your business.’”

(Parent living in poverty)

“It was like I was part of her clipboard study.”

(Parent living in poverty)

“I want to see you live on a disability pension.”

(Parent living in poverty)



“[service provider] is not real, she came in with a check list, and was eyeing all of the shoes by the door. Yes, there’s a lot of shoes. Eight people live here, and everyone has two pairs of shoes and a pair of winter boots, that’s a lot of shoes, so we have to pile them. But she’s sitting there checking it off on her check list and looking at the pile of shoes like there’s fleas or something jumping off them! There is nothing you can do for me if you have a check list in front of you for judging me. Get out. Go home. Go see somebody else who might need you. They might be desperate enough for that but I’m not.”

(Parent living in poverty)

“People who haven’t had some degree of personal experience with what they’re trying to help you with. People who make judgments about you or for you.”

(Parent living in poverty)

Commitment

There are systemic constraints which challenge service providers’ ability to find solutions and make long-term differences in families’ lives. Some families perceive that certain service providers did not have the necessary skills or desire to provide support and assistance, find solutions and to link families to needed services. When families talked about workers who made a difference, they were often people who were perceived to be there for the family and doing absolutely everything necessary to get resources for this family. However, many families felt that some workers were just doing a job and were not committed to the families.



“The [organization] only comes up once a week. They came yesterday and left early before I could get my travel sheet handed in. And they won’t let you fax it. So it’s going to be another week and then I’ll wait three weeks for that reimbursement. It’ll sit because they’re backlogged all the time.”

(Parent living in poverty)

“Personality of certain staff. Tend to ‘beat around the bush’ rather than solve the problem.”

(Parent living in poverty)

“They are not there to help clients. They are there to hinder in as many ways as possible!”

(Parent living in poverty)



“Agencies use the statistics from our community to get incentive or initiative grants but we never receive the benefits from them; they won’t provide workers to deliver services up here – they want us to travel to [community] instead.”

(Parent living in poverty)

“The dentist I called said he had already filled his ‘quota’ of people on assistance.”

(Parent living in poverty)

Rules

Some families felt that the rules they were trying to abide by were arbitrary or inflexible.



“... because now that I have done everything they asked, they are still here!”

(Parent living in poverty)

“The rules always seem so arbitrary. What’s OK for one person is not OK for me. I don’t get it.”

(Parent living in poverty)

“You’re damned if you do, and you’re damned if you don’t. They want you to work, to get out and make money for your kids and stuff, but when you do that, then you’re penalized. It’s a ridiculous system.”

(Parent living in poverty)

“They have their rules written down on a piece of paper. It doesn’t matter what they are, it says you have to do this. So do it. It doesn’t matter if it works for you. Everybody has so many rules you’re supposed to follow but they [service providers] are not capable of personalizing them. Why can’t they say, ‘Yes, we have rules, but this and this doesn’t work for you, but this might.’ I know they have to have rules but there’s no flexibility.”

(Parent living in poverty)

Expectations

Parents were frustrated by unrealistic expectations, particularly around the tidiness of their homes with children living in them.



“My worker expected my house to look like a hotel room—with four boys! My house looks lived in. Everyone is healthy and happy.”

(Parent living in poverty)

“Very busy moms being rated on housekeeping sucks. [Service] has me so busy with appointments that I go to bed at 3, and I’m up at 7. I have all these appointments during the day, then I have to look after my kids, then I’m up until 3 just doing housework. I clean after the kids go to bed. And I’m up at 7 to start my day. And that’s because of [service]. Because they walk in your door and they’re superior to what you are and they get to take your life away. They have all this control over you.”

(Parent living in poverty)

Emotional Impact of Negative Interactions

A negative experience with service providers also has an impact on mental health and on parents’ sense of self.



“You have to follow the lines, and they call your name over the PA. And the glass separating you from them. I’m sure they have safety concerns, but I bet the bank does too, and they don’t make you feel like a dirt bag.”

(Parent living in poverty)

“They’re taking everything away from me and then they keep telling me I have nothing.”

(Parent living in poverty)

“There’s that big red line you’re not supposed to cross. So right away there’s like a psychological barrier. They’re way up there and I’m way down here.”

(Parent living in poverty)

There is also a high degree of fear for children who are involved in the system.



“My kids hide in the closet because they are afraid they’re going to be taken away by the worker.”

(Parent living in poverty)

Helpful Interactions with Service Providers

Families identified the qualities of professionals who made a difference. These professionals:

- Advocate for families
- Know about resources/services
- Assist in meeting basic needs
- Have an open and non-judgmental attitude
- Understand what it is like to live in poverty
- Have an honest and open approach
- Are respectful and supportive

Advocate for families

Advocacy was particularly important for parents. It was important to feel that someone was standing up for them, looking out for their best interests, and securing the needed resources and services.



She has stood up for me and my children many times and gotten us much needed help and housing.”

(Parent living in poverty)

“I can say that was my situation where I didn’t have an advocate. Five years ago, I was being abused in my marriage and, when I moved out here, I had nothing... And [professional’s name] was right there at my door saying, ‘What can I do?’ ... And I have no idea where she got it, but she knew a whole team of people and she knew people who had clothes and all kinds of things. We had nothing except what was on our backs. And she was right there to provide all of that... And I just say my hat’s off to her. She’s awesome.”

(Parent living in poverty)

“[The service provider] told an agency to get off my back. She was my advocate. I wouldn’t have been able to do it without her. She was very outspoken. She spoke honestly. She said, ‘Get it done.’ Not, ‘This is what you need to do.’ It was, ‘Get it done.’ She advocated for me and got rid of a problem in my life for me.”

(Parent living in poverty)

Know about resources/services

Parents valued workers who knew where to get needed resources, could provide accurate information and who ensured they were connected with the right services. They also valued when a worker would gather needed information in a timely fashion.



“Knows about lots of supports. Someone who knows people, knows how to make the right referrals. Finding the things that you need.”

(Parent living in poverty)

“Help you find what you need, no questions asked. They don’t treat you like a kid.”

(Parent living in poverty)

“My worker knew her stuff. And if she had doubts, we would look it up together right there. It was done. There wasn’t any, ‘I’ll call you back later.’ She would call to find out right there from my house. [She] comes right to your house. And even if she only has an hour to spend with you, she says, ‘OK, let’s spend another 15 minutes and I’ll call here and I’ll call there and we’ll get what you need for you and I’ll find out for you.’ You know. They do it best.”

(Parent living in poverty)

“If she didn’t have the resources, she knew who did. She hooked me up with everybody that I needed.”

(Parent living in poverty)

“She’ll make a million phone calls until she finds out the answer for you. She’s willing to go the extra mile.”

(Parent living in poverty)

Assist in meeting basic needs

Parents particularly valued the support to have their basic needs met.



“When you call them and you need help, like I’ve known [professional name] to bring me groceries. Like, I’ve called her and said I won’t be at daycare tomorrow, and I don’t get money [my OW cheque] for a couple of days and I don’t know what to do and she says, ‘Don’t worry about it’ and she’ll come out with enough stuff for a couple of days.”

(Parent living in poverty)



“But it was like fresh produce from people’s gardens. It was frozen food, meat, everything, you name it, Lunchables, everything. It was just right there at my disposal.”

(Parent living in poverty)

“They’re also able to give us a break with parent relief and the parent support group.”

(Parent living in poverty)

One of the basic needs is making sure that access to the services is possible.



“It really helps when appointments are in our home. That’s one of the good things about living out here. Oh, all the time out here. You know, every time you need an appointment, they come right to your house! That’s even better!”

(Parent living in poverty)

Have an open and non-judgemental attitude

Parents valued workers who connected with them in a non-judgmental manner. Parents appreciated being treated with respect and as competent adults who were facing some challenges due to lack of income, not because they were inherently bad people.



“Supports are helpful when they are non-judgmental. It means somebody who doesn’t ask a lot of questions, they’re a good listener, they’re engaged.”

(Parent living in poverty)

“She doesn’t say things like, ‘Why didn’t you ration your milk.’ She doesn’t ask questions or make me feel bad. She’s just a sweetheart.”

(Parent living in poverty)

“Helpful without being judgmental. She watched me make mistakes and helped me fix them without saying, ‘I told you so!’”

(Parent living in poverty)



“Nobody seems to feel that they are as judgmental as they actually are. I had a relationship that was very bad. My worker [didn’t say], ‘Get out, you’re in over your head’ which I know a lot of them thought! And it was true. But instead they supported me through everything that happened throughout all of that stuff. Instead of saying, ‘You’re dumb for sticking it out’ and all that sort of stuff, they were just supportive... And when the end came, they were still supportive. It wasn’t like, ‘I told you so’ when I got out, it was, ‘So, how can I help you now?’ Which was cool. If I learned, I learned. I wasn’t being coached to learn. They didn’t try to turn it into a learning opportunity... It was something I had to stumble through all on my own. And they just helped me pick up the pieces wherever they could.”

(Parent living in poverty)

Understand what it is like to live in poverty

Parents want to be understood. They feel that the more lived experience the service provider has, the better.



“It’s so important to have an advocate or service provider who knows what it’s like, what experience I’m going through.”

(Parent living in poverty)

“They also show us that they’ve been there and that things can get better.”

(Parent living in poverty)

“I don’t think that my counsellor there had lived what I had, but she was sympathetic, empathetic, and pointed me in the right direction.”

