
City of Greater Sudbury Human Services Strategy 2015

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Prepared For:

The City of Greater Sudbury
Community Development Department

Prepared By:



Social Planning Council
Conseil de planification sociale

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Executive Summary

In the fall of 2003, the City of Greater Sudbury's Community Development Department commissioned the Social Planning Council of Sudbury to develop a Human Services Strategy as part of the City's Official Plan. The Human Services Strategy is based upon a variety of sources of information. This includes local consultations and conference reports over the past decade, interviews with key senior City staff, a focus group with social assistance recipients and those who work directly with individuals and families on social assistance, an evaluation survey administered to the members of the former Task Force on Emergency Shelters and Homelessness, as well other communities' human services strategies, initiatives and research.

The City of Greater Sudbury Human Services Strategy presents five strategic areas to direct social policy, planning and development at the municipal level in order to achieve the quality of life to which Greater Sudburians aspire. The municipal government, in partnership with its citizens, the voluntary sector, the private sector and the provincial and federal governments, can ensure the allocation and distribution of resources for the benefit of all members of the community by maintaining strong human services infrastructure made up of health and social networks, programs and processes. This investment positively influences the economic, social and physical well being of citizens. This document lays out how each of these goals can be achieved in the City of Greater Sudbury over the next ten years.

Section 1: A New Social Reality, outlines the ways Canadians have changed over the past sixty years, the trends that have emerged as a result and the impact these trends are having locally. An aging population, changing family structures, an increasingly diverse immigrant society concentrated mainly in large urban centres, a population rate locally that has only recently started to show some positive growth and the emergence of Aboriginal interests nationally and throughout Northern Ontario all constitute significant change in social conditions. Policies designed to ensure societal well being in the post-war decades would miss their mark today if not significantly updated.

In Greater Sudbury, a series of community consultations and conferences, research and public education has contributed to a growing consensus about what constitutes a healthy community and the role social factors (also referred to as determinants of health) play in achieving that. The growing awareness that health is determined by social factors like education and literacy, employment and working conditions, culture, gender and aspects of our social environment like civic vitality, contributes to an appreciation of new approaches to human services challenges. In 2003, the City of Greater Sudbury Council demonstrated its awareness of this by updating its mission, vision and values to include community engagement and the implementation of the Healthy Community Action Plan as one of its main priorities.

Section 2: Empowering Processes illustrates how becoming a socially inclusive community requires that all members benefit from, and are reflected in, the social and

economic processes and structures ensuring equal access and participation. ***Strategic Direction #1: Social Inclusion: Understanding the Process*** discusses the role process plays in producing the glue or social capital necessary to make social infrastructures, programs and policies effective. Inclusive processes make transformation at policy, institutional, service and practice levels possible and are a necessary step in changing the conditions for inclusion. Change of this nature requires commitment, leadership and capacity building amongst the primary movers of the process. The City of Greater Sudbury Council has demonstrated commitment and leadership in these areas and is positioned to play a championing role in advancing the Human Services Strategy. By engaging in cross-cultural awareness and collaborative leadership training and adopting an Inclusion Lens, or a similar tool, to be used throughout the corporation, inequities based on socio-economic status, race, gender, ethnicity, geographic location, age, ability, language and sexual orientation will be reduced.

Strategic Direction #2: Strengthening Civic Participation develops the strategy further by focusing on the process of decision making. Like the majority of municipalities across Canada, in the past Greater Sudbury engaged its citizens on an as needed basis where topical or controversial issues drove the human services agenda. The City of Greater Sudbury has become more proactive in engaging its citizenry with participatory budget processes, economic development and planning initiatives, Advisory Committees / Panels and the establishment of neighbourhood level organizing and action through Community Action Networks (CANs) providing a few examples. Avenues that provide real opportunities for the public to affect policy are essential and need to be extended to the voluntary and private sectors. The recommended implementation of a Public Participation Policy developed in consultation with the public, the voluntary and private sectors along with on-going civic education would ensure consistent, standardized and sustainable civic participation. A forum on civic engagement utilizing the International Association for Public Participation's core values for the Practice of Public Education as a guide is also recommended.

Strategic Direction #3: Investing in Social Infrastructure, outlines how the city governance and associated organizational structure has struggled to keep up with amalgamation, provincial downloading and demographic changes. As evidenced in the establishment of EarthCare Sudbury and the Greater Sudbury Development Corporation, the City of Greater Sudbury is well on its way in keeping with the Healthy Communities model that integrates the economic, environmental and social sectors. A body responsible for long-term human services planning and policy development completes this rubric and is recommended. Investing in a planning body that supports the activities of coordination, intersectoral action, service integration and accountability is recommended.

Section 3: Vibrant Communities, illustrates how strategies to promote social inclusion and diversity, population growth and poverty are interconnected. A Human Services Strategy that matches economic and environmental strategies can improve quality of life by focusing on social cohesion and inclusion. Attracting immigration and improving the quality of life for current citizens, plays an important role in improving the

local economy. ***Strategic Direction #4: Achieving Population Growth: A Place at the Table for Everyone*** recommends the implementation of strategies specific to the Aboriginal, Francophone, Youth, New Canadians and Visible Minority and Gay, Bisexual, Lesbian and Transgender communities as part of the overall population growth strategy.

Community economic prosperity requires that the majority of adults be gainfully employed. While the purpose of a Human Services Strategy is not to create jobs directly, ***Strategic Direction #5: Reducing Poverty: Access to Education, Training, Employment and the Basics*** demonstrates how contributing to the conditions that lead to a healthier, better educated, more diverse, representative labour pool and a more accessible labour market can be achieved with the creation of an Anti-Poverty Advisory Panel and the implementation of an Anti-Poverty Strategy. Education, training and employment strategies need to be based on new social knowledge, coordinated on a broad scale and designed in partnership with diverse populations to ensure equitable access to the labour market. For example, research looking at the composition of relatively large numbers of students, particularly Aboriginal students, who do not complete secondary school, identifying the supports they need in order to remain in school and developing alternative education and employment strategies need to be a main thrust of an anti-poverty strategy.

Finally, the kinds of supports that can keep Greater Sudburians from becoming homeless and guide those already homeless into safe and affordable permanent housing are either under-funded or simply do not exist. As a result, an increasing number of homeless and near homeless people have become dependent upon “band-aid” solutions like shelters, food banks and soup kitchens. An Affordable Housing Strategy that includes culturally and linguistically appropriate, safe and accessible emergency shelter and outreach services, supportive and transitional housing, social housing, affordable and accessible rental housing and affordable home ownership is recommended. As well, the Anti-Poverty Advisory Panel in partnership with the Food Security Network of Greater Sudbury and Manitoulin Districts should oversee the implementation of the City of Greater Sudbury Food Charter to work toward community food security. Community food security goes beyond ensuring everyone can afford to eat nutritiously. It includes individual and community health, food-based economic development and environmental sustainability through local production, processing and distribution. Success in these areas will ensure greater health and well-being for all of the communities that make up the City of Greater Sudbury.

SECTION 1: A New Social Reality Canadian Social Trends

Canada's social reality has changed dramatically since World War II. Our aging society, changing family structures, increasingly diverse immigrant society and emergence of Aboriginal interests on the national stage, all constitute a significant change in the social conditions underlying policies that were designed to ensure well-being in the post-war decades. Subsequently the roles and responsibilities of market, family, state and community need to catch up (Jenson, 2004). Projecting for both increases in life expectancy and declines in fertility rates, estimates reveal that by 2011, the number of Canadians over 65 will reach 5 million, while the number of preschool children will be only 1.6 million (in 2001 the number of children 0-4 was 1,696,280) (Statistics Canada, 2001a). By 2011, the number of Canadians aged 45 to 64 is expected to jump to about 9.5 million (Statistics Canada, 2001b).

Statistics Canada's Profile of Canadian Families and Households: Diversification Continues based on the 2001 Census illustrates that the post war notion of a typical family as living in a single household, composed of two married adults with several children, perhaps a senior relative, and dependent on a male breadwinner, is no longer accurate. Instead households matching this description now account for only one quarter of all Canadian households. In 2001, common law relationships increased from 6 percent in 1981 to 14 percent. For the first time in 2001, data

on same-sex common law relationships was collected. Single parent households, namely single mothers, increased from 11 percent in 1981 to 16 percent in 2001 with 19 percent of children living with one parent. 41 percent of Canadians aged 20-29 now live with their parents, up from 27 percent in 1981 due in part to the lengthening of the transition between further education and the labour force. Women's participation in the paid labour force has increased significantly while the incidence of elderly relatives living with adult children has declined (2001c).

Immigration has shifted from a "settler model" where immigrants from Europe and the United States predominated, to a much more diverse immigrant population necessitating public and community services adapt to the growing linguistic, cultural and religious diversity of the population (Jenson, 2004). The Aboriginal population, through constitutional recognition and on-going struggles concerning land claims and self-government and their changing demographic, particularly in urban centers, constitute an important part of Canada's new social agenda. (Jenson, 2004). Demographic trends in Canada among the Aboriginal population show that the population is growing, representing 4.4 percent of the overall population with 35 percent of that under 15 years of age compared to 20 percent of the non-Aboriginal population (Jenson, 2004).

According to the Quality of Life in Canadian Municipalities Highlights Report 2004, while most families in Canada have enough or more than enough financial resources to meet their

needs, in many cities in Canada the benefits of income growth and employment are not shared equally. Many individuals and families, particularly new Canadians, Aboriginals, unattached individuals and youth, are facing stagnant or declining incomes, rapidly growing costs of shelter, and reductions in the amount of social assistance available. Only the wealthiest 30 percent of families experienced any increase in before tax incomes between 1990 and 2000 (Federation of Canadian Municipalities, 2004).

Impact of National Social Trends Locally

These national trends to varying degrees are evident throughout the City of Greater Sudbury. Locally the population is aging at a rate that is slightly higher than the national and provincial rates. It is expected that by 2021, one in every five people (or 19 percent) in Greater Sudbury will be 65 and over. Of this percentage, 11 percent will be between 65 and 74 and 8 percent will be 75 years of age and over. Changes in family structure parallel national trends with female headed lone-parent households, common-law relationships, childless couples and women's participation in the paid labour force all having increased significantly over the last twenty years. While large urban regions in Canada are experiencing rapid population growth in large part due to immigration, between 1991 and 2001 Greater Sudbury experienced a negative growth rate. Youth out migration and difficulties in attracting new Canadians to locate outside of major urban centres underlie this trend. Greater Sudbury's Aboriginal population is 7,385 or 4.8

percent of the overall population and has increased since 1996, up from 2.9 percent (Statistics Canada, 2001d). The Aboriginal population in the District of Manitoulin, which totals approximately 4,640 or 36 percent, also has an impact on the social, health and education sectors in Greater Sudbury.

Preparing for an aging population, understanding the impact of the changed family structure, addressing youth out migration and attracting new residents, particularly new Canadians, as well as including all current residents in community life is key to improving the quality of life in Greater Sudbury. Poverty is an important common thread that runs throughout these trends and needs to be understood in relation to ensuring quality of life in the future. Significant poverty rates contribute to an economic downward spiral and vice versa and need to be addressed specifically when designing strategies to encourage positive growth trends.

While anyone at anytime can find themselves in a vulnerable situation due to unemployment, illness and/or family difficulties, certain populations and sub-populations are at much greater risk of living in poverty than others. Locally these groups include: female headed lone-parent families, Aboriginals, visible minorities, recent immigrants, persons with disabilities, youth, unattached individuals and seniors, particularly senior women living alone.

According to Statistics Canada Low Income Cut-offs (LICOs), the combined proportion of families in the lowest two income groups (less than \$30,000) in Greater Sudbury is 21 percent compared to 14 percent in Ontario (Statistics

Canada, 2001e). One-fifth of senior men and two-fifths of senior women who live alone are living in poverty. Similarly, changing family structures at the local level means many women and children are living in poverty. In Greater Sudbury, nearly two-thirds of lone parents with children under age 18 are poor. In 2003 local Ontario Works statistics reflect single parents making up 37 percent of the caseload. Similarly, 53 percent of the local Ontario Works caseload consists of unattached individuals with approximately 40 percent of those being youth (City of Greater Sudbury, 2003). A little less than one-third of persons with disabilities, youth (age 15-24) and children (up to 15 years) also live in poverty (Nangia, et al., 2003).

Rapid population growth due to immigration is concentrated in Canada's larger urban regions. Northern communities, including the City of Greater Sudbury, view this as an opportunity in the overall strategy to reverse negative growth trends (as has started already with 326 new people in 2002-2003 having joined the community). Strategies to attract new Canadians, many of who are visible minorities and tend to be poor because of difficulty accessing the labour market, need to address barriers to employment faced by this population to ensure proper supports are in place.

In the City of Greater Sudbury, the total Aboriginal population is 7,025 (4.58 percent) of the general population, slightly higher than the national average (4.4%). Nearly three-fifths of Aboriginal people live in poverty (Nangia, et al., 2003). With more Aboriginals living off reserve and in

urban settings, as well as the overall growth of the Aboriginal population, the City of Greater Sudbury, as the closest urban centre for many, has an opportunity to become the community of choice for more Aboriginal people. Community prosperity requires that the majority of adults be gainfully employed. The relationship between income, employment and education is intertwined. While a Human Services Strategy does not seek to create jobs directly – it does seek to create conditions that lead to a healthy, diverse and representational labour pool and an accessible labour market. Addressing poverty and some of the underlying related factors like discrimination based on social status, gender and race is an important part of creating those conditions (United Nations, 2001).

The City of Greater Sudbury in 2015

In recent years, a growing body of evidence has developed to support the idea that health is determined by a complex interaction of social factors or determinants. For example, it is understood that that poverty is directly connected to health outcomes and that early childhood development has profound implications across the lifespan. The determinants of health include income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment and health services. Gender and culture are understood to have a cross-cutting effect influencing all the other health determinants. (Health

Canada, 2004). The population health approach suggests policy discussions include consideration of the issues from a prevention perspective. Using the determinants of health to help focus the Human Services Strategy is an important step in positively impacting the health of our communities and having a population base that is engaged and invested in the future.

By implementing the Human Services Strategy, the City of Greater Sudbury will have a healthier, more inclusive, better educated and more diverse labour pool, as well as a job market that offers a greater variety of training and employment opportunities. Communities will be practiced in the process of identifying quality of life issues and solving them in partnership with multiple sectors and levels of government. Appropriate preparations will have been made for the ageing population; especially low income seniors. Children and youth will be included more meaningfully in civic life. The integration of existing services will result in more support for prevention and after care. New dollars to make these things possible through lobbying and organizing existing resources better will have been successful. The appropriate social infrastructures will be in place to support the processes and programs necessary to be a place where all people, new residents and current ones, are included, proving to have been the best growth strategy.

Challenges Facing Municipalities: A Changed Socio-political Landscape

Municipalities face significant constraints in terms of their

ability to meet the human needs of the community, many of which are growing. The social safety net in our country has been deteriorating with the dismantling of the Canada Assistance Plan by the federal government. The systematic cutting of budgets and rapid policy changes in the health, social and education sectors resulted in the provincial government transferring many of its responsibilities to the local level in 1998. However, strict legislation around policy and delivery was maintained without providing municipalities with the fiscal capacity to carry out these new responsibilities.

In 1996, social assistance rates in Ontario were cut by 21.6 percent and though they have increased by 3 percent, this is not enough (Townson, 2000). Eligibility rules for welfare changed dramatically in 1995 when recipients living common law had their benefits reduced or cut completely. This affected approximately 10,000 people with 90 per cent of those who lost their benefits being women and more than three-quarters single mothers (Toronto Star, 2004). * The amount of money on a welfare cheque for either an individual or a family does not cover the basic cost of the average rental unit for appropriate shelter and the cost of an appropriate diet forcing many people to choose between paying the rent or buying groceries. Those living in rural areas face even greater challenges with higher food and transportation costs. Unemployment has remained stubbornly higher locally than in other areas of the province.

** The Ontario Court of Appeal declared the rule unconstitutional in 2002, saying it breached equality provisions in the Charter of Rights.*

While the rate has fluctuated over the last few years, anywhere between seven and nine percent of the workforce is unemployed at any given time. Rules making employment insurance eligibility more difficult as well as reduced insurance rates have made this a less reliable source of income protection as well.

While seniors with the lowest income levels receive a guaranteed income supplement, it is not enough to keep them from slipping below the poverty line. Recently, the minimum wage rate in Ontario was increased for the first time in many years. However, this hourly rate is still far below what is required to maintain an income above the poverty level. A shift in labour market conditions in the community and throughout the world, over the last decade finds more people employed in the retail and service sector than in higher paying industrial and manufacturing jobs.

The educational level of Greater Sudburians has been improving over time. A much higher proportion of the younger population than the older has completed high school. However, the highest level of education achieved by adults in Greater Sudbury remains lower than the provincial and national levels. In Greater Sudbury, 34 percent of the population has less than a high school certificate compared to Ontario at 30 percent (Nangia, 2003). The availability of adequate levels of preventative and support services, skills training and affordable quality childcare, are vital in order for certain groups to be able to earn a living wage. In Ontario, municipal property taxes are being used to fund a variety of social services previously

sustained by provincial government revenues yet municipalities are still required to operate within a provincial legislative framework.

According to the Association of Municipalities of Ontario, two-thirds of Ontario municipalities' expenditures are allocated to delivering federally and provincially mandated services (City of Greater Sudbury, 2003). Ontario Works, the Ontario Disability Support Program, provincial social housing, childcare programs, ambulance services, public health services and provincial transit services, are provincial government services municipalities are required to spend on. The City's Community Development Department has primary responsibility for delivering a number of community services that relate directly to ensuring access to the necessities of life. Children Services, Community Development and Social Policy, Social Services (Ontario Works Program) and Employment Support Services, Long-Term Care Facility (Pioneer Manor) and Emergency and Social Housing and Health Initiatives are core services delivered to the community at the local level.

Ensuring the integrity of the social safety net is a shared responsibility between municipal, provincial and federal levels of government and a 'new deal' for municipalities, particularly for the North, is required. However, even under improved circumstances, greater collaboration between governments as well as with the voluntary sector, the general public and the private sector are needed.

New Challenges Require New Approaches

Today's Official Plans go beyond roads, sewers, electricity and communications systems, and deal with a wide range of environmental, economic and human services planning and policies. Greater Sudbury's new Official Plan is guided by five key principles as established by City Council:

- ***One Plan for One City*** – a rationalized policy framework applied to the entire City;
- ***A Healthy Community*** – a balanced approach based on healthy community determinants;
- ***Open for Business*** – facilitating economic development initiatives;
- ***Sustainable Development*** – fostering Smart Growth and supporting ecosystem sustainability; and,
- ***A Focus on Opportunities*** – identifying areas for community improvement and promoting development initiatives.

(City of Greater Sudbury Official Plan 2004)

A Human Services Strategy ensures available services are meeting the human needs of the community in the best way possible. Human services planning and policy centre on the allocation and distribution of resources for the benefit of all members of the community. Economic plans focus on attracting new companies and people to renew and expand skills, and contribute to the economic health of a region. Environmental plans seek to create

clean, safe and sustainable environments. Similarly, human services plans recognize that communities require strong human services infrastructures made up of health and social networks, programs and processes in order to resolve problems and build inclusive communities. These in turn positively influence the economic, social and physical well being of all their citizens (Torjman, et al. 2002).

Just as the local economy and the environment require distinct strategic plans, human services development needs to happen deliberately warranting separate attention. While there is often a direct relationship between the economy, the environment and quality of life, where improvement in one area affects the others, relying solely on improvements in the human services area as a result of improvements in other areas will not provide the kind of communities Greater Sudburians aspire to live in ten years from now. In other words, there needs to be intentional planning through a Human Services Strategy that is integrated with economic and environmental planning.

Guiding Principles

In Greater Sudbury, an understanding of what constitutes a healthy community through the determinants of health and the Healthy Community model has evolved over time through a series of community consultations and conferences, public education and research. A review of these events through the numerous recommendations and reports they produced, reflects a growing consensus concerning the values and principles that Greater

Sudburians aspire to. Evidence of this consensus is reflected in City of Greater Sudbury Council having adopted a Healthy Community By-Law in 2001 that includes the following characteristics and principles.

- clean and safe physical environment
- peace, equity and social justice
- adequate access to food, water, shelter, income, safety, work and recreation for all
- adequate access to health care services
- opportunities for learning and skill development
- strong, mutually supportive relationships and networks
- workplaces that are supportive of individual and family well-being
- wide participation of residents in decision-making
- strong local cultural and spiritual heritage
- diverse and vital economy
- protection of the natural environment
- responsible use of resources to ensure long term sustainability

Principles of Healthy Communities:

- health is a state of complete physical, mental and social well being.
- social, environmental and economic factors are important determinants of human health and are inter-related
- people cannot achieve their fullest potential unless they are able to take control of those things which determine their well-being

- all sectors of the community are inter-related and share their knowledge, expertise and perspectives, working together to create a healthy community

(Ontario Healthy Communities Coalition, 2004)

Along with these values and principles there is a growing eagerness (and in many cases impatience and frustration) expressed amongst the general public and other sectors to participate more meaningfully in local decision making processes. Consultation that is rigid and restricts people to addressing only a narrow part of a larger issue is not meaningful.

In 2003, the City of Greater Sudbury updated its mission, vision, values and priorities in a document entitled, Mapping the Vision for the City of Greater Sudbury. In this document, community engagement and Healthy Communities are included as one of the main priorities. It is described as “facilitating citizens’ participation in community building, maximizing the public’s understanding of municipal services, initiatives and accomplishments, and implementing the Healthy Community Action Plan”. Clearly the efforts of so many people working diligently over the past twenty years (and more) to improve local social and health conditions has created a dynamic synergy that today’s citizens have a unique opportunity and responsibility to utilize for the benefit of this generation and generations to come.

SECTION 2:

Empowering Processes

Strategic Direction #1: Social Inclusion: Understanding the Process

The development of long-term sustainable human services strategy requires a conscious approach and a solid process in place to facilitate that development. How a community engages in the development of human services is as important as what is actually delivered. Too often ambitious goals of a social nature fail to come to fruition due to the players not fully appreciating or investing sufficient energies towards the processes that make the goals attainable. The process of learning to become better human stewards* need to reflect the goals of the overall Human Services Strategy itself. Playing a championing role in the advancement of a human services agenda is an apt role for the City of Greater Sudbury Council. Understanding and committing to the processes that make that possible, forms the basis of Strategic Direction #1.