(Parent living in poverty)

“One of the best things my worker provided for me was that she had lived it. It’s great for people to go to school and want to change the world, but I don’t want to talk to you unless you’ve been up in the night with a baby... unless you’ve been on welfare. I want to know that you’re talking to me with the voice of experience and not just theory.”

(Parent living in poverty)

Have an honest and open approach

Parents want service providers to offer a bit of themselves and who are comfortable in themselves.



“They’re willing to share their story... offered something of themselves. I have a worker who is even trying to get me a job. She has told me, it’s my mission to get you in here.”

(Parent living in poverty)

“They do it because they care about you.”

(Parent living in poverty)

“Always listens and is engaged. I think I bawled my eyes out in front of her and she just sat there and listened.”

(Parent living in poverty)

Are respectful and supportive

Parents want to know that someone believes in them and that there is hope – light at the end of the tunnel.



“[Professional’s name] is amazing! When things seemed hopeless, she came and gave hope and support. She provided everything I needed.”

(Parent living in poverty)

“People who help walk you through stuff that might seem overwhelming otherwise. Someone who makes everything seem doable.”

(Parent living in poverty)

“What I loved about her five years ago when she came knocking on my door, [was] the fact that she made everything look doable. I just thought that the world had ended, like, you know, I can’t get through this. I was overwhelmed, where do I start, there was so much that had happened. And she was like, ‘Oh, no, we can get through this; it’s going to be fine.’ She was an emotional support, she was a financial support – she was everything.”

(Parent living in poverty)



“There was ultimate respect there, even for your beliefs or anything. If you had a way of doing things, she totally respected that you wanted it that way for your family and, yeah, she just helped make things happen. She was right behind you every step of the way.”

(Parent living in poverty)

“Believe in me. Know and show that things can and will change for me.”

(Parent living in poverty)

What Families Want in Their Service Providers

When families talked about workers who made a difference, it was workers with whom they had a genuine human relationship and who were well-versed in available services and supports, and knew how to access these services for parents.



“I’d like to see my service providers be realistic, less clinical. I’m not really interested in professionalism, I want you to be human. I don’t want you to walk into my home with a briefcase. I don’t want that. I want you to greet my children, if you’re there for that kind of thing. If you’re a social worker who’s there to help my son deal with some of his issues, then talk to my son like he’s a human being. You don’t talk to him like he’s a ‘case.’ He’s not just a number to me. He’s my son. Have some basic knowledge about me and my family and my life before you come and talk to me about who I am. Before I open myself up. At least take that time to do that five minutes in your car before you knock on my door. At least know my kids’ names, know who I am, and what you’re coming for. And if you can’t do those things, then don’t expect a nice reception! You won’t get it. I am very open and warm and welcoming and there will always be fresh baked goods and tea and coffee and whatever you want and stuff like that. I’ve always provided that for whoever came to my door. I treated her like I wanted to be treated. And she had the time and the knowledge. She acknowledged that she had four kids and she was real and I liked her.”

(Parent living in poverty)

“We have to really trust them. I’m expected to lay myself bare and tell my whole story but I can’t do that if I don’t trust you with my story!”

(Parent living in poverty)

The following is a list of what people are looking for in their workers and services.

Knowledge

- Knowledge of rights
- Knowledge of services and subsidies
- Knowledge of criteria for programs and subsidies
- All workers receive anti-racism training
- Has experience with and is willing to attend training to better understand the lived reality for families with young children in poverty

Service Provision

- Choice of service provider
- Provides comprehensive support which includes emotional and financial supports
- Willingness to be there, listen, and work through issues
- Comfortable with themselves, caring, and trusting
- Provides information
- Links services and resources between Aboriginal and non-Aboriginal services/resources
- Increased access to resources and reduction in wait times



Top Ten Tips for Service Providers Working with Families Living in Poverty

1. *Develop a genuine relationship with me – it is key to supporting me.*
2. *In your relationship with me, be empathetic, respectful, and recognize our shared humanity. Push and challenge yourself to ‘walk in my shoes’ to gain a deeper and richer understanding of my situation and life.*
3. *Be open-minded and do not judge me.*
4. *Recognize and acknowledge how hard it is to live in poverty.*
5. *Have realistic expectations of me and my family.*
6. *Remember just because I am poor does not mean I am a bad parent.*
7. *Remember just because I am poor does not mean I am incompetent.*
8. *Do not discriminate against me.*
9. *Be an advocate and demand more accessible resources and supports.*
10. *Work to reduce the ‘red tape’ and barriers to services and supports.*

Reflecting on Practice: Voices of the Service Providers

Reflective practitioners are effective practitioners. It is important to be able to identify negative and positive practices. Service providers need to perform an honest assessment of their ways of working. Upon identifying areas for improvement, weaknesses, or lack of a skill, training and support can be found to address these limitations. Many service providers are looking for ways to actively improve ways of working and delivering services and supports to families living in poverty.

This chapter highlights the voices and the stories of the service providers as they spoke about the strengths and weaknesses in interactions with families living in poverty.



Areas for Practice Improvement

Service providers identified practices that pose a challenge to providing effective services and supports for families that live in poverty. These challenges can be divided into:

- Negative attitudes
- Lack of understanding
- Ineffective practices

Negative Attitudes

Service providers spoke about the need to avoid the following attitudes:

- A total rule follower, treats money as if it is their own
- Often denies requests because they resent the person living in poverty. They don't like people who don't make their own way.
- Has the view that poverty is a personal deficit

Service providers who use these approaches are not helping their clients.

Classism, discrimination based on socio-economic status, and the other 'isms' are at play in interactions at work. This needs to be acknowledged and addressed.



“Professionals in services tend to make fairly good money and this can really blind them to the advantages and privileges that they have that the folks they work with really don’t have.”

(Service Provider)

Service providers are in a position of power, making decisions on a daily basis that have a huge impact on families’ lives. In these positions, there are opportunities to be punitive and a need to be vigilant. Self awareness about any beliefs or values that may negatively impact the client is essential.



“We have to constantly be aware of the power dynamics that are at play in this environment. I am the worker, I get paid to do this, I know everything. I need to recognize that in my interactions and be vigilant about how that can feel for a client or participant.”

(Service Provider)

“When workers act like it is their money... I don’t think people should have to crawl on their bellies to get help.”

(Service Provider)

Families are seeking a connection and want to work with people who care about their situation. They want to connect with workers who care, and are not just doing their job.

Lack of Understanding

Families are often penalized when they are late, but it is important to understand the amount of time it takes to navigate the system, the challenges with transportation, and other factors.



“There is a lot of additional work that comes with living in poverty. Trying to get food for the day, trying to get transportation, sometimes just catching a bus, if they (the family) don’t have tickets, they have to get to the agencies. There are all these additional steps and there are different rules for people living in poverty than the rest of us.”

(Service Provider)

Service providers need to ensure that efforts are made to understand and be sensitive to the families’ cultures, including their approach to raising their family.



“I think that as professionals working with young kids, we hold ourselves to certain methods of teaching and working with families, the Canadian way. We fall in the trap of thinking that is the only way... other cultures coming into this country have proven methods of rearing children that we need to be open to as well. It is just not one way.”

(Service Provider)

Aboriginal people are over-represented in families living in poverty and our interaction is complicated by Aboriginal peoples' experience of historical and current discrimination. It is critical that service providers acknowledge this history and ensure that it informs and guides work practices.



“Certainly language can be a barrier with Aboriginal families. The biggest barrier I have seen is the lack of basic understanding of the social history of Aboriginal policies.”

(Service Provider)

Ineffective Practices

Effective workers should put the needs of the family before the bureaucracy and organizational demands.



“Sometimes the hoops the people have to jump through to get something, the bumping around from here to there, the phone calls.”

(Service Provider)

“Taking the rules too literally rather than understanding that balance of helping people and navigating the system.”

(Service Provider)



Health care service providers, particularly doctors, are often paid through a fee for service which means that they get paid more when they serve more people. As a result, they tend to spend less time in their interactions with their patients. This can be a barrier as it takes time to establish trust and get all the necessary information and an understanding of how living in poverty is impacting family members' health and what the family needs in terms of treatment and resources.



“The medical structure that doesn’t reward psychosocial types of intervention is a deterrent. These families come in the front door with a multitude of issues, and sometimes it is the only time in a month to catch them and you have to go there when they are there.”

(Service Provider)

It is important to provide information about resources and issues in a way that works and is understood by parents.



“We have a high illiteracy rate in this area. Sometimes we give parents a lot of written forms. Those are certainly barriers when we overload parents with forms and surveys. I think we need more one-on-one contact to build trust and to help parents understand the messages we are trying to get across.”

(Service Provider)

“It doesn’t matter what sector. We have our lingo, and that becomes a barrier. We need to learn how to use clear language.”

(Service Provider)

Areas of Practice that Work

There are many assets and strengths in the service provider community. Effective practices that were identified by other service providers to support families living in poverty can be divided into three main categories:

- Positive attitude
- Understanding approach
- Effective practices

Positive Attitude

A non-judgmental relationship is critical in positive interactions with families.



“We all get shocked at different things – keep it in the inside – make sure your body language does not show it.”

(Service Provider)

Understanding Approach

Understand that poverty is a systemic issue

It is important that service providers understand and respect that poverty is a systemic issue. Families are not living in poverty by choice. Poverty causes incredible challenges and increases the stress for families. When service providers develop this understanding, it safeguards against blaming the families who are living in poverty for their circumstances.



“To respect that it [poverty] is embedded in our society and it is socially constructed and to respect the people that have to live with that burden.”

(Service Provider)

“Need to understand the cycles and structures of the oppressions. Don’t look at the family and parents as the problem but look at the structures that are barriers to people participating fully in society.”

(Service Provider)

Understand that parents have their own expertise and strengths

It is critical that service providers respect, acknowledge, and understand parents’ expertise, strengths, and resilience. Parents are the experts on their own children, and it is important that we respect that relationship. Families are not looking for service providers to dictate their lives for them, but to offer information and support. Service providers can create opportunities that the parents can choose to use or not, in the way that works for their family or particular situation.



“[Understand] that parents and individuals are smart. They all want the best for their families. Just because of the circumstances, or because they can’t provide what they need, doesn’t mean that they don’t know what they need, and what they want to do.”

(Service Provider)

Understanding of the intersection of the issues and flexible responses

Poverty impacts all aspect of families’ lives and does not respect the boundaries in terms of how work and organizations are structured. For example, health, education, and early years all fall under different ministries in the Ontario government. Workers who are most effective for families are those that understand the intersection of the issues and have or create flexibility in the way that they respond.



“To see our role as a holistic one. I am here as a family support worker but I need to know about all the services. I need to know about food banks, CAS office, settlement offices, how to access housing. We need to have big resources available and build knowledge constantly.”

(Service Provider)

Effective Practices



“I am known for assisting my family any way that I can. I think that is the way you should think of assisting other families – as if they were your own. Are you doing all that you possibly can, as if she were your own sister and your own nephew or niece?”

(Service Provider)

Self reflection

Service providers need to understand the beliefs and values they bring to their work and to the relationships established with families. These may have a strong influence on how services are provided and on how families see themselves as a result of their interaction with service providers.



“Check your own assumptions. You really need to be self-aware in this field.”

(Service Provider)

Comfortable talking about money

Poverty is about lack of money, and service providers need to be comfortable talking about this. It is important to recognize, for example, that a person diagnosed with diabetes might not be able to afford the glucose kit or that the family might not be able to afford the bus ticket to come back for follow-up treatment.



“This is no small problem either – it sounds so simple but the fact of the matter is that in professional practice you have to really open that door. My experience over the years is that some professionals can be uncomfortable opening that door or we don’t see it as our business, ‘It is impolite to talk about money.’ You have to be open to having the conversation of how they are meeting their material needs.”

(Service Provider)

Actively listen and work on building trust

Trust is a critical factor in establishing a relationship with a family and this can take time. By identifying all the challenges faced by families in their lives, services and supports can be better tailored to respond. Spend time listening to families - learn from them. Some families say what they think is expected of them as a way of addressing the power imbalance and ensuring they get the services they need. By spending time and establishing trust, a space can be created where people are free to communicate honestly without fear that services may be withheld.



“You have to spend time with that family so they can trust you enough to reveal what their needs are.”

(Service Provider)



“Get to know the families that we serve and learn from them. If we get to know what their practices are, what is the knowledge, then we incorporate it into our programs. This helps to enrich the programs. It is not about the workers, it is about the whole community.”

(Service Provider)

Pay attention to body language



“With your smile, with your tone of voice, you are telling people they are welcome. Pay full attention, and I know we are all guilty of this because we are doing too many things at the same time. We are talking to a parent but we are not giving them our full attention.”

(Service Provider)



Don't overpromise



“Be careful you don’t promise things you can’t deliver. We can get caught up wanting to do everything and sometimes we set families up for things that can’t happen.”

(Service Provider)

Be responsive to parents’ needs as defined by the parents

Part of developing a relationship with a parent is to be responsive to their needs as they define them.



“Where they are at is where we need to be... There is no should do that, and should do this, they should do what they feel they need to do. It is not about us telling them what they should and shouldn’t do, it is about us giving them information and options so they can decide what is best for their families. People respond that they do feel supported where they are at and they trust the staff in their knowledge and where they interact with them.”

(Service Provider)

Build partnerships with families and other service providers

Families are better served when they are seen as an active partner in the relationship with service providers. It is important that families maintain their independence and their ability to help themselves. By encouraging a partnership between the family and any or all service providers, empowerment can be the outcome rather than learned helplessness or dependency. It is also beneficial for families to be served and supported in a seamless system with one stop services. This requires service providers to bring creativity and innovation to their work.

Facilitate connection for the family with the larger community

When service providers develop external relationships with and knowledge about the community, they are better able to connect families to the larger community. It is important that service providers are not the only support or connection that a family has in their life.



“I guess the biggest one is to help them stay in touch with the mainstream, with community life, however that works out.”

(Service Provider)

“People on social assistance and disability are more likely to be connected to a community service. The working poor... do not have the time or network to get connected.”

(Service Provider)

Educate yourself about the community

Families living in poverty are also impacted by the community and neighbourhoods that they live in. It is important to understand this context of their lives and to establish the community as a resource.



“You really need to know the community you are working with. To do that you have to be the kind of person that is willing to get up close and personal and maintain the professionalism and ethics, but not being afraid to be in touch with that person and really serve that whole person.”

(Service Provider)

“I think it is really good when you start a job to get out and make sure you really see and understand how people live and the conditions that they are faced with on a day-to-day basis. I have some staff who work in a nursery school and when some of them went out and provided programs in the building they had a totally different perspective. You get a totally different understanding of where they are coming from.”

(Service Provider)

Build a capacity for community development

Service providers can help communities to achieve their goals.



“I think that overall there needs to be a philosophy of community development. It is not what we are going to do for the community but how we work with the community to come up with ideas and solutions for the community.”

(Service Provider)

“Many professionals may come and go as our careers take us. However, we should invest in community-based solutions which will remain stable and sustainable regardless of who is offering the service.”

(Service Provider)

“Engage parents to identify themselves what needs to happen and then develop an action plan. The most effective and most powerful initiative – is when it is parents that are identifying from real lived experience what the issues are and how they need to be solved... Any type of community action that puts parents’ voices, actual parents’ voices, is very positive. There is a power in hearing a person’s story. People get a tremendous sense of empowerment. People feel they are creating a greater good.”

(Service Provider)

“Getting people talking about the issues and having forums where families can talk about it. Let them take the lead rather than service providers doing that and giving them a voice and a forum to talk about the issues they are facing.”

(Service Provider)

Education about resources and services

Service providers acknowledge that parents need up to date, accurate, and timely information about the resources and services available to them. Learn about available services and how to navigate the system.



“Finding as many resources as you can. Know your resources, so you can give the family as much information as you possibly can.”

(Service Provider)

“We have systems that can be quite onerous to navigate. Be aware of the free and inexpensive programs that help kids out – where can you get free recreation, or apply for a subsidy, where do you get that subsidy. I have been doing this for a long time and I am still learning.”

(Service Provider)

Facilitate advocacy and be an advocate

Provide opportunities in the organization and in one-on-one interactions with families to help them learn about the system and about their rights. Help communities understand the broader context of poverty to reduce the shame and the self-blame experienced by some families living in poverty. These steps will make it easier for families to advocate for themselves.

Reducing and eradicating poverty, as well as systemic changes, will only come about when people, including service providers, advocate for change and indicate the type of services that are needed.



“Have to be vigilant about how to help with issues like income security policy.”

(Service Provider)

“Advocating and raising awareness for families living in poverty is necessary.”

(Service Provider)

“Advocate – our sector has the best view of what is going on with families in low-income, the hardships, struggles and the stories. We need to be really outspoken about that and advocate for structural solutions. This is hard, it sounds so easy but the hardest thing to do. Work together, whatever it takes to get public awareness and action – the documentation, writing the letter, doing the public education and media work. Join together other coalitions or strike out on your own.”

(Service Provider)

One of the most striking features of this section of the manual is the close alignment of feedback from service providers and parents. Both groups share the same vision for services that are responsive and operating to everyone's best advantage.

Looking at Systems and Services

The ways organizations provide services can make a difference, both positive and negative, in the quality of the lives of families. Service providers provided their perspectives on services that really made a difference to families.

Characteristics of High-Quality Services

According to service providers, organizations and services should:

- Engage families
- Be responsive to parents
- Be knowledgeable and know how to navigate the system
- Meet parents' needs as identified by them with no strings attached
- Fulfill basic needs
- Give opportunities to develop skills and leadership opportunities
- Break isolation
- Provide programming that is strength-based
- Go to families
- Connect with the community
- Offer a holistic approach where families can get most of their needs met (one-stop access)
- Provide opportunities for formal and informal peer support
- Provide easy access to information and resources
- Provide safe opportunities to learn and be educated
- Be accessible in physical terms, as well as welcoming
- Facilitate participation through the provision of food, transportation and child care
- Provide programming that is responsive to the cultural needs of families, such as specific Aboriginal programming
- Offer programming in different languages
- Provide family-centred programming that enables joint child and parent services as well as services that are separate
- Engage and educate the broader community about poverty
- Advocate
- Have secure, ongoing funding and high staff retention

The attitudes of organizations and services are equally important:

- Be sensitive to circumstances of the families and respond in practical ways
- Have an environment that is safe, welcoming, inclusive, and social
- Be non-judgmental and treat clients with dignity and respect
- Base the program on collaboration
- Be flexible including, but not limited to, offering drop-in programming
- Include a mix of informal and formal programming

Barriers to Providing these Services

There are a variety of barriers to providing services. Some barriers can be changed directly; others require policy solutions.