** Human Stewards - an environmental term adapted to a social context where "caring for the earth by taking personal responsibility for the protection or enhancement of a resource, such as a woodlot or stream" (Taken from The EarthCare Greater Sudbury Local Action Plan, 2003) is replaced by caring for each other by taking personal responsibility for the protection or enhancement of the people in our communities.*

Capacity Building

Building capacity means building knowledge and skills amongst the movers of a process to improve their ability to take action. This first step provides a model through credibility and leadership, to inspire staff and attract the necessary partners into the process of making Greater Sudbury an inclusive city. The areas for building Council capacity include collaborative leadership and cross-cultural awareness training.

Collaborative leadership and cross-cultural awareness training embody a spirit of learning that can best be described as a willingness to listen, ask questions and seek out external resources for expertise, guidance and support. A spirit of learning underlies the ability to discard methods no longer working as well as try new ways of doing things. City Council is poised to take the spirit of learning to new levels in order to ignite the Human Services Strategy and empower City staff to do the same. Enhancing training opportunities for City Council and staff in these areas would advance this cause.

Establishing a Socially Inclusive Climate

A society is only as strong as the diversity of its people, the level to which they are able to contribute to community life and the presence of adequate infrastructure to support this contribution. Social inclusion is about more than just removing barriers or bringing in those who are on the outside. Strategies for social inclusion focus on multi-dimensional inequities, structures and processes to bring excluded groups

and the larger society closer together. Social inclusion seeks transformative change at policy, institutional, service and practice levels as a necessary step in changing the conditions for inclusion (Clutterbuck, 2002). For example, poverty and economic disadvantage are linked with other sources of exclusion like racial discrimination. The cultural, linguistic and socio-economic faces of the people receiving services need to be reflected in the ranks of the service providers and decisions makers. Moving the process of human services development from one of exclusion, where only some people benefit from the process and the outcome, to inclusion, where all people benefit, is a complex but necessary part of effective human services delivery.

The Population Health Research Unit at Dalhousie University developed an “Inclusion Lens” that provides a method for analyzing both the conditions and solutions that promote inclusion. The Inclusion Lens (see Appendix A) provides a way to begin to dialogue and build relationships with excluded groups, raise awareness about how exclusion works, and identify steps to move toward policies, programs, processes and practices that will be inclusive (Shookner, 2002).

The City of Greater Sudbury has gained wide recognition as a best practice site for social inclusion and has much local expertise to draw upon. Greater Sudbury’s most recent project is based on the collective learning of numerous community development projects over the years including N’Swakamok Native Friendship Centre, Better Beginnings Better Futures, numerous Family Resource Programs,

and Myths & Mirrors Community Arts, Through it’s Closing the Distance, Social and Economic Inclusion Initiative, the Population and Public Health Branch of Health Canada in collaboration with the Social Planning Network of Ontario has implemented various social inclusion projects in five Ontario communities (2002). The projects in Greater Sudbury have focused on engaging groups to develop strategies and resources to promote the social inclusion of children and their families and persuading decision-makers and influential sectors to adopt these strategies. This work has contributed to a change in City transportation policy whereby caregivers can get a “transfer” that allows them to re-board the bus after dropping a child off at daycare. As well, a local high school now allows suspended students to stay at school and do their homework under the supervision of a teacher instead of having to vacate school property for the duration of their suspension.

It is recommended that City Council adopt the Inclusion Lens, or a similar tool, to use throughout the corporation to raise awareness and reduce inequities based on socio-economic status, race, gender, ethnicity, geographic location, age, ability and sexual orientation.

Recommendation #1: The City of Greater Sudbury Council play a championing role in the advancement of the Human Services Strategy.

Action:

1.a. City Council build capacity through training in collaborative leadership, cross-cultural awareness

and incorporating the Social Inclusion Lens, or a similar tool, throughout the corporation, facilitating transformative change at the institutional, policy, service, practice and process levels.

Strategic Direction #2: Strengthening Civic Participation

“But citizen involvement is more than just leadership. It is about building public trust and engaging citizens in an on-going dialogue about the issues, ideas and decisions that affect them. People need to have ownership of the public decisions-making process. Based on the principles of building a healthy community, this Council will provide open, accessible and collaborative decisions-making processes in return for a more active, engaged and informed public.”¹

Civic Education

Civic education forms the basis of democracy. The development of civic virtues, knowledge and skills is an on-going lifelong process that serves a community well. Informed citizens’ makes the job of local government easier. In recognition of this, the City of Greater Sudbury provides school tours, virtual access to City documents, departments and personnel, as well as descriptions of how local government functions. User friendly e-guides outlining how to participate in local government (like the Ontario Healthy Communities Coalition’s, Communities and Local Government Working Together, A Resource Manual) and

¹ Courtemanche, David. (2003). City of Greater Sudbury Mayor Inaugural Address.

organizational charts demonstrating the connection between City Council and staff, are inexpensive ways to educate and include the public and are recommended. Perhaps the greatest area for enhancing civic and political learning however is through the participatory process itself (Schugurensky, 2004).

Civic Engagement

Helliwell and Putnam, both leading authors on the subject, define social capital as the relationships, networks and norms that enable collective action and that is created when people come together out of a shared purpose or goal that goes beyond individual benefits (Torjman, 2001). Social capital is often expressed through various forms of civic engagement like involvement in religious organizations, political parties, neighbourhood associations or voting. Communities that have ample social capital tend to experience less crime, are healthier and more prosperous. Generating social capital often requires building new relationships among segments of the population that typically do not interact with each other.

In the past, the majority of municipalities across Canada, including Greater Sudbury engaged its citizens on an as *needed basis* with topical or controversial issues driving the human services agenda. Greater Sudbury has become more proactive in engaging its citizenry with participatory budget processes, economic development and planning initiatives, Advisory Committees / Panels and the establishment of neighbourhood level organizing and action through Community Action Networks (CANs), providing just a few examples.

However, structures and processes allowing citizens and the voluntary and private sectors to participate in local decision making in a consistent, standardized and sustainable way, need to be implemented. Furthermore, these sectors need to have a voice in determining what the appropriate structures and processes to achieve this, should be.

The civic needs of citizens are best served by participating in local decision-making in order to shape government policy through a number of different avenues: avenues that provide real opportunity to affect results. The City of Greater Sudbury needs to make consultation processes more accessible and provide increased support to people's involvement in political decision-making (City of Toronto, 2004). Many people, for example, are not comfortable making public deputations. The climate of debate, the necessary level of literacy and grasp of the English language, make the process inaccessible to many people (Nolte, et. al., 2004). Overcoming barriers to participation may also include providing reimbursement for childcare, transportation or sign language interpretation for example. Informal venues in the community that facilitate dialogue are an important part of the public participation continuum and build social capital resources in the community. Efforts at exploring these methods have begun locally with solution teams and conversation cafes being utilized to engage the public in dialogue and decisions. Study circles, citizen juries, town hall meetings, community arts projects (particularly as a tool for engaging youth) and advisory

panels are other examples of methods of civic engagement and are recommended.

Just as citizens want to be more meaningfully engaged – so do representatives from the voluntary sector. The voluntary sector has a long history of bringing diverse groups together for the benefit of the community in matters ranging from the environment and social services to economic development and plays a key role in civic engagement. Most voluntary sector organizations are struggling to meet increasing demands for services in the community and are facing a human resource crisis that will worsen over the next ten years (Lowe, et al., 2000). Many are not in a position to invest in developing partnerships without additional resources. However, in an age of smaller government, the voluntary sector is increasingly a place where citizens and service providers contribute to the common good, receive training and acquire knowledge and skills. As part of the civic engagement strategy, local government needs to actively support and work together with the voluntary sector in its role as agent of civic engagement (Williams, 2001).

Successful collaboration between the government, the public and the voluntary sector depends on the presence of the following four key elements – shared authority and responsibility, joint investment of resources and shared liability and accountability (Leviten, 2001). When groups share in the work, risk and investment of resources but not in the power to influence decision making, frustration and disillusionment follow. In order for collaborative processes to work well between parties with different levels of power, authority

and areas of expertise as is often the case with local government and voluntary sector initiatives, at minimum there must be a commitment to building trust through open communication, transparency, on-going evaluation and conflict resolution processes. The majority of members of the City of Greater Sudbury Task Force on Emergency Shelters and Homelessness identified the absence of these factors during their least productive periods and vice versa.

The Cities of Toronto and Ottawa have both begun the process of strengthening civic engagement in their communities resulting in a Framework for Citizen Participation and a Public Participation Policy respectively. The City of Calgary and the City of Vancouver have also dedicated time and resources to undertake a process of developing comprehensive public participation policies that lay the foundation for consulting with residents on issues that affect them. The City of Montreal has a Public Consultation Office that operates at arms length from the municipal structure to ensure greater autonomy. The International Association for Public Participation has developed the following core values for the Practice of Public Participation...

1. The public should have a say in decisions about actions that affect their lives.
2. Public participation includes the promise that the public's contribution will influence the decision.
3. The public participation process communicates the interests and meets the process needs of all participants.

4. The public participation process seeks out and facilitates the involvement of those potentially affected.
5. The public participation process involves participants in defining how they participate.
6. The public participation process provides participants with the information they need to participate in a meaningful way.
7. The public participation process communicates to participants how their input affected the decision.

Recommendation #2: The City of Greater Sudbury Council ensure consistent, standardized and sustainable civic participation in municipal decision making through a process of on-going civic education and the development of a Public Participation Policy.

Actions:

2.a. Develop the Public Participation Policy in consultation with the community, the voluntary and private sectors and as part of a public forum on civic engagement.

2.b. Utilize the International Association for Public Participation core values for the Practice of Public Participation as a guide throughout this process.

Strategic Direction #3: Investing in Social Infrastructure Governance and Organizational Capacity

Initiatives like the Mayor and Council's Children First Roundtable, and the Mayor and Council's Committee

on Seniors' Issues, among many other, are in place to address specific areas of social concern and their health impacts. However, opportunities for long-term planning and policy development, particularly across departments and intersectorally, are limited. As has happened in other municipalities in Ontario, the current governance and associated organizational structure has struggled to keep up as mandates and priorities, and resulting strategies have changed through amalgamation, provincial downloading and demographic changes.

The City of Toronto has conducted a number of governance reviews since their amalgamation to monitor the capacity to undertake new priorities². York Region, realizing no capacity for the kind of coordinated and strategic human services development they want to do existed, instituted a Human Services Planning Coalition that serves as a management board³. This board provides leadership in coordinating cross-sectoral initiatives that enhance the capacity of the human services sector in York Region by serving as a permanent advisory, resource and planning forum.

As evidenced in the establishment of EarthCare Sudbury and the Greater Sudbury Development Corporation, the City of Greater Sudbury is working toward a Healthy Communities model that brings the economic, environmental and social sector together. A body responsible for long-term human service planning and policy development would

complete this rubric. Interviews with key senior staff conducted for the purpose of this document in various departments at the City, revealed a consensus about the need for coordination of planning, policy development and intersectoral action at the Council level, throughout the organization and amongst various levels of government.