Lack of funding

Lack of ongoing core funding impacts an organization's ability to provide responsive, stable programming. When funding is geared to short-term projects or the funding does not adequately meet the true cost of providing the program, then organizations are unable to meet families' basic needs and are forced to make difficult decisions. The amount of effort and time needed to fundraise takes away from the resources available to provide services for families.



“[Program hasn’t] had an increase since the beginning of the program. Everything has increased. We are paying more rent, more administration costs, more increases in salary... we had to close our Saturday afternoon program and our Sunday program. That is concerning because I had mentioned isolation and mental health and it is always the concern that moms who are full-time caregivers should have a place to go all the time. There are not many public spaces where a mother with a child aged 0 to 6 could just go.”

(Service Provider)

“There have been a lot of cut backs. I can think of a couple of places where we partner to provide services – but the hours that they are open have been reduced due to cut backs, so this limits what we can do. A lot of cut backs have happened in slow ways that aren’t as evident. I think of our own staff and how it is eroded over time... and you realize you are doing way less.”

(Service Provider)

“There is a lot of funding that is one year, two years, three years, but by the time you get the program up and running, build the trust, the funding could be done.”

(Service Provider)



Complex systems and complex rules

Organizations don't exist in a vacuum and the systems and rules regarding poverty are complex.



"It is hard to change systems. Even people who are advocates and good advocates can't do all the things they want to do."

(Service Provider)

Competing needs

Stakeholders (government, organizations, service providers, funders, and clients) working with and/or experiencing poverty potentially have different needs that might be in direct opposition to what others need.



"Trying to balance what funders want with the needs of the clients. Funders are looking for outcome-based programs, but from our point of view you need to look at success from the perspective of the client not from the numbers. Sometimes they pull the program because only five people were coming but those five people were really benefiting and that is a challenge to keep those programs we see as a necessity."

(Service Provider)



“Funders are looking for a bigger return for their dollar. You might be hindered by the fact that you have to have 50 families but you could go to a place and have five families and have a great impact. Then you go to other areas where you can get 50 families but these might not be the families most in need.”

(Service Provider)

Coordination between various governments, ministries, and programs

Families living in poverty are governed by policies and programs developed through municipal, provincial, and federal governments, yet the delivery of these programs is not coordinated. In fact, many times they operate in silos with no interconnection. Poverty impacts all areas of families' lives, such as housing, health, education, and employment, yet these all fall under different government ministries.



“We receive money from all three levels of government and each is from different pockets. It is frustrating and wasteful in duplication of work (administrative/reporting work is duplicated, not services delivered). There is lots of commitment made politically regarding the importance of children. This is often lip service as the systems that are in place to actually make that happen are very complex and siloed.”

(Service Provider)

“The interaction of the government programs is not well managed. One program will say you have to do something but then you are punished in another program. One program works on its own schedule and needs and it doesn't matter what happens in other programs.”

(Service Provider)

Government Mandates

Government funding comes with guidelines on the services that can be provided. These are not necessarily established to respond to what the families actually need. This can be a significant barrier to providing comprehensive and holistic services.



“Most of the barriers we run into tend to be system-wide structures. Especially for us who work in government systems, such as health and education, we have specific mandates and resources and specific rules about how we do our work. It is often difficult to make a truly integrated system where we can share resources among each other and share clients among each other, in terms of working together as a team.”

(Service Provider)

Organizational Policies

Organizations sometimes develop policies that restrict service providers' ability to adequately serve the families with whom they are working.



“Policies make it more difficult for people to work together with families. There are restrictions about what you can do with the family or time constraints. There is lack of continuity and there are arbitrary cut-offs around age or other characteristics.”

(Service Provider)

Attitudes, beliefs and active discrimination about families living in poverty

An organization's ability to provide adequate services is impacted by a community's negative attitude. This might be felt through the difficulty in raising awareness and funds and establishing programs.



“Community opposition, for example, to housing for young parents – a lot of judgment and misconceptions of what that means. You go to look at an apartment with your child and suddenly the apartment is not available. You go, but then you need to give a certificate from welfare and then lots of landlords are reluctant. We have had great human rights legislation, but in practice, it's hard to break through those barriers.”

(Service Provider)

“General attitude about people living in poverty makes it hard to fundraise for programs because there is this attitude that ‘people deserve to be poor’ or ‘they haven’t pulled themselves up by their boot straps.’”

(Service Provider)

Lack of resources

Organizations are often faced by the challenge of not having enough appropriate staff to meet the needs, and inadequate space to run programs or store supplies, such as clothing.



“We probably will begin to experience lack of trained staff in these fields. Strong people are not going into community services or staying. Good services need people with training and experience.”

(Service Provider)

“Finding people who have the skills to deliver that program on-reserve. If we can’t find someone to do that, then do we do it ourselves? Then the question is who has the skill set to deliver that effectively.”

(Service Provider)



“One of our big issues is that we are providing services in a number of community locations, but not all the time so a lot of resources are needed to set-up and take down. In order to meet our objective to be accessible, we are doing it. If we had our own space, we could probably do a lot more.”

(Service Provider)

Lack of services

When organizations are looking for services and resources for the families that they work with, they are often faced with the fact that there are insufficient services and huge waiting lists.



“Mental health issues are just profound in this population. That might be why they don’t access services or why they are impoverished in the first place. It is so difficult to access mental health services for people in this community. They can’t afford the medications, they don’t have the tools cognitively or the supports to access their appointments. The ripple effect of how it impacts their children and other community members is huge. I am talking about adults and children alike. Mental health issues for children are least recognized, like depression.”

(Service Provider)

Lack of creativity

Organizations and service providers have been working with families living in poverty for a long time and can sometimes get complacent and fall back on the way it has always been done without evaluating whether this is still working and meeting people’s needs. The attitude that there is nothing to learn from other places and practices is limiting and, potentially, destructive. There are many ways to learn how to strengthen services, such as regular program evaluations, talking to parents, and learning from other programs and services.



“We have always done it this way before, so we get stuck and only do it as past experience. We need to be open to new ideas.”

(Service Provider)

The theme of learning from other practices and programs is supported through the final chapter of this resource. Examples of effective practices are shared to address many of the issues raised by the parents and the service providers. Learning from each other is one of the most powerful ways of improving practice and service and, ultimately, moving forward in the reduction of child and family poverty.

Moving Forward... Reducing the Rates and Impacts of Child Poverty

“The well-being of children is a shared responsibility in Canadian society. While parents play the primary role in the nurturing and caring of their children, we recognize that families operate within the context of communities, workplaces and public institutions. The role of governments is to ensure that each of these settings functions, individually and together, in ways that support families with children and children within families.”

(Canadian Government, 2004)

There are many recommendations and much research on reducing poverty for families and young children. The challenge is to move the research to action, to advocate for change on a policy level, and to improve services.



This manual outlined the statistical and lived realities of families with young children living in poverty. The voices of the parents have described the financial, as well as the physical, emotional, and mental repercussions of inadequate resources. Parents talked about how poverty impacts their children and about issues of self-esteem and self-worth. As well, parents have detailed their experiences – both positive and negative – with social service agencies and individual providers. There is much to ponder in what they say – the information is a strong basis for reflection on practices and policies that hinder and help.

The voices of the service providers have also been presented as they consider their work, the successes, weaknesses, impediments, and supports. They consider both the individual service provider and the agencies – describing a range of attitudes, behaviours, structures, policies, and approaches that help or limit the families they are serving.

This chapter offers a look at some of the policy changes suggested by major social service and research bodies. Systemic, policy, and funding changes are critical to bringing about long-term reductions in the rates of child poverty.

However, change is also possible in the everyday provision of services that directly impact the lives of young children whose families are struggling with poverty. In keeping with the approach of this resource, promising practices reflect the many themes raised by the parents and the service providers. By considering all that has been said in the preceding chapters and looking at the examples suggested in this section, service providers can develop a stronger understanding of the range of approaches to address child and family poverty.

Policy Recommendations

A clear first step is to implement in its entirety the *United Nations Convention on the Rights of the Child*, which Canada has signed. In principle, this means that Canada agreed to the strategy and committed to the convention being implemented. The rights in this document would improve the lives of many children and families, and would work toward eradicating child poverty in this country.

As noted earlier, poverty is rooted in systemic issues that need to be addressed at a policy level. The Ontario government has recognized this and is beginning to address policy and service issues through the *Ontario Poverty Reduction Strategy*.

In addition, many organizations have conducted research and developed policy and service delivery models to reduce the rate of poverty and the impact of poverty. This section includes recommendations drawn from Conference Board of Canada, Canadian Council on Social Development, Community Social Planning Council of Toronto, Campaign 2000, the Government of Canada, and other bodies, all contributing to the recommendations for tackling the issues and moving forward. For more information on the recommendations, refer to the resources and websites listed in the References section of this report.

There is general consensus that the most effective child poverty strategies strike a balance between a “benefits strategy” and a “work strategy” (Conference Board of Canada, 2009). This balance requires policies that increase the opportunity for quality employment through which workers can earn enough to support their families (work strategy) and policies that provide support and benefits to families who are having difficulties due to unemployment, illness, etc. and to families who are unable to work (benefits strategy).

In general, the policy recommends that we:

- Recognize the full face of poverty – child poverty should be addressed with a simultaneous focus on family and adult poverty
- Guarantee adequate income for families with children to meet basic needs and provide enriching experiences
- Increase access to safe and affordable housing
- Provide affordable, accessible, high quality early childhood education and care services
- Provide supports and transitions for families moving from Ontario Works to the labour market
- Recognize qualifications and credentials of new immigrants
- Provide access to quality education and training
- Mandate educational requirements for service providers, such as understanding of determinants of health, community resources, and the links between poverty and social justice
- Build and sustain services and supports for children and families
- Maintain universal health care
- Remove the three month wait period for the Ontario Health Insurance Plan (OHIP) for new immigrants
- Increase access to diverse programs such as mental health, addiction counselling, and dental services
- Promote gender and racial equity
- Make inclusive social and political decisions
- Ensure the decisions are in the best interest of children

Policy, labour market, and service delivery solutions all need to acknowledge, account for, and respond to the disproportionate representation of marginalized communities, such as Aboriginal families, immigrant and refugees families, and parents with disabilities.

In addition to the *existence* of specific policies, there also needs to be different approaches to the *development* of policies. Poverty impacts all aspects of families' lives. Policies need to be informed by that understanding and need to meet the needs of these families. Policies should be equitable and effective for all members of the community. Effective programs and services are developed in partnership with government, front-line service staff and agencies, academics, and families who have first-hand experience living in poverty.



“Policies usually come from a top-down structure and the huge barrier is there are no Aboriginals in those top structures. There is no opportunity for participation from the community at that federal level.”

(Service Provider)



“We have always found that local policies work better if we are part of the process at the beginning instead of an add-on.”

(Service Provider)

Promising Practices

The key informant interviews and focus groups highlighted key characteristics of services and agencies that were responsive to the needs of the parents. Researchers have also found those same elements to be essential. A few of the critical elements are outlined, followed by a look at program examples in Ontario.

Parents and service providers discussed the barriers associated with bureaucracy which is meant to provide support and assist families that live in poverty, such as the lack of clarity or consistency of rules, the working in silos, and the lack of flexibility. Sutcliffe et al. (2009) report similar barriers in her recent research. She explores the changes required for public health bureaucracy that are relevant for agencies working on poverty. In order to **make a difference, she suggests that organizations need to make social inequities work a priority and need to commit to working intersectorally with community engagement as a foundation.**

Intersectoral action is critical, as many of the solutions to addressing social inequities such as poverty are beyond the capacity of any one organization. Strong and durable relationships between sectors (e.g. health, public health, education, transportation, environment, finance, etc.) are needed for effective action (Sutcliffe et al., 2009).

Effective community services engage the community, in this case, families living in poverty. Community engagement is a key cross-cutting strategy in reducing social inequities in health. Communities should be involved in the development of policies, programs, and services (Sutcliffe et al., 2009; Stewart et al., 2008). This ensures that all aspects of the issue are at the table and also provides opportunities for those living in poverty to be empowered and increase their skills and social networks. Working intersectorally and with the community requires levels of shared power and control that are not necessarily comfortable for public health practitioners and other service providers (Sutcliffe et al., 2009). It is a challenge to develop the skills needed to facilitate this collaboration as well.

Positive community action can involve any number of activities. A primary one is voting. Organizations and service providers can advocate at the policy level and enlist others concerned with the issues to do the same. Projects that entail community economic development that benefits all community members can be supported through lobbying or engagement. These and other activities can be centred around the African proverb, “It takes a village to raise a child.”

Difficulties around values can be challenging. Focus group participants talked about how they felt judged and stigmatized by some service providers. Values can be seen as an impediment. On the other hand, Sutcliffe indicates assessing inequities requires a value judgement. Service providers must use their values to identify the social injustices and the failures in the systems and work to counteract them.

As the statistics have demonstrated, poverty does not impact everyone equally therefore the **solutions need to work differently for different populations**. For example, according to UNICEF Canada, there is a high poverty rate among Aboriginal families. To work towards equitable status for Aboriginal people requires a greater understanding of Aboriginal contexts and issues by health and social service providers. Aboriginal Leaders and Campaign 2000 note that Aboriginal poverty must be addressed through a separate and distinct Aboriginal Poverty Reduction Strategy in coordination and partnership with First Nations and urban Aboriginal communities. In addition, efforts should be made to provide training programs designed to increase empathy and understanding among health and social service providers. Different solutions may be required to work with other marginalized groups who have high rates of poverty such as immigrants and refugees, parents and/or children with disabilities, and single parent families.

The following Program Examples provide insights into the creative and wide-ranging responses to child poverty that are offered in Ontario. This list is only a small sample, with the projects chosen to demonstrate the variety of possible approaches – from policy change to providing winter clothes – sometimes taking place in the same organization. Another section, Resources, highlights examples of reports, organizations, and projects that can inform and inspire practice.

Program Examples: Coordinated Community Action

The Poverty Reduction of Muskoka Planning Team (PROMPT) developed a designated social planning network in response to the issue of child poverty in the region. The planning team consists of a range of stakeholders, including representatives from the provincial multi-sectoral 25 in 5 Network for Poverty; municipal council and municipal social services; the Ministry of Children and Youth Services and the Ministry of Community and Social Services; local food banks; the Salvation Army; adult mental health agencies; and an original core group of representatives from children's services agencies. HANDS TheFamilyHealthNetwork.ca, a local children's service agency, assumed the lead role in the process. One-time funding was obtained for a six-month period in which to mobilize the community to address and reduce poverty.

PROMPT acknowledged the key to productivity and effectiveness was to assume a limited focus, which was developed collectively with involvement with individuals who had varied experience of economic hardship. PROMPT formulated a three-pronged approach: a One-Month Food Challenge exercise that would provide preliminary quantitative information about the high cost of eating nutritiously; a photograph exercise to gather visual representations of food security issues; and an open and publicized event on National Hunger Awareness Day. This latter awareness-building event served as a venue to offer an economical but healthy dinner, to share the photographs and select results of the One-Month Food Challenge exercise, and screen the documentary "Poor No More", featuring the well-known Canadian comedian and commentator Mary Walsh.

Renfrew County Child Poverty Action Network (CPAN) is a grassroots network with members from a wide range of social, economic, and geographic areas. There are over 250 individual members and 57 member organizations – locally, provincially, and nationally. Each CPAN member is a resource. They might contribute funding or time, through participating in meetings, becoming presenters, sitting on sub-committees, or helping with fundraising, give ideas, provide important contacts and resources, and raise awareness. CPAN is involved with a number of activities related to the elimination of child poverty and minimizing the effect that poverty has on children living in Renfrew County.

CPAN activities fall under three categories: practical assistance, advocacy, and education.

Practical assistance programs include:

- Backpack Plus provides backpacks, shoes and school supplies
- Operation Snowsuit supplies snowsuits, boots, hats and gloves
- Activity Funding helps children participate in extracurricular activities

All of these programs are aimed at improving the lives of children living in poverty. They allow every child to feel equal to their peers, more socially-included, and less stigmatized. CPAN has created educational activities and used several tools, including experiential games to make learning fun. This gives the public and service providers a better understanding of the day-to-day realities faced by families living in poverty. For information on other programs consult www.renfrewcountycpan.ca

Through **Best Start in Timiskaming**, there is a small committee called the Prosperity Strategy Working Group. The committee is a group of people who work in social services such as Ontario Works, Social Housing, Best Start/Children Services, and agencies including Ontario Early Years and Brighter Futures. This group came together to discuss the issues and determine ways to reduce the level of poverty in their area. They have been using A Blueprint for Economic Stimulus and Poverty Reduction in Ontario, which was produced by the 25 in 5 Network for Poverty Reduction to determine community strategies. More information is at www.timiskamingbeststart.com/en/index.asp

Program Example: Valuing the Lived Experience

Northwestern Health Unit Healthy Babies Healthy Children (NHU-HBHC) undertook a project similar to a 2002 initiative by Collectif pour un Québec sans pauvreté, called *Objet: Pauvreté*. Staff members were asked to collect testimonials and items, if possible, from their clients exemplifying what it means to be in need and the prejudices that are associated with poverty. NHU-HBHC asked Ontario Works offices to collect testimonials as well. They received many stories and some objects.

The Healthy Babies, Healthy Children program developed a display illustrating the effects of poverty on families with young children. The display, called *Poverty... Our People, Their Lives!* is a collection that depicts the stories families have told. The presentation was launched at the Northwestern Health Unit all-staff conference in October 2008.

Program Example: Policy Change

In spring 2005, a multi-sector Roundtable for Poverty Reduction was formed and the **Tackling Poverty in Hamilton** initiative began. The Tackling Poverty in Hamilton (HRPR) initiative is built on bringing people from many different walks of life together to address Hamilton's most pressing problem. Their goal is to make Hamilton the best place to raise a child. The HRPR works for change on three different levels: reducing poverty for individuals and families; working differently – and together – as a community; and stimulating policy changes that promote prosperity and reduce poverty. The HRPR's role is:

- Promote a strategic poverty focus
- Foster broad community engagement
- Leverage change and action
- Ensure learning, communication and accountability

For example, one of the actions was to evaluate and increase the number of community hubs available in eight neighbourhoods. An example of one of these projects is included below. For more information, consult www.hamiltonpoverty.ca

Program Example: Acting Locally

One of the neighbourhood hubs supported by the Hamilton Community Foundation is **The Riverdale Neighbourhood Hub**, a small neighbourhood in East Hamilton with a population that is 50% foreign born.