Human Service Planning and Policy Development Body

Coordination, intersectoral action, service integration and accountability are key functions of an effective Human Services Strategy. Establishing a planning body that supports these activities would provide a structure capable of coordinating current and future initiatives. "Intersectoral action makes possible the joining of forces, knowledge and means to understand and solve complex issues whose solutions lie outside the capacity and responsibility of a single sector."⁴ Representation from the City of Greater Sudbury Council, and the environmental and economic development sector would bring a level of intersectoral collaboration between the City's economic, environmental and social spheres not presently in place. Having representatives across sectors including the Ministries of Health and Long-Term Care and Education as ex-officio members of this body, for example, ensures that collaboration happens horizontally. Adding representatives from the voluntary sector, the general public (especially individuals directly affected), the private sector and all levels

² City of Toronto. (2003). Council Governance Review Discussion Paper.

³ Regional Municipality of York. Human Services Strategy Final Report

⁴ Health Canada. (2004). Population Health. Health is Everyone's Business.

of government, make it possible to vertically align the strategy. Collaboration of this nature also enhances the efforts of senior staff and local politicians in lobbying for additional funding and/or gaining access to new sources of funding (Wright, 2003).

Setting the stage to facilitate coordination and intersectoral action also stimulates opportunities for service integration, particularly between health, education, recreation and social services. Just as social problems are made up of several variables, the best designed services consider these variables. For the purpose of the Human Services Strategy, integration means serving the person's whole circumstances by offering services from an interdisciplinary perspective, preventing clients from having to fend for themselves in a fragmented system. Implementation of this approach necessitates seeing social service recipients as clients accessing any other public service. A focus group conducted for the purpose of this document with people receiving Ontario Works as well as with those who work directly with individuals and families on Ontario Works revealed that how they are treated is their most important issue. All of the participants felt that the current Ontario Works policies contributed to their stress making getting off the "system" harder. Participants also expressed feeling demoralized at times as a result of dealing with what was described as the "gotcha" approach that persists among some service providers.

Following this, services need to be developed by applying a holistic approach that focuses on a broad view of the individual's situation, problems and

resources and how best to connect them with services. Financial assistance, counseling and law services, emergency shelter, affordable housing, childcare, transportation and access to health, education, training and employment, all need to be linked together and made available. For instance, providing on-site childcare to parents applying for assistance or attending employment training workshops as well as a 'triage' type model within Ontario Works that can absorb clients who arrive without scheduled appointments but need services nonetheless could be organized. A holistic approach recognizes that some services might be best delivered through access points in the community like community centres, schools, cultural centres, recreational facilities and social service organizations where clients already are, have ready access to other services and offer services when clients are most available. Local initiatives, like the Centre de santé Communautaire de Greater Sudbury Corner Clinic / Clinique coin / Zii-Ngaak Askziiwagamig and the City of Greater Sudbury's Women at Risk program, are excellent examples of taking the service to the client.

In Hamilton Ontario, McMaster University's System-Linked Research Unit found that providing single mothers on social assistance with a complete array of services pays for itself within two years. The evaluation consisted of 765 households with 1,300 children, aged 0-24 years. Each family was randomly assigned to groups ranging from those receiving no additional services, to those receiving the full spectrum of services, including home visits by public health nurses, job retraining and recreation for children.

Twenty five percent of families offered the full range of services exited social assistance compared to 10 percent of those without the services. Offering public health visits alone resulted in a 12 percent greater exit rate (Browne, et al., 2000).

Savings can be achieved but not because effective service is cheap, but because making people healthier and better able to cope with life circumstances results in savings in other sectors like health, education, recreation and corrections. The most serious barrier to the delivery of these types of innovative services is the separate funding of the various sectors. Opportunities must be made to find ways to overcome financial disincentives and reward intersectoral collaboration and service integration. Upgrading the municipal governance structure to ensure greater organizational capacity in the areas of coordination and intersectoral collaboration provides such an opportunity (Browne, et al., 2000).

Accountability: New Social Knowledge and Evaluation

Decision makers require having access to new social knowledge in order to increase social cohesion and reduce poverty rates. For example, while the number of young people leaving Greater Sudbury for either work or learning opportunities is high, the reasons and rates of out migration vary between age, gender, ethnicity and geographic location. Aboriginal communities in Northern Ontario for example, as a whole have the lowest rate of youth out-migration and within that population there is also a great deal of variation between communities (Northern Ontario Local Training and

Adjustment Boards, 2002). Sound policy and service decisions are based on evidence-based research and evaluation generating new social knowledge that reflects the diversity of the population.

Staff support for the human services planning and policy development body could be shared among City departments with resources coming from the Community Development Department and Growth and Development. In order to expand the current resources of these departments, particularly in terms of research and evaluation capacity, partnerships with post secondary institutions, social planning and public health organizations could be organized. Strategic planning and collaboration on research ventures, an expansion of the student placement program, a pooling of research expertise and an enhancement of data currently collected through the Community Development Department, would ensure greater utilization of existing resources and are also recommended.

Social assistance clients also need to be involved more meaningfully in service and policy decisions through anonymous surveys, focus groups and evaluations. Communication with the group being served, to identify the effectiveness of services and in planning new ones, is a good strategy that local departments already have some experience with. Tracking what worked and what did not work and why needs to be done on a continuous basis and within a climate that can support the learning process for both clients and staff.

Recommendation #3: The City of Greater Sudbury Council create a body

responsible for long-term human services planning and policy development.

members of the human services planning and policy development body.

Actions:

3.a. The human services planning and policy development body support the activities of coordination, intersectoral action, service integration and accountability.

3.b. Provide support to the body through interdepartmental resources.

3.c. Expand current resources particularly in terms of research and evaluation capacity, through partnerships with post-secondary institutions, social planning and public health organizations, strategic planning and collaboration on research ventures, an expansion of the student placement program, a pooling of research expertise and an enhancement of data currently collected through the Community Development Department.

3.d. Involve social services clients more meaningfully in service and policy decisions through anonymous surveys, focus groups and evaluations.

3.e. Include representation from City Council, members of the public directly affected by the issue at hand, ex-officio members from the Ministry of Health and Education, representation from the voluntary and private sectors as well the City's environmental and economic development sectors to sit as

Section 3: Vibrant Communities

Strategic Direction #4: Achieving Population Growth: A Place at the Table for Everyone

Improving quality of life through strategies that focus on social cohesion and inclusion are areas where a Human Services Strategy hand in hand with economic and environmental strategies can help influence a population in deciding whether to remain in a particular location or to relocate. The last census noted a large decline in the population of Greater Sudbury, from 164,050 in 1996 to 155,225 in 2001. This alarmed policy makers as the decline was quite noticeable in the younger age groups. For example, the 25 to 34 age group declined by 25 percent (a challenge faced by many communities in the North). While immigration is not the panacea to ensuring a positive growth rate locally it does have a role to play as does improving the quality of life for those who already live here.

While multiculturalism recognizes that Canada is made up of Aboriginal, English and French people and joined by immigrants from all parts of the world, it is often applied as ethnic minorities conforming to the Euro-centric mainstream culture. This type of hidden racism has the effect of excluding racial minorities from society because inclusion and diversity go hand in hand. Inclusion seeks to broaden the mainstream not have minority groups

conform to it (Lock Kunz). Education and public awareness campaigns need to operate side by side with policies, legislation and programs to facilitate attitudinal change to create a truly diverse society. The City of Greater Sudbury's Diversity Plan presents the community with an opportunity to further this work.

Linking Inclusion with Diversity and Population Growth

Social exclusion of ethnic, cultural and linguistic minorities is a reality throughout Canada and Greater Sudbury is no exception. A recent report on attitudes and perceptions of race relations in Greater Sudbury conducted by the Social Planning Council of Sudbury and Laurentian University reported that 70 percent of Aboriginals and 36 percent of visible minorities stated that they had been treated unfairly in Greater Sudbury* during the last five years because of their culture or race (Kauppi, Nangia et al., 2004). While both Aboriginal and visible minority respondents believed that having a culturally diverse population is a positive aspect of community life, over half of the Aboriginal respondents said that problems related to race relations make Greater Sudbury a less desirable place to live and a third said it creates problems for community decision-making (Kauppi, Nangia et al., 2004).

Overall the study revealed that between 25 and 45 percent of respondents (a random sample of 270 CGS residents including urban and outlying areas), indicated that discrimination is non-existent or exaggerated, is caused by members of ethnic minorities themselves, or is used

by ethnic minorities to improve their own situations. This attitude provides an important context for understanding the results concerning Francophones where a third of the respondents believe that the extent of cultural inequality and discrimination experienced by the population is exaggerated.

**In the cultural groups survey (44 Aboriginals, 40 Francophones, and 50 members of visible minority groups) 66 percent reported being treated unfairly in a store, bank or restaurant, 56 percent at work or when applying for a job or promotion, 58 percent when dealing with police or courts, nearly half when dealing with social services staff and a third or more stated their dealing with health care professionals or teachers/school staff could be characterized as unhelpful or unfair. (Kauppi, Nangia et al., 2004).*

The results of this research are being used to help guide the City's Diversity Project. This project has brought various groups together focusing on Aboriginals, Francophones and the Multicultural community in order to develop a Diversity Plan for the City. In order for this plan to be as effective as possible, consideration of certain issues and accompanying strategies are recommended.

Aboriginals*

The Aboriginal population, like the rest of the Canadian population is becoming increasingly more urbanized.

**Aboriginal peoples refer to people of Inuit, Métis and First Nations descent.*

In Ontario 71 percent of Aboriginal people live off reserve with nearly half in urban areas. As mentioned previously, the Aboriginal population in Canada is growing, representing 4.4 percent of the overall population with 35 percent of that under 15 years of age compared to 20 percent of the non-Aboriginal population (Jenson, 2004). While urban Aboriginals fare better economically than their on-reserve counterparts, they are disproportionately represented in the poorest urban neighbourhoods.

More than any other factor, low education levels are condemning Aboriginals to poverty. Education levels for Aboriginals 15 years and older who have a high school certificate and above living off-reserve are higher than for those living on-reserve (one half vs. one third) but it is a rate that is far below the non-Aboriginal population where two thirds have high school certificates (Richards, Vining. 2004). However, secondary school completion rates for Aboriginals across the country have improved from 21 percent to 23 percent between 1996 and 2001 (Stats Canada, 2003c). Among First Nations people, post-secondary qualification also increased from 33 percent to 38 percent over the last two censuses (Statistics Canada, 2003c). These dynamics represent opportunities for both Aboriginal and non-Aboriginal communities over the next ten years and beyond but there are challenges to overcome.

The City of Greater Sudbury, as a key urban hub in Northern Ontario, provides a natural draw to Aboriginal people living in surrounding areas. There are two reserves (Whitefish Lake and Wahnapiatae First Nation) that are

surrounded by the expanded boundaries of the City of Greater Sudbury. There are two other reserves (Henvey Inlet and Magnetawan) within 120 km of the city. Greater Sudbury's Aboriginal residents have migrated from numerous reserves including Wikwemikong First Nation, Manitoulin Island Reserves, Sagamik, Garden River, Serpent River First Nation as well as other cities like Winnipeg and Moosonee. Greater Sudbury also has a large Métis community represented by the Métis Nation of Ontario. However, the potential to become a community that welcomes Aboriginals from other areas requires working harder to better include Aboriginals who are residents currently. Acknowledging and addressing systemic forms of racism toward Aboriginal people that contribute to economic and social marginalization has begun and must continue.

Recommendation # 4: The City of Greater Sudbury in partnership with the Aboriginal communities, develop an Urban Aboriginal Strategy.

Actions:

4.a. The Aboriginal community receive recognition and support in their pursuit of economic and social development, with full respect for their identity, traditions, forms of social organization and cultural values.

4.b. Cultural barriers faced by the Aboriginal population, particularly youth and children, coming into contact with mainstream services like childcare, education and health and social services, be recognized and addressed.

4.c. City policies, programs and services be adapted to meet the needs of this population by hiring Aboriginal staff and/or Aboriginal Liaison Officers to interface with Aboriginal clients (Chalifoux, Johnson, 2003).

4.d. Provide on-going cross-cultural education and training to help City staff better understand Aboriginal history, culture, circumstances and needs.

4.e. Disadvantages facing the Aboriginal community related to low levels of education and discrimination in the work force be addressed by lobbying local school boards and education ministries to put Aboriginal school outcomes on the agenda and working with post-secondary institutions to implement more targeted recruitment strategies.

4.f. Conduct research and evaluation of programs to build on best practices like Sudbury Secondary School's Alternative Education Program.

Francophone Language and Culture

Franco-Ontarians constitute the largest French-speaking community in Canada outside of Quebec. Francophones in Ontario comprise 4.4 per cent of the province's total population and 29 percent of the population of Greater Sudbury (Nangia, DiLenardi, Gasparini. 2003). Two in five persons have knowledge of both the

official languages. Bilingualism is increasing in the city. Compared to 34 percent of seniors, 49 percent of youth are bilingual (Social Planning Council of Sudbury, 2005). Greater Sudbury is a very important centre in Franco-Ontarian cultural history, and the Francophone community has played a central role in developing and maintaining many of the cultural institutions of Francophone Ontario. To preserve this contribution well into the future, an enhanced commitment to understanding and supporting the linguistic and cultural needs of the Francophone population is required. The City of Greater Sudbury Council needs to take a lead role in this starting with a forum on Francophone Language and Culture where dialogue resulting in a strategy that addresses the concerns of the Francophone population and supports their goals and aspirations can take place.

While the majority of Franco-Ontarians are from traditional French Canadian lineages in Quebec, the Franco-Ontarian community does include smaller populations from other French-speaking areas as well, including Acadians, Métis, Haitians, Africans and Asian Francophones. Attracting Francophone immigrants to Greater Sudbury as part of City's overall population growth strategy is recommended. Recently Citizenship and Immigration Canada (CIC) through Canada's Innovation Strategy introduced the Francophone Minority Community Strategy to improve the capacity of French-speaking areas outside of Quebec to attract and retain newcomers. As it stands, Francophone minority communities receive limited benefits from Francophone immigration. In

2001, 75 percent of French-speaking immigrants chose to settle in Quebec.

This strategy outlines a number of very specific recommendations that could be linked to local efforts. Developing targeted promotion and recruitment efforts, identifying workforce shortages to impact economic development of Francophone communities, ensuring services are in place to support Francophone immigrants in accessing employment, education and health services, and adapting services to sub-populations like immigrant women who face additional barriers to services like childcare, education and language training (Fédération nationale des femmes canadiennes-françaises, 2003) are also recommended.

Recommendation # 5: The City of Greater Sudbury in partnership with the Francophone community develop a Francophone Language and Culture Strategy that addresses the concerns of the Francophone population and supports their goals and aspirations.

Actions:

5.a. Organize a forum on Francophone Language and Culture to develop a strategy to address the concerns and aspirations of the francophone population.

5. b. Attract Francophone immigrants to Greater Sudbury by developing targeted promotion and recruitment efforts, identifying workforce shortages to impact economic development of Francophone communities and ensure services are in place to assist in

accessing employment, education and health services.

New Canadians and Visible Minorities

In Greater Sudbury, the immigrant population between 1991-2001 included Asians (35 percent), particularly East Asians (China 16%, Pakistan 5.8%), Europeans (32.7 percent), though decreasing steadily with the exception of Germany, the former U.S.S.R and Yugoslavia and Africans (16 percent), particularly those from East and Central Africa (Nangia, DiLenardi, Gasparini, 2003).

According to the 2001 Census, visible minorities comprise two percent of the population in Greater Sudbury, with highest concentrations of Asians, followed by Blacks. More information about the local immigrant and visible minority population in terms of reason for immigrating to Greater Sudbury, social and economic barriers encountered and the services, policies and practices needed to overcome these barriers, is essential. Investing in research that engages these communities in answering these types of questions is key to developing strategies that are effective in attracting and retaining new Canadians, and can pave the way for ensuring a more favourable and inclusive quality of life for new Canadians and visible minority residents.

Recommendation # 6: The City of Greater Sudbury invest in research and services to improve the quality of life for new Canadians and visible minority residents as well as attract and retain new Canadians and

visible minorities to the City of Greater Sudbury.

Youth

Strategies to reverse youth out migration must be part of a larger youth strategy and must include youth from many different backgrounds. Aboriginal, Francophone, visible minorities, immigrants, honour students, math and science inclined, activists, artists, youth living in poor families and/or who are homeless, athletes, lesbians and gays, and those with disabilities, all have different issues and priorities. Youth also encompass a wide age spectrum that reflect very different ideas and concerns that need to be taken into consideration. Developing employment opportunities that will allow youth to remain in the North, though very important, represent only one area of concern. Youth identify wanting creative outlets for self-expression, greater support geared to their age groups and respect from the community (Reszczyński, Gasparini, Nangia et al., 2004). They want to be taken seriously, have direct influence over areas that concern them and participate more meaningfully in civic discourse and decision-making at the local level.

According to the Ontario Association of Youth Employment Centre, nationally, immigrant youth have higher levels of unemployment than non-immigrants; this is particularly true among visible minority youth. Among youth aged 15-24 in Ontario, the unemployment rate is 25 percent for visible minorities, compared to 18

percent among all others with Black youth having the highest unemployment rate, followed by Latin Americans, Southeast Asians, and Arab/West Asians (Lock Kunz, 2004). Furthermore, according to a study examining higher education, racial minorities, immigrants and labour market outcomes in Canada conducted by Paul Anisef and Robert Sweet et al. show that even with a university education, the unemployment rate is still higher among racial minorities than among those who are white. Further, racial minority university graduates are less likely to obtain professional jobs than non-racial minorities (Lock Kunz, 2004).

Locally, while many organizations provide excellent services to youth in Greater Sudbury, gaps in services remain. With teenagers making up between 10 to 18 percent of the homeless population, suicide accounting for 24 percent of all deaths among 15-24 year olds, and a relatively high secondary school drop out rate, clearly a comprehensive youth strategy that goes beyond the “youth out migration issue” is needed (Nangia, DiLenardi. 2003). While becoming better allies to youth will not keep them from moving away necessarily or guarantee their return in the future, it will improve our chances of solving serious problems that youth living here currently are struggling with. This approach will bode well for youth and the community as a whole.

Recommendation # 7: The City of Greater Sudbury in partnership with a diverse group of youth, develop a strategy that addresses youth issues and concerns and the contribution youth want to make to civic life.

Gay, Bisexual, Lesbian and Transgender (GBLT)

Safe and healthy cities emphasize the necessity of including all of its residents in community life and the provision of adequate services. Larger urban areas tend to be more attractive to the GBLT population due to the greater levels of acceptance as a whole, experienced there. In order to remedy this, the concerns and barriers specific to this population need first to be understood, accepted and implemented. The ACCESS AIDS Network and Sudbury Pride Centre working group conducted a needs assessment survey during Sudbury Gay Pride 2003. Questions ranged from the types of services people would like to experiences with discrimination. Of the 162 completed surveys 76 percent said they had witnessed, “gay bashing” (violence perpetrated by heterosexuals upon homosexuals). 42 percent reported having been a victim of gay bashing. For those respondents under 20 their experience of discrimination occurred mostly at school. For those over 30, discrimination occurred mostly in professional settings (The City of Greater Sudbury LGBT2-SQ & PFLAG Needs Assessment, 2003).

For the GBLT community, particularly youth, simply belonging to this group can present extreme hardship. In recognition of obstacles GBLT youth face in secondary school for example, the Toronto District School Board runs the first ever high school for GBLT students called the Triangle Program. In existence for nine years, this program allows students to learn in a safe, harassment-free, equity-based environment. The City of Greater

Sudbury has an opportunity, along with GBLT residents to develop a strategy to counter homophobia and take the steps necessary to become a safer and healthier city.

Recommendation # 8: The City of Greater Sudbury, in partnership with the gay, bisexual, lesbian and transgendered (GBLT) community develop a strategy to become a safer, healthier and more inclusive city.

Strategic Direction #5: Reducing Poverty: Access to Education, Training, Employment, Affordable Housing and Community Food Security

An Anti-Poverty Strategy

Poverty is expensive. A report conducted for the United Way of Calgary and Area by the Centre for Health and Policy found that by measuring the “external” costs of poverty (i.e. costs incurred by people other than those who live in poverty), savings in the order of \$8.25 million could be realized each year if a sustained poverty reduction strategy was implemented. Savings would come from reductions in the cost of health care and special education and benefits that arise from higher rates of high-school completion (Shiell, A, Zhang, J, 2004).

Poverty is not inevitable. Many policies and programs have shown to be effective in reducing the depth or the incidence of poverty. Opportunities Planning in Waterloo Region is an example of this. A four-year initiative that ran from 1993-1997, it supported welfare recipients in their journey from welfare to work helping 500 long-term

unemployed people find work or start their own business. They did this in part by establishing a critical mass of activity around the issue of poverty. More than 40 community partners, including non-profit organizations, all levels of government, the business community and people living on low incomes, were involved in the effort. This project was recognized by the United Nations as one of the Top 40 Urban Community Development Projects in the world (Leviten, 2001). An Anti-Poverty strategy designed by those populations most affected in partnership with the City and others focusing on access to education, training, employment and the basics, is recommended.

A. Improving Access to Education, Training and Employment

It is understood that being a place where people want to live requires having adequate employment opportunities and that the health of a community is based in large part on the ability of its citizens to be and stay meaningfully engaged in the workforce. Educated people are healthier, can earn more and therefore contribute further to the economic growth of their families and of the overall community.⁵ A strong workforce requires a strong enough economic base to support secondary industries and an adequate supply of highly skilled and adaptable workers. It also requires affordable and accessible education and training opportunities. Factors keeping certain segments of the

population out of the labour force, periodically or for extended periods, and implementing effective strategies to address this are the focus of this section.