The hub brings together diverse partners such as the Dominic Agostino Recreation Centre, Lake Avenue School, Community Action Program for Children, Social Planning and Research Council, CATCH, Lightway Church, City of Hamilton Public Health Department, Wesley Urban Ministries, SISO, Today's Family, Women to Women of India, Cambodian Community Association, and Riverdale Remedies (resident-led group). Through a committee of parents, teachers, social service organizations, and public health and social planners, the community is supported in the areas of child care and food. The committee determines the best solutions for that neighbourhood. The Hub is supported by a part-time hub engagement worker. This pilot project has proven its effectiveness and the model is expanding.

Program Example: Developing Resources

Rural Women Take Action on Poverty Committee

In 2001, a small group of women in the counties of Grey, Bruce, Huron, and Perth founded the Rural Women Take Action on Poverty Committee and began a community discussion on the reality and impacts of poverty on rural women, their families, and communities. The questions that brought this group together were:

- What is the face of women's poverty in rural communities?
- What can be done about it?

The group launched a research project, held workshops with women living with poverty in the counties, and completed a literature review to find some answers. Together with women living with poverty, the committee developed an information and resource handbook for rural women and rural communities called *How We Count: A Handbook for Rural Women and Rural Communities on Poverty*. They have also produced *Counting Women In: A Toolkit for Rural Action on Poverty*. The resource is available at www.povnet.org/node/3456

Program Example: Parents Finding Solutions



*“What we have done is work with a lot of a families living in **Toronto Community Housing** buildings concerned about not having places for their young children to go such as play school – a play and learning environment. One agency can’t be everywhere, doing everything, so we asked them to get like-minded individuals together to draft a letter of proposal to the United Way asking for some dollars, as a group of parents, to provide a program in their community. The purpose behind that was to get a group of like-minded individuals in the same room and have some conversation and then to come up with the strategy to fill the gaps they recognized in their own community. You are doing so many wonderful things there. You are bringing together people who share the same vision and have the same concern, providing networking opportunities, giving them the courage and the opportunity where they can make the difference by starting up something they need in their community.”*

(Service Provider)

*“I think it is unique in each community. Poverty affects each community at different levels. For example you look at food – a lot of people can’t afford it. **Sandy Bay** has a community hunt where all the men spend two weeks hunting. Once the hunt is done, they give the meat to all the families for free – so they have food. In the same way, they have a community garden and twice a year they give away fruit and vegetables. They address families’ inability to have food at a community level. I don’t think there is one plan you can take that will work in all those communities. Any kind of plan or action needs to be specific to the poverty situation of the community you are trying to help.”*

(Service Provider)

Program Examples: Meeting Needs of Single Parents

Brighter Futures for Children of Young Single Parents offers a program called Excel, a life skills program which supports young single parents who are learning how to deal with the system. Different professionals, from different agencies such as housing, legal aid, CAS, and Ontario Works come and make presentations about clients' rights, common misperceptions of what they can and can't do, and how to access the system. Excel offers home management skills, as clients often have to demonstrate that they can manage their home environment. In the home management presentations, the participants talk about how to create routines, how to organize their daily lives in terms of scheduling, general up-keep of their homes, basic sewing skills, and many other essential topics. For more information visit www.ottawayoungparents.com/BFmore.htm

Women Moving Forward (WMF) is a poverty reduction initiative that began in 2005, led by the Jane/Finch Community and Family Centre, in collaboration with Delta Family Resource Centre, Black Creek Community Health Centre, and seven other community partners. The goal was to design a replicable program model that would reduce the poverty rate among one of Canada's fastest growing, impoverished populations – single-mother-led families. The key to the WMF program is partnership. WMF was designed to tap into the expertise available in life skills, literacy, and counselling support. With that in mind, WMF brought in community partners who had a specialty in some aspect of program delivery. The WMF model is designed to help young, single mothers between the ages of 20 and 29 to attend college or university. The program is designed to give young families the foundation they need to successfully move from social assistance and low wages to financial security and independence. Each phase and specialized component of the program is customized to accommodate the various needs and interests of young mothers. It has been designed in consultation with single mothers and service providers, and research conducted by some of Canada's foremost thinkers. Each phase gives a young mother the means to follow her professional dreams. WMF has four phases – self assessment and goal setting, professional development and training, planning and transition and follow up and support. More information is available from www.womenmovingforwardcanada.org/index.php?option=com_content&view=section&id=9&Itemid=57

Program Example: Reducing Isolation

For a number of years, The Children's Aid Society of Toronto ran a social action program, the **Parent Action Network**, for low-income parents that included a community supper. Inviting parents to a nice dinner is very easy, and can be a key to breaking down isolation and making the group work fun. Simple things can make a difference. More information is at www.casmt.on.ca

Program Examples: Welcoming Diversity

Jane/Finch Community and Family Centre strives to create a welcoming and safe environment where families feel that they belong. Families need to feel the place is there for them and that they are welcome regardless of the language they speak, the clothing they wear, and the practices they have. Some of the strategies the Centre uses are:

- Capacity in different languages
- Investments in staff training on inclusion and cultural competency
- Drop-in programming

- Establishing an environment where staff learn from families and families learn from staff
- Providing opportunities for families to be part of the planning of activities. For example, the 'one pot, one community' program encourages families to bring a recipe to share with the group. The Centre provides the money to purchase the ingredients and the family members demonstrate how to cook their favourite dish.

When staff is aware of family practices and knowledge, this information can then be incorporated into and enrich the program. Some of the other programs offered by the centre include Breakfast with Dad, Baby and You, and a Food Bank program. For more information visit www.janefinchcentre.org

East York East Toronto Family Resources Organization, in partnership with several other community agencies, offers a summer school readiness program for newcomer families called *Ready for School Connects*. This service is provided in several schools within the Greater Crescent Town community. This two-week program is designed to help immigrant children entering the school system for the first time. It assists in the students' transition to the classroom, and gives newcomer parents some of the critical information and tools they need to support their child's learning in a system and country that is new to them. The program is held in the school which helps both parents and children to become familiar with this new environment. Children learn the routines of the classroom while parents attend workshops presented by diverse professionals on kindergarten, nutrition, advocacy in education, child behaviour, etc. This is a very popular program with a waiting list. More information is available at www.eyetfrp.ca or www.rfsc.ca

Program Examples: Delivering Accessible Services

The Hamilton Family Health Team works to be creative in its approach. For example, one of the nurse practitioners realized that being on time for appointments was a challenge for families with young children living in poverty. To increase accessibility, the clinic established drop-in hours a couple of hours a week. In addition, the clinic tried to increase connection and comfort levels with other community services. Once a month, the practitioner and clients walk together to the local Ontario Early Years Centre. For more information consult www.hamiltonfht.ca

Hamilton Ontario Early Years Centres developed a service provider network to make their services more accessible. Prior to this network, a family needing a speech therapist, for example, would have to go to a location difficult to reach by public transportation. In the new model, the service is delivered in their neighbourhoods. Now the speech therapist visits the Early Years Centre one day a week, as do other services such as infant development, behaviour, dental and nutrition services, and parenting groups. Now, instead of parents taking their kids on the bus all over the city, the service comes to their Early Years Centre. The parents work with the same service providers in the local Centre.

Program Example: Using Volunteers

Agincourt Community Services Association recognizes the need to use the volunteer base in the agency. Community members want to give their time. Agincourt creates opportunities for this to happen. This helps services to increase their ability to serve diverse communities, particularly when community volunteers reflect this diversity through appearances, language, and cultural understanding. In addition, Agincourt Community Services Association strives to develop an environment that is conducive to learning and sharing, and is non-threatening and positive. More information is available at www.agincourtcommunityservices.com

Program Example: Action on Food Services

The **Toronto Food Policy Council** (TFPC) partners with business and community groups to develop policies and programs promoting food security. Their aim is a food system that fosters equitable food access, nutrition, community development and environmental health. TFPC has numerous success stories, for example:

- Wrote and championed the City of Toronto Declaration on Food and Nutrition, 1991.
- Produced a ground-breaking series of 15 discussion papers linking hunger to food systems policy.
- Developed a feasibility study of a not-for-profit healthy food delivery system for Toronto's low-income citizens. Operational control of the "Field To Table" program was assumed by FoodShare in 1992. It provides affordable, nourishing, regionally-sourced food to 15,000 people each month.
- Provided fundraising assistance that helped community organizations obtain \$3.5 million for projects increasing access to affordable nourishing food in the early 1990s.
- Helped initiate policy and program co-operation among many players in the food security movement, leading to the Food 2002 project.
- Designed Canada's first Food Access Grants Program, approved by Toronto City Council in 1995, and administered the program from 1996 to 1998, directing \$2.4 million for kitchen purchases in 180 schools and social agencies.
- Helped develop an information service listing local emergency food programs for people in need. This service became the FoodLink Hotline, co-sponsored by FoodShare and Community Information Toronto.
- Provided crucial staff and resources to City Council's Food and Hunger Action Committee, which produced two reports: *Planting the Seeds* (2000) and *A Growing Season* (2001).