Education, training and employment strategies need to be based on new social knowledge, as “one size fits all” strategies are ineffective. With 34 percent of adults in Greater Sudbury having less than a high school diploma and a lower employment rate than the rest of the province, research looking at the composition of students who do not complete high school, identifying the supports they need in order to remain in school, providing alternative job creation strategies and equal access to the labour market, need to be a main thrust of an anti-poverty strategy. For example, while many male Aboriginal students cite cost as the reason for discontinuing education, one in three female Aboriginal students cite family responsibilities. The percentage of the Aboriginal population that had completed high school between 1996 and 2001 in Canada increased from 21 to 23 percent and from 33 to 38 percent in post-secondary qualifications, reflecting in part a growing acceptance of Aboriginals in the education system. However, barriers to employment remain.

How economic development is perceived needs to expand to include non-traditional training and employment options in order to allow for greater participation in the labour force. Broad scale coordination between the economic, education and employment sectors also needs to take place. Finally, education and employment strategies must be designed in partnership with

⁵ Nangi, P., DiLenardi, S., Gasparini, J., Social Profile of Greater Sudbury 2003, Social Planning Council

diverse populations to ensure equal access to the labour market.

Community Economic Development (CED)

The nature of learning and earning has changed since the baby boom. Since 1989, three quarters of all job growth has been in self-employment, which now accounts for 17% of all the employed in Canada. Today's workers will change jobs five times before they are 40 and change careers three times before they retire. For those without access to credit and little or no income, self-employment is almost inaccessible. This lack of access to credit represents a significant economic barrier to those who may already be marginalized.

Community Economic Development is a community-based and community-directed process that combines social and economic development and fosters the economic, social, ecological and cultural well being of communities. It is founded on the belief that problems facing communities – unemployment, poverty, job loss, environmental degradation and loss of community control – need to be addressed in a holistic and participatory way (Canadian Community Economic Development Network). In the City of Greater Sudbury, the Stepping Stone Program, run by Grassroots Economic Opportunity Development and Evaluation (GEODE), provides an alternative self-employment program that includes support, business skills training and peer lending. Through this program, people who want to expand or start their own micro-enterprise business join a circle with other micro-enterprise entrepreneurs.

Peer lending models lend largely based on using ones character as collateral and diminish the risk of default by working closely with individuals, providing peer support, opportunities for training and following a borrower's progress, keeping repayment and overall success high. GEODE currently has six circles and since 2001 has lent over \$25,000 (with all but one loan of \$600 repaid), and supported 6 business starts and 5 expansions. Through providing access to small amounts of credit, many small ventures can grow into successful businesses. Micro-lending enables marginalized individuals to increase their economic independence through self-employment. Currently, there are approximately 35 micro and peer loan funds across Canada. Their assets amount to \$10 to 15 million and focus primarily on business loans. The City of Greater Sudbury needs to link more with organizations using the CED model to broaden its approach to economic development.

Coordination

The City of Greater Sudbury has a strong education and training infrastructure. The Greater Sudbury Development Corporation, the Greater Sudbury and Manitoulin Training & Adjustment Board, Collège Boréal, Cambrian College, Laurentian University and the school boards provide excellent education, training and employment opportunities. However, greater coordination within this infrastructure needs to occur in order to maximize these resources.

Aboriginals

Absoriginal education, training, employment and economic

development support services need to be promoted alongside mainstream sources. For example, organizations like Gezhtoojig Employment and Training, Waubetek Business Development Corporation and the Aboriginal Business Service Network need to be added to the pool of resources available to the public.

Francophones

The presence of the Francophone community in Greater Sudbury is a source of pride and provides many opportunities. The community has enjoyed significant success in developing infrastructure in the field of education at the elementary, secondary level and post secondary level. One need only visit the Laurentian University and Collège Boréal campuses to see this. Strategies to continue to promote and celebrate Francophone culture, language, services and institutions are key to ensuring ongoing support for this population.

New Canadians and Visible Minorities

The United Way of Greater Toronto found that many recent immigrants to the City of Toronto are living in deep poverty, in severely crowded housing and in extremely low-income neighbourhoods (MacDonnell, S, Ratanshi, F, et al.). They are struggling to access the language, training and settlement services they need to join the economic mainstream. This is true particularly of immigrant and visible minority women. The City of Greater Sudbury needs to work with new Canadians, visible minorities and service providers, to promote greater equality in

the labour market. Language training programs that match education and professional qualifications, employment and training programs, including mentoring and outreach to employers, as well as access to childcare and transportation, could further facilitate the integration of new immigrants and visible minorities into the local labour market. Strategies to secure funding for these programs are crucial and are recommended.

Seniors

The Mayor and Council's Committee on Seniors Issues has accomplished much over the last few years. The City's long-term care facility has been reorganized into a new permanent senior's campus that includes a memory assessment network for Northeastern Ontario and the development of supportive housing. In April 2004, "Action Planning for Greater Sudbury's Golden Opportunity" was released. This seniors-based economic development strategic plan is comprehensive in its inclusion of a broad range of issues from housing to health care.

Seniors generally speaking are a diverse group. They differ ethnically, culturally and linguistically as well as socio-economically and in physical ability. Understanding these differences and the impact this has on economic development and quality of life is very important in planning for the needs of all seniors.

In the City of Greater Sudbury 54.8 percent of seniors are living on less than \$20,000 annually and 12.1 percent on less than \$10,000 per year. Poverty is particularly high among unattached

individual seniors (living alone or with non-relatives). The proportion of seniors living alone goes up with age. In Greater Sudbury one third (65 years and over) and 2/3 (85 years and over) live alone or with non-relatives. Poverty rates among elderly households have a pronounced gender bias. 26 percent of seniors 75 years old and over (78 percent for men and 88 percent for women), live in rental accommodation and of this, 19 percent pay over 50 percent of their income on rent (Nangia, 2003). For Aboriginal seniors poverty rates are even higher. In Greater Sudbury, 17 percent of Aboriginal seniors earn less than \$10,000 per year vs. 12 percent of non-Aboriginal seniors.

In terms of knowing more about low-income seniors, little information is available. Issues regarding health, opportunities to be active and productive in both individual pursuits, including paid employment, and community involvement, need to be collected. With people living longer and being healthier, an aging population provides some opportunities in terms of providing a pool of people with expertise at a time when the labour force will be shrinking, particularly in the voluntary sector. Planning to capitalize on these types of opportunities to increase the quality of life for seniors are recommended.

Citizens with Disabilities

The voluntary sector, along with provincial and municipal governments, has made important gains in this area. When sections of the Ontarians with Disabilities Act, 2001 (ODA) became law in early 2002, the Accessibility Directorate of Ontario and the Accessibility Advisory Council of

Ontario were established. Estimates reveal that about 20,077 citizens in Greater Sudbury, 13 percent of the total population, have a disability of a permanent nature. This number will increase as the population ages, reaching 20 percent in two decades.⁶ Persons with disabilities face significant obstacles in education, employment and income, as well as challenges in transportation, communication and accessibility even though they are more educated than the general population. In the fall of 2002 an Accessibility Advisory Committee was established to develop the City's Accessibility Plan. It was adopted in 2003 and will be implemented in stages over time.

Barriers encountered by disabled persons are exacerbated by gender, age and poverty. As the population ages, it is anticipated that the number of people living with disabilities will increase. Strategies concerning access to education, employment and the basics for persons with disabilities, need to include the special needs of disabled females; a population that experiences high poverty and violence rates. The disparity in income between male and female persons with disabilities is significant. For instance, median employment income for a disabled woman is \$8,360, while for a disabled man it is \$19,250 (Statistics Canada, 2001f). According to Disabled Women's Network Ontario (DAWN), disabled women are more likely to be victims of violence and disabled girls are twice as likely to be sexually assaulted (DAWN, 1986). For the purpose of the Human Services Strategy, the Committee's recommendations

⁶ Statistics Canada. (2001) Participation and Activity Limitation Survey.

concerning accessible housing, children with disabilities, and employment, are particularly relevant and are expanded upon here.

1. Develop an inventory of accessible units available, including units designated to victims of violence with disabilities on an emergency basis.
2. Children's Roundtable develop recommendations on how to implement the Children First Charter for children with disabilities
3. Undertake an inventory of skills and training gaps of people with disabilities in Greater Sudbury and particularly among disabled women.
4. Develop an education campaign for businesses on the benefits of hiring people with disabilities. (Adapted from City of Greater Sudbury Accessibility Plan)

Women

Discrimination in the workforce, lack of affordable childcare, high poverty rates among female headed lone-parent families, growing stress for those responsible for caring for elderly relatives and young children and violence towards women are some of the key barriers women face in participating more fully in all aspects of society, particularly education and employment. Women who are visible minorities,

immigrants, Aboriginal, Francophone, disabled, or elderly are doubly disadvantaged in this way. Policies and practices to address these barriers are recommended as part of the anti-poverty strategy and need to be integrated into all planning and development strategies at the city.

Children

The Mayor and Council's Children First Roundtable was established in 2000. The Roundtable, made up primarily of a group of citizens (including parents) with expertise on children was established to set policy on children's issues. In 2002, the Children First Report Card, a document containing data that will allow the measurement of the progress of children in Greater Sudbury, was released. Data, gathered by the research sub-committee, was organized around the goals set out in the Children First Charter (See Appendix B), which was also endorsed by the City of Greater Sudbury Council in 2002. The report card is an effective planning tool for service providers and elected officials in making decisions about the allocation of resources. It recognizes the connection between education, health and socio-economic status and how ethnic, cultural and socio-economic diversity are important factors influencing that connection. It is recommended that the Children First Charter guide all city policies, processes and practices concerning children with the addition of children with disabilities.

B. Access to the Basics: An Affordable Housing Strategy and Food Security

After almost a decade of stagnation, minimum wage in Ontario saw a marginal increase of 30 cents in February 2004, rising from \$6.85 to \$7.15 per hour. However, since 1995, the real purchasing power of the dollar has gone down by 20 percent making this 4 percent increase nowhere near compensation for this inflation (Nangia, et al., 2004). Clearly, people in the lowest socio-economic bracket cannot afford to adequately house themselves and their families, and eat healthily. Over the past decade, the structural causes of homelessness across the country have become more acute as senior levels of government have tightened fiscal policy by cutting income assistance rates, reducing support for social housing and slashing social support services like counseling, education and job training programs. At any given time between 400 and 600 people are absolutely homeless or at serious risk of losing their shelter in the City of Greater Sudbury (Kauppi, C, Gasparini, J, et al., 2003). As a result, an increasing number of homeless and near homeless people have become largely dependent upon “band-aid” solutions like shelters, food banks and soup kitchens. These measures provide temporary relief but do not address the causes of homeless, hunger and poor physical and mental health.

In 2000, the Provincial Government passed the Ontario’s Social Housing Reform Act (Bill 128). This Act transferred the funding and administration of provincial social housing programs, including provincial housing co-ops programs, to municipal service managers. This means the City of Greater Sudbury is responsible for providing and administering its own social housing. An Affordable Housing

Strategy that recognizes the important role emergency and transition shelters play in alleviating homelessness, involves other sectors and levels of government in systemic change to prevent homelessness and supports innovative ideas like those coming from Habitat for Humanity and Youth Build (a program started in the United States where youth obtain credit towards completion of their high school diploma while learning to build affordable housing for families in their community) is recommended.

Food security is an issue that goes beyond ensuring everyone can afford to eat nutritiously. Food security considers individual and community health, food-based economic development and environmental sustainability through local production, processing and distribution. (The Food Security Network of the Greater Sudbury and Manitoulin Districts, Terms of Reference, 2004). The City of Greater Sudbury is well positioned, with Council’s adoption of the Food Charter in 2004 (see Appendix C), to support the development and implementation of a community food security mandate.