For more information consult www.toronto.ca/health/tfpc_index.htm

Program Example: Raising Public and Political Awareness

Ontario Campaign 2000 (ON C2000) partners share a vision of an Ontario in which economic security, opportunity, and inclusion are realities for all families. Full-time, full year employment should assure a living standard out of poverty, and a strong social safety net should ensure liveable incomes and dignity for Ontarians who are not able to be in the workforce. ON C2000 believes communities are made stronger and healthier for everyone through public investment in affordable housing, early learning and child care services, public and postsecondary education and community services.

Coordinated by a staff person based at Family Service Toronto, the Ontario Campaign 2000 Steering Committee meets quarterly to plan strategy. Coalition partners meet three times a year to share updates and plan next steps in public education and advocacy work. Regular email communication with partners provides information updates and actions that partners can include in time-sensitive campaigns, such as meetings with members of the Ontario legislature and letters to local media calling for funding for child care.

Caring for Staff

Managers should be cognisant of the fact that working with families living in poverty can be both highly rewarding and extremely stressful. Staff can “burn out” due to the tension between hearing about the immediate complex needs of families, and their own limited mandates, time and budget to address these needs. Staff generally choose this type of work because they care deeply about children and families. It may be hard for them to say “no” to additional hours when there is a family in need, and to tell families they are unable to provide the services that they need. Service providers may not be able to leave their concerns about children and families at work.

Secondary trauma is the term used to describe what happens when you see or hear about a traumatic event. Even if a person is not directly involved in the traumatic event, there are consequences to hearing about or viewing a traumatic event. Service providers who work with children and families living in poverty hear about difficult life stories and situations on a regular basis. Nurses and physicians, emergency personnel, child protection staff and front line workers who service vulnerable families can all be deeply affected by what they see and hear. Signs of secondary trauma can include anger, anxiety, depression, sadness, low self-esteem, emotional exhaustion, trouble making decisions, difficulty concentrating, difficulty remembering things, fatigue, headaches or body aches, changes in sleep habits, changes in eating habits, increase in addictive behaviours and/or withdrawing from others.

Some people view secondary trauma as a sign of weakness. In this instance, it is most clearly a sign that staff are very concerned about the families they work with, but feel unable to meet their critical needs. It is normal to be affected by the trauma of others. Staff who care about families, will be affected by difficult situations of individual families, as well as by trying to meet complex needs on an ongoing basis.

Managers should consider options to help staff meet client needs, and to help staff manage the stress that goes along with their work. Regular staff training events on working with families who live in poverty can equip staff with new ideas, commitment and energy. Ensure that staff are aware of referral services and supports for families. Policies should recognise the stressful nature of the work. Managers can create a team atmosphere where staff can talk about their concerns, and that allows for leaves of absence to cope with stress. Supervision, consultation and peer support play important roles. Discuss boundaries and limit setting with staff. Put in place strategies to help staff cope with stressful events. Opportunities for staff to debrief or discuss cases may be helpful both in managing stress and in making sure the organization is considering all feasible options for families.

Service providers who care deeply about families, may neglect to take care of themselves. Staff who have “unbalanced lives” are more prone to secondary trauma. In order to make a difference for families, staff need to feel mentally and physically healthy. Staff can be encouraged to have a good work/life balance, making time at home for things that they enjoy and help them relax, for example going for a walk, talking to friends and family, listening to music etc. Adequate rest, healthy meals, regular exercise and social support all help in creating balance.

Concluding Remarks

Families with children between the ages of 0 to 6 face many stresses and challenges but this situation can change and service providers have the opportunity to make a difference. To provide relevant and effective supports to families with young children living in poverty, service providers need to keep abreast of the research, review examples of effective practices on an ongoing basis, and, most importantly, listen to families' first-hand experience and their articulation of what they need.

This resource is an initial step for service providers to develop a broad understanding of the issues facing families living in poverty, to develop an ability to see the intersections between these challenges; and to reflect on what this means for their practice.

After reading and reflecting on this resource, it is important to take action whether it is through change in service delivery, collective advocacy, or other steps to reduce the rate and impacts of poverty on families with young children. It is only with this collective action that change can begin.



Resources

25 in 5 Network for Poverty Reduction

25 in 5 Network for Poverty Reduction is a multi-sectoral network of more than 100 provincial and Toronto-based organizations and individuals working on eliminating poverty. It is organized around the call for a Poverty Reduction Plan with a goal to reduce poverty in Ontario by 25% in 5 years and 50% in 10 years.

<http://25in5.ca/>

Better Beginnings Better Futures

Better Beginnings, Better Futures is a research project on the long-term impacts of early childhood development programming in Canada.

<http://bbbf.queensu.ca/intro.html>

Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre

Best Start Resource Centre supports service providers across the province of Ontario working on preconception, prenatal and child health. The Centre provides workshops and conferences, resources, consultations, and subject-specific information. Best Start Resource Centre has resources on socio-economic status.

www.beststart.org/resources/anti_poverty/index.html

Breaking the Cycle – Ontario's Poverty Reduction Strategy

Ontario's Poverty Reduction Strategy is guided by the vision of a province where every person has the opportunity to achieve his or her full potential, and contribute to and participate in a prosperous and healthy Ontario. www.growingstronger.ca

Building Education Opportunities (BEO)

BEO is a program designed to provide social workers, parents, caregivers, and young people with information on the benefits of federal and provincial/territorial government programs that can help young people continue their education. Every child from every walk of life deserves the choice to learn.

<http://beo.cwlc.ca>

Campaign 2000

Campaign 2000 is a public education movement to build Canadian awareness and support for the 1989 all-party House of Commons resolution to end child poverty in Canada by the year 2000. Campaign 2000 urges all Canadian elected officials to keep their promise to Canada's children. Campaign 2000 is a vibrant network of national, regional, and local partner organizations that actively work on child/family issues from diverse perspectives. There are over 120 national, community, and provincial partners actively involved in the work of Campaign 2000.

Campaign 2000 works to increase public awareness of the levels and consequences of child and family poverty by publishing report cards on child poverty (nationally and provincially), research on the indicators of child poverty, discussion papers, and through developing public education resources. Since 1992, Ontario Campaign 2000 has been staffed and administered by Family Service Toronto.

www.campaign2000.ca/index.html

Canada Without Poverty

Canada Without Poverty works to address the structural causes of poverty, such as public policies that advance or constrain the social and economic development of individuals, families, and communities.

www.cwp-csp.ca

Canadian Centre for Policy Alternatives

The Canadian Centre for Policy Alternatives is an independent, non-partisan research institute concerned with issues of social, economic, and environmental justice.

www.policyalternatives.ca

Canadian Coalition for the Rights of Children

The Canadian Coalition for the Rights of Children is a network of Canadian organizations and individuals who promote respect for the rights of children. Its purposes are to: exchange information; provide public education materials about the Convention on the Rights of the Child; monitor implementation of the Convention in Canada; and engage in dialogue with government officials on child rights issues.

<http://rightsofchildren.ca>

Canadian Council on Social Development

Canadian Council on Social Development is a non-profit, social policy and research organization focusing on issues such as poverty, social inclusion, disability, cultural diversity, child well-being, employment, and housing. It provides statistics and facts on families and economic security.
www.ccsd.ca/home.htm

Child and Youth Health Network for Eastern Ontario

The Child and Youth Health Network for Eastern Ontario is an innovative, action-oriented partnership of individuals and organizations who share a vision of better health for children and youth. This Network develops and distributes the *Poverty and Child Health Workbooks*. These workbooks identify the key needs for children and youth and examine how poverty is influencing their health, well-being, and development.
www.child-youth-health.net

Conference Board of Canada

The child poverty section of their 2009 Report Card on Canada can be found at
www.conferenceboard.ca/hcp/details/society/child-poverty.aspx

Colour of Poverty

The Colour of Poverty is an Ontario community-based effort to help raise public awareness about poverty within racialized communities. The Colour of Poverty Campaign has created a series of *Fact Sheets* addressing different aspects of racialized poverty and its negative impacts on education and learning, health and well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness, and food security in Ontario.
www.colourofpoverty.ca/

Counting Rural Women In – A Tool Kit for Rural Action on Poverty

This resource provides strategies and tools to build a deeper understanding of rural poverty and to engage women, service providers, municipalities, and rural communities in action to reduce and end rural poverty.
www.endabusenow.ca

Dignity for All

The Dignity for All Campaign calls for vigorous and sustained action by the federal government to combat the structural causes of poverty in Canada, including a federal plan for poverty elimination that complements provincial and territorial plans; a federal anti-poverty act that ensures enduring federal commitment and accountability for results; and sufficient federal investment in social security for all Canadians.
www.dignityforall.ca

Early Development Instrument

The Early Development Instrument (EDI) is a questionnaire designed to measure children's development in kindergarten. The EDI is most commonly used to understand the vulnerability in a population of children.
www.councilecd.ca/?q=pancanadianedi_maps

Ending Poverty in Ontario: Building Capacity and Organizing for Change – A Workshop for Engaging Low Income People

A manual developed to assist facilitators in holding community-based workshops with low-income people and other community members active in ending poverty. The workshop is designed to encourage discussion about what is needed to end poverty in Ontario, and to identify actions that can be taken within communities.
www.incomesecurity.org/documents/EndingPovertyinOntario-Apr08-ENTIREFinal.Eng.pdf