Recommendation # 9: The City of Greater Sudbury in partnership with an Anti-Poverty Advisory Panel develop and implement an Anti-Poverty Strategy focusing on improving access to education, training and employment, affordable housing and community food security.

Actions:

A. Improving Access to Education, Training and Employment

9.a. That the Anti-Poverty Advisory Panel be comprised of representatives from poverty groups, the education, health and training sector, private sector, senior levels of government and people who have experienced poverty.

9.b. That strategies to address education, training and employment barriers be based on new social research focusing on the specific needs of Aboriginals, Francophones, new Canadians and visible minorities, seniors, citizens with disabilities and women.

- i. Promote Aboriginal education and employment services alongside mainstream sources.
- ii. Ensure continued support of Francophone culture and language particularly through the education sector.
- iii. Support language and employment training programs to help facilitate new Canadians and visible minorities into the labour force.
- iv. Ensure these programs match education and professional qualifications of clients, include mentoring and outreach to employers and offer childcare and transportation assistance.
- v. Lobby government to provide adequate funding for these programs.
- vi. Children's Roundtable develop recommendations on how

to implement the Children First Charter for children with disabilities

vii. Undertake an inventory of skills and training gaps of people with disabilities in Greater Sudbury particularly among women who are disabled.

viii. Develop an education campaign for businesses on the benefits of hiring people with disabilities. (*Adapted from City of Greater Sudbury Accessibility Plan*)

9.c. The City of Greater Sudbury and related organizations link more with organizations using a Community Economic Development (CED) model to broaden approach to economic development.

9.d. The Anti-Poverty Advisory Panel work toward bringing greater coordination between education, training and the labour market in order to facilitate accessibility throughout these sectors.

B. Access to the Basics: An Affordable Housing Strategy and Community Food Security

9.e. The Anti-Poverty Advisory Panel lobby federal and provincial levels of government to increase social assistance and minimum wage rates to meet basic standard of living requirements.

9.f. The Anti-Poverty Advisory Panel evaluate and monitor levels of poverty and trends in the community

and keep community informed of implementation progress.

9.g. The Anti-Poverty Advisory Panel develop an Affordable Housing Strategy that includes culturally and linguistically appropriate, safe and accessible emergency shelter and outreach services, supportive and transitional housing, social housing, affordable and accessible rental housing and affordable home ownership as essential components of a housing continuum.

9.h. The Anti-Poverty Advisory Panel in partnership with the Food Security Network of Greater Sudbury and Manitoulin Districts work toward community food security by overseeing the implementation of the City of Greater Sudbury Food Charter.

Summary of Recommendations

Recommendation # 1: The City of Greater Sudbury Council play a championing role in the advancement of the Human Services Strategy.

Action:

1.a. City Council build capacity through training in collaborative leadership, cross-cultural awareness and incorporating the Social Inclusion Lens, or a similar tool, throughout the corporation, facilitating transformative change at the institutional, policy, service, practice and process levels.

Recommendation # 2: The City of Greater Sudbury Council ensure consistent, standardized and sustainable civic participation in municipal decision making through a process of on-going civic education and the development of a Public Participation Policy.

Actions:

2.a. Develop the Public Participation Policy in consultation with the community, the voluntary and private sectors and as part of a public forum on civic engagement.

2.b. Utilize the International Association for Public Participation core values for the Practice of Public Participation as a guide throughout this process.

Recommendation # 3: The City of Greater Sudbury Council create a body responsible for long-term human services planning and policy development.

Actions:

3.a. The human services planning and policy development body support the activities of coordination, intersectoral action, service integration and accountability.

3.b. Provide support to the body through interdepartmental resources.

3.c. Expand current resources particularly in terms of research and evaluation capacity, through partnerships with post-secondary institutions, social planning and public health organizations, strategic planning and collaboration on research ventures, an expansion of the student placement program, a pooling of research expertise and an enhancement of data currently collected through the Community Development Department.

3.d. Involve social services clients more meaningfully in service and policy decisions through anonymous surveys, focus groups and evaluations.

3.e. Include representation from City Council, members of the public directly affected by the issue at hand, ex-officio members from the Ministry of Health and Education, representation from the

voluntary and private sectors as well the City's environmental and economic development sectors to sit as members of the human services planning and policy development body.

Recommendation # 4: The City of Greater Sudbury in partnership with the Aboriginal communities, develop an Urban Aboriginal Strategy.

Actions:

4.a. The Aboriginal community receive recognition and support in their pursuit of economic and social development, with full respect for their identity, traditions, forms of social organization and cultural values.

4.b. Cultural barriers faced by the Aboriginal population, particularly youth and children, coming into contact with mainstream services like childcare, education and health and social services, be recognized and addressed.

4.c. City policies, programs and services be adapted to meet the needs of this population by hiring Aboriginal staff and/or Aboriginal Liaison Officers to interface with Aboriginal clients (Chalifoux, Johnson, 2003).

4.d. Provide on-going cross-cultural education and training to help City staff better understand Aboriginal history, culture, circumstances and needs.

4.e. Disadvantages facing the Aboriginal community related to low levels of education and discrimination in the work force be addressed by lobbying local school boards and education ministries to put Aboriginal school outcomes on the agenda and working with post-secondary institutions to implement more targeted recruitment strategies.

4.f. Conduct research and evaluation of programs to build on best practices like Sudbury Secondary School's Alternative Education Program.

Recommendation # 5: The City of Greater Sudbury in partnership with the Francophone community develop a Francophone Language and Culture Strategy that addresses the concerns of the Francophone population and supports their goals and aspirations.

Actions:

5.a. Organize a forum on Francophone Language and Culture to develop a strategy to address the concerns and aspirations of the francophone population.

5. b. Attract Francophone immigrants to Greater Sudbury by developing targeted promotion and recruitment efforts, identifying workforce shortages to impact economic development of

Francophone communities and ensure services are in place to assist in accessing employment, education and health services.

Recommendation # 6: The City of Greater Sudbury invest in research and services to improve the quality of life for new Canadians and visible minority residents as well as attract and retain new Canadians and visible minorities to the City of Greater Sudbury.

Recommendation # 7: The City of Greater Sudbury in partnership with a diverse group of youth, develop a strategy that addresses youth issues and concerns and the contribution youth want to make to civic life.

Recommendation # 8: The City of Greater Sudbury, in partnership with the gay, bisexual, lesbian and transgendered (GLBT) community develop a strategy to become a safer, healthier and more inclusive city.

Recommendation # 9: The City of Greater Sudbury in partnership with an Anti-Poverty Advisory Panel develop and implement an Anti-Poverty Strategy focusing on improving access to education, training and employment, affordable housing and community food security.

Actions:

9.a. That the Anti-Poverty Advisory Panel be comprised of representatives from poverty groups, the education, health and training sector, private sector, senior levels of government and people who have experienced poverty.

9.b. That strategies to address education, training and employment barriers be based on new social research focusing on the specific needs of Aboriginals, Francophones, new Canadians and visible minorities, seniors, citizens with disabilities and women.

- i. Promote Aboriginal education and employment services alongside mainstream sources.
- ii. Ensure continued support of Francophone culture and language particularly through the education sector.
- iii. Support language and employment training programs to help facilitate new Canadians and visible minorities into the labour force.
- iv. Ensure these programs match education and professional qualifications of clients, include mentoring and outreach to employers and offer childcare and transportation assistance.
- v. Lobby government to provide adequate funding for these programs.
- vi. Children's Roundtable develop recommendations on how to implement the Children First Charter for children with disabilities
- vii. Undertake an inventory of skills and training gaps of people with disabilities in Greater Sudbury particularly among women who are disabled.

viii. Develop an education campaign for businesses on the benefits of hiring people with disabilities.
(Adapted from *City of Greater Sudbury Accessibility Plan*)

9.c. The City of Greater Sudbury and related organizations link more with organizations using a Community Economic Development (CED) model to broaden approach to economic development.

9.d. The Anti-Poverty Advisory Panel work toward bringing greater coordination between education, training and the labour market in order to facilitate accessibility throughout these sectors.

9.e. The Anti-Poverty Advisory Panel lobby federal and provincial levels of government to increase social assistance and minimum wage rates to meet basic standard of living requirements.

9.f. The Anti-Poverty Advisory Panel evaluate and monitor levels of poverty and trends in the community and keep community informed of implementation progress.

9.g. The Anti-Poverty Advisory Panel develop an Affordable Housing Strategy that includes culturally and linguistically appropriate, safe and accessible emergency shelter and outreach services, supportive and transitional housing, social housing, affordable and accessible rental housing and affordable home ownership as essential components of a housing continuum.

9.h. The Anti-Poverty Advisory Panel in partnership with the Food Security Network of Greater Sudbury and Manitoulin Districts work toward community food security by overseeing the implementation of the City of Greater Sudbury Food Charter.

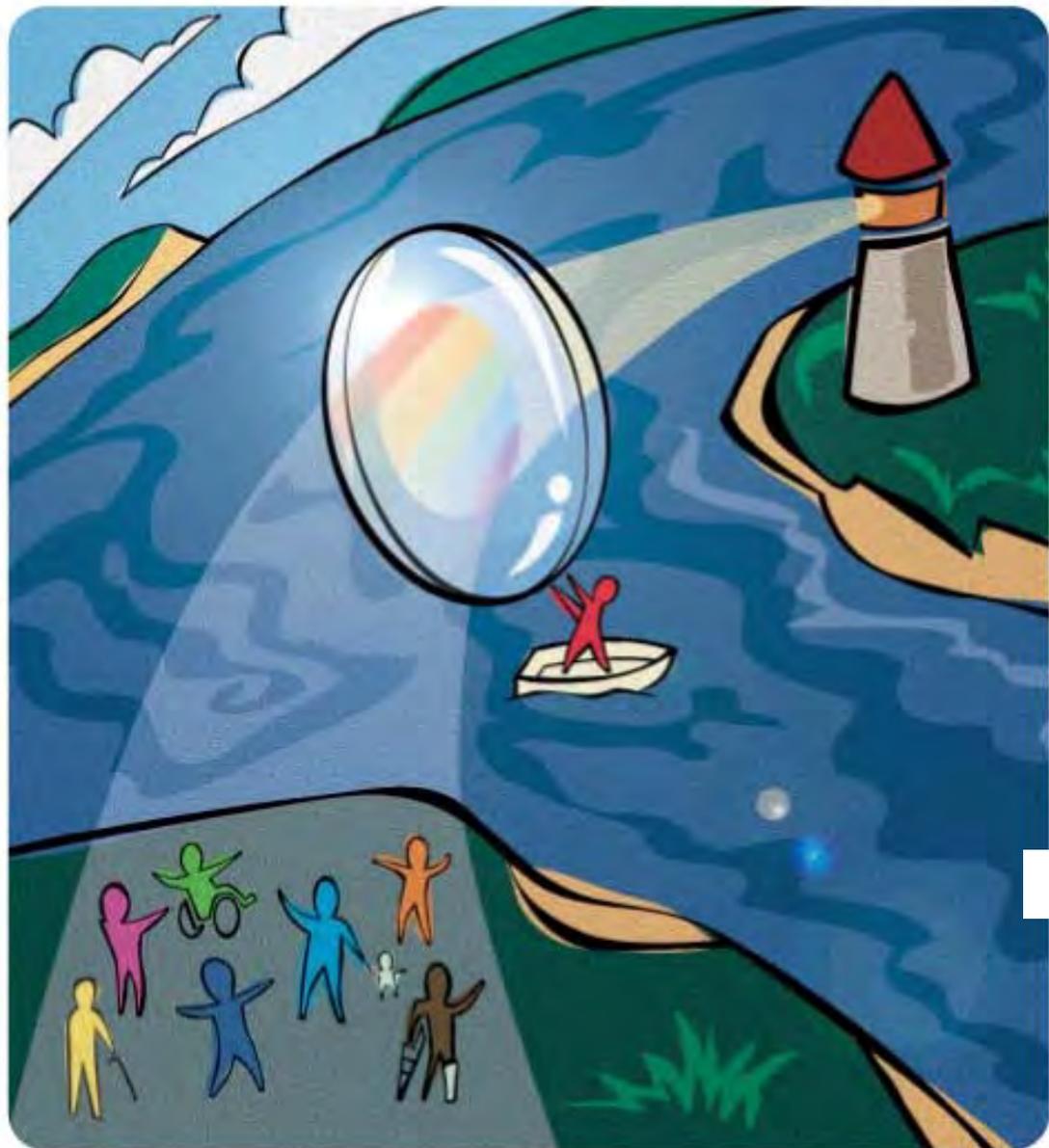
Appendix A:
**An Inclusion Lens: Workbook for Looking at Social and
Economic Exclusion and Inclusion**