Family Legal Health Program

The Family Legal Health Program at The Hospital for Sick Children (SickKids) is a unique initiative that links health care and legal care to improve child health.
www.childadvocacy.ca/FLHP/

First Nations Child and Family Caring Society of Canada

First Nations Child and Family Caring Society of Canada promotes the well being of all First Nations children, youth, families, and communities with a particular focus on the prevention of and response to child maltreatment.
www.fncaringsociety.com/home.html

FoodNet

FoodNet is the website of the Food Security Workgroup at the Ontario Public Health Association (OPHA). This electronic network links organizations involved in food security in Ontario and allows members to share information about food security programs, policy and research initiatives, and community action and advocacy efforts.

www.opha.on.ca/foodnet/index.html

Growing Gap

Growing Gap is an initiative of the Canadian Centre for Policy Alternatives Inequality Project, a national project to increase public awareness about the alarming spread of income and wealth inequality in Canada.

www.growinggap.ca

Hamilton Roundtable for Poverty Reduction

In spring 2005, a multi-sector Roundtable for Poverty Reduction was formed and the *Tackling Poverty in Hamilton* initiative began. This web site provides information about *Tackling Poverty in Hamilton*.

www.hamiltonpoverty.ca/index.html

Health Nexus

Health Nexus develops health promotion capacity to enhance community well-being, and advocate for policies and resources that promote health. Health Nexus has a series of resources on inclusion.

www.healthnexus.ca/services/resources.htm

Home Safe Toronto

Home Safe Toronto is the second in the SkyWorks series of documentaries that deals with how families in Canada live with the threat and experience of homelessness. A documentary by Laura Sky and Executive Producer Cathy Crowe.

www.skyworksfoundation.org

How We Count – A Handbook for Rural Women & Rural Communities on Poverty

How We Count! is a handbook for women and community members who want to change the way people think about rural poverty and create a better future for women, families, and rural communities.

www.endabusenow.ca/files/How_We_Count-web.pdf

Income Security Advocacy Centre

The Income Security Advocacy Centre (ISAC) works with and on behalf of low-income communities in Ontario to address issues of income security and poverty. ISAC

works with the community to advocate for and seek legal remedies to address systemic issues and improve income security for people in Ontario.

www.incomesecurity.org/index.html

Interfaith Social Assistance Reform Coalition

The Interfaith Social Assistance Reform Coalition (ISARC) is a provincial network of faith groups working together for greater social justice. ISARC was born out of the hope that together a coalition of faith groups could contribute to new public policies based upon greater justice and dignity for Ontarians marginalised by poverty.

<http://isarc.ca/index.html>

June Callwood Campaign Against Child Poverty

June Callwood Campaign Against Child Poverty educates the public about the facts of child and family poverty.

It is a national, non-partisan coalition of citizens from faith groups, social justice groups, charities, child welfare organizations, and others concerned about the unacceptably high levels of child and family poverty in Canada.

www.childpoverty.com/

Let's Keep Kids out of Hospital

This site from the Children's Hospital of Eastern Ontario features resources to help health care providers understand their role in advocacy against poverty for children and understanding the impact of poverty.

www.cheo.on.ca

National Council of Welfare

The National Council of Welfare is an arm's length advisory body to the Minister of Human Resources and Skills Development Canada on matters of concern to low-income Canadians.

www.ncwcnbes.net/en/home.html

Ontario Drug Benefit: Trillium Drug Program

The Trillium Drug Program is intended for Ontario residents who have a valid Ontario health card and who have high prescription drug costs in relation to their net household income.

www.health.gov.on.ca/english/public/pub/drugs/trillium.html

The Ontario Healthy Communities Coalition

The Ontario Healthy Communities Coalition works with the diverse communities of Ontario to strengthen their social, environmental, and economic well-being.

www.ohcc-ccso.ca/en/about-us

PeacockPoverty

PeacockPoverty is a web-based resource for people living in poverty to connect with other people living in poverty. It is a collective of individuals with experience of poverty who have joined together to share knowledge, strength, talent, and wisdom with each other and friends.

www.peacockpoverty.org/about/

Poor No More

Poor No More is a film which offers solutions to Canada's working poor. It takes three Canadians to a world where people do not have to beg, where housing is affordable, and university education is free. They ask themselves: "if other countries can do this, why don't we?"

www.poornomore.ca/

Poverty Watch Ontario

Poverty Watch Ontario is an information resource for individuals and groups that maintains a calendar of local events and meetings on poverty reduction.

www.povertywatchontario.ca/

Poverty Reduction of Muskoka Planning Team (PROMPT)

PROMPT is a network of local individuals, agencies, and groups that have mobilized around the issue of poverty reduction within the District of Muskoka. The committee aims to present a unified community voice to discuss and address local issues focusing on poverty reduction. It strives to bring issues about poverty to the forefront, and is committed to working to reduce poverty through systemic and programmatic change.

www.thefamilyhelpnetwork.ca/contact.html

Reducing Poverty – Haliburton, Kawartha Pine Ridge District Health Unit

This provides examples of ads and local community action.

www.hkpr.on.ca/news.asp?id=3079

Renfrew County Child Poverty Action Network (CPAN)

CPAN is a an action orientated, grassroots network of over 250 individuals and 58 organizations, from all walks of life, that work together to improve the lives of children and families that live in poverty, and to do it in way that is empowering, respectful, and dignified.

Social inclusion is at the heart of the network. By offering practical assistance, education, and advocacy, the network helps families and children for the short-term, changes how families in poverty are perceived, challenges myths, and advocates for systemic change. The vision is to have a community where all children have the feeling and the reality of belonging.

www.renfrewcountycpan.ca

Toronto Food Policy Council

The Toronto Food Policy Council partners with business and community groups to develop policies and programs promoting food security. The aim is a food system that fosters equitable food access, nutrition, community development, and environmental health. The Council has success stories and research to share in the areas of food and hunger action, health, economic development, community gardens, and other areas.

www.toronto.ca/health/tfpc_index.htm

UNICEF Canada

UNICEF Canada provides information about the *World Fit for Children* Declaration and the *Convention on the Rights of Children*.

www.unicef.ca/portal/SmartDefault.aspx?at=2032

Vibrant Communities

Vibrant Communities is a community-driven effort to reduce poverty in Canada by creating partnerships that make use of the most valuable assets – people, organizations, businesses, and governments. Vibrant Communities links communities across Canada, from British Columbia to Newfoundland, in a collective effort to test the most effective ways to reduce poverty at the grassroots level.

<http://tamarackcommunity.ca/g2.php>

Vital Signs

Vital Signs is an annual check-up conducted by Community Foundations across Canada. It measures the vitality of communities, identifies trends, and shares opportunities for action in at least 10 areas critical to quality of life.

www.vitalsignscanada.ca/index-e.html

Glossary of Terms

Advocacy	The act of taking action on behalf of others
Affordable housing	Housing that does not cost more than 30% of pre-tax income
Classism	A biased or discriminatory attitude based on distinctions made between social or economic classes
Depth of poverty	The difference between the person's income and the poverty line
Food security	Initiatives that increase access to food, not just knowledge of healthy food choices
GDP	Gross domestic product
Income	Income is the sum of all the wages, salaries, profits, interest payments, rents, and other forms of earnings received in a given period of time
Judgmental attitudes	Attitudes that judge the values, beliefs, and actions of others implying blame and guilt
Low-Income Cut Off	Income levels at which families or persons spend 20% more than the proportion of income that the average family spends of their income on food, shelter, and clothing. The measure is based on a detailed survey of the expenditure patterns of Canadian families called the Family Expenditure Survey (FAMEX). The measure also varies by family size and urbanization classification. LICO can be measured before or after taxes are deducted. There is about a 5% difference in child poverty rates between these two measures.
Low-Income Measure	Half the median family income adjusted for family size
Marginalize	To relegate or confine to a lower social standing

Marginalized Groups	Are people who are marginalized by such factors as colour, nationality, immigration status, single parenthood, poverty, race, violence, disability, sexual orientation, or the intersection of these and other factors that limit their access to economic and social well-being
Means Test	Refers to a process implemented by an organization, service, or government agency to prove whether or not the income and/or assets of an individual or family are low enough to be eligible to apply for help from the service
OECD	The Organisation for Economic Co-operation and Development
Ontario Deprivation Index	A deprivation index is a list of items or activities considered necessary to have an adequate standard of living, but that those who are poor are unlikely to be able to afford
Pathways to Poverty	Circumstances (individual and societal) that facilitate families' chances of living in poverty
Precarious Employment	Work with few public benefits such as pensions, and few benefits from the employer, such as extended health care. It is work with very little job security, low wages, lack of control, and high risks of ill-health.
Silos	Describes the lack of communications and common goals between departments, mostly in government, but also among profit and non-profit sectors and organizations
Social exclusion	A lack of belonging, acceptance, and recognition, both economically and socially
Socio-economic status	Defined by an individual's income, level of education, and occupation and can include issues related to housing, cultural background, material possessions, and the perception of having a meaningful role in social life
Straitened circumstances	Not having enough money to pay for the necessities

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The Best Start Resource Centre supports service providers across Ontario through consultation, training and resources, in the areas of preconception, prenatal and child health. The Best Start Resource Centre is a key program of Health Nexus.