Population and Public Health Branch
Atlantic Region

An Inclusion Lens

Workbook for Looking at Social and Economic Exclusion and Inclusion



An Inclusion Lens

Workbook for Looking at Social and Economic Exclusion and Inclusion

WHAT ARE SOCIAL AND ECONOMIC INCLUSION?

Inclusion is a term that is familiar to most people in their everyday lives. We feel included, or excluded, from family, neighbourhood, or community activities. Inclusion and exclusion have also been recognized as social issues in Europe since the 1970s, where it has become a central feature of public policies.¹ In Atlantic Canada, social and economic exclusion and inclusion have recently become the focus of attention among those who are concerned about poverty and its many negative effects on people:

Those who are excluded, whether because of poverty, ill health, gender, race or lack of education, do not have the opportunity for full participation in the economic and social benefits of society.²

WHAT IS AN INCLUSION LENS?

A lens is an aid to improve vision. It can also provide a new way to look at the root causes of old problems, like poverty, discrimination, disadvantage, and disability. The term “Inclusion Lens” used here is a shorthand way of looking at social and economic exclusion and inclusion. The Inclusion Lens is a tool for analyzing *legislation, policies, programs, and practices* to determine whether they promote the social and economic inclusion of individuals, families, and communities. It will open up minds to new ways of thinking and open doors to new solutions for old problems. Ultimately, it provides a new way to encourage change that will transform society.

The Inclusion Lens is designed for use by policy makers, program managers, and community leaders who work in the context of social and economic exclusion, in both the public and non-profit sectors. It will also be a tool for activists in

social movements, such as women and people with disabilities, and community developers working toward healthy, sustainable communities. It provides a method for analyzing both the conditions of exclusion and solutions that promote inclusion. It also provides a way of beginning to *plan* for inclusion.

WHY IS SUCH A TOOL NEEDED?

Social and economic exclusion and inclusion have emerged as new ways of understanding poverty and disadvantage, and their impact on health and well-being, by creating a shared understanding across sectors and *jurisdictions* as the basis for action. One of the overarching objectives of the Population and Public Health Branch, Atlantic Regional Office, Health Canada, is to influence the development of healthy public policies and programs which address the determinants of health and which promote social and economic inclusion. (See Appendix 2 for more information about the determinants of health.)

Strategies to promote social and economic inclusion call for actions that respond to individual, family, community, and societal concerns. Complex problems require complex solutions. Action is required from many sectors of society to address the *systemic* nature of exclusion.

Policy makers need tools and methods to create public policies that are inclusive. These tools help them translate the *concepts* of social and economic exclusion and inclusion into concrete terms that can then be fed into the public policy development process.

The Inclusion Lens provides a way to begin the dialogue with excluded groups, raise awareness about how exclusion works, and identify steps to move toward policies, programs, and practices that will be inclusive.

①

HOW CAN THE INCLUSION LENS BE USED?

This new tool may be used in a variety of *settings* to analyze the conditions that exclude people, communities, and populations from participating in the social and economic benefits of society in Atlantic Canada.

1. **Governments** at all levels can use the Inclusion Lens to analyze legislation, policies, and programs to determine whether these exclude or include people who are marginalized, disadvantaged, impoverished, or discriminated against.
2. **Non-government organizations** can use the Inclusion Lens to find out if the policies, programs, and practices they use exclude or include people in vulnerable situations.
3. **Community groups** can use the Inclusion Lens for *planning, development*, and social action to address the sources of exclusion in communities and in public policies, and pointing toward solutions that will be inclusive.

VALUES: THE FOUNDATION

The Inclusion Lens needs a foundation of values to guide how it is used. These values arise from the work that has taken place in Atlantic Canada on social and economic exclusion and inclusion:

Social Justice.

Distribution of the social and economic resources of society for the benefit of all people.

Valuing Diversity.

Recognition and respect for the diversity of cultures, races, ethnicity, languages, religions, abilities, age, and sexual orientation; valuing all contributions of both women and men to the social, economic, and cultural vitality of society.

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June 2002

The opinions expressed in this publication are those of the author and do not necessarily reflect the views of Health Canada.

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the lens.

DIMENSIONS OF EXCLUSION AND INCLUSION

Social and economic exclusion and inclusion can be seen along several *dimensions* – **cultural, economic, functional, participatory, physical, political, structural, and relational**. These are illustrated in Figure 1 on page 4. There are many elements to exclusion and inclusion that should be considered in analyzing a policy, program, or practice. Figure 2 on page 5 illustrates these

elements in relation to the eight dimensions of the Lens. It is not intended to be a complete list, but to stimulate readers to think about which of these may apply to their particular situations. Some of the elements may relate to more than one dimension. Additional elements may also be identified.

FOR INCLUSION

Opportunities for Choice.

Respect for the right of individuals to make choices that affect their lives.

Entitlement to Rights and Services.

Recognition of universal entitlement to rights and services as set out in human rights covenants, charters, and legislation.

Working Together.

Building common interests and relationships as the basis for actions to achieve shared goals.

Readers are encouraged to keep these values in mind when using the lens.

THE INCLUSION LENS

Elements of exclusion

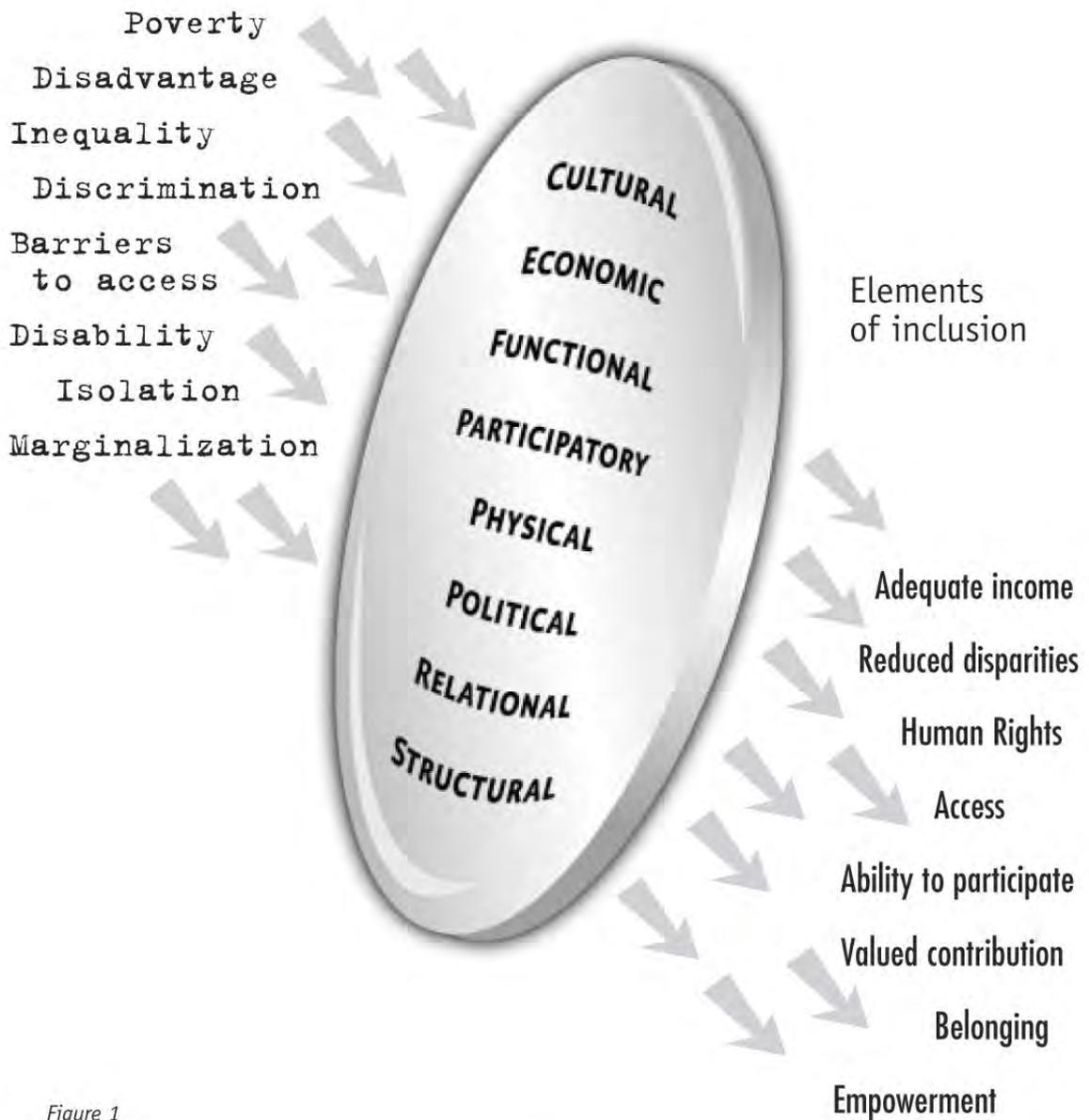


Figure 1

ELEMENTS OF EXCLUSION	DIMENSIONS	ELEMENTS OF INCLUSION
Disadvantage , fear of differences, intolerance, gender stereotyping, historic oppression, cultural deprivation.	CULTURAL	Valuing contributions of women and men to society, recognition of differences, valuing diversity, positive identity, anti-racist education.
Poverty , unemployment, non-standard employment, inadequate income for basic needs, participation in society, stigma, embarrassment, inequality, income disparities, deprivation, insecurity, devaluation of caregiving, illiteracy, lack of educational access.	ECONOMIC	Adequate income for basic needs and participation in society, poverty eradication, employment, capability for personal development, personal security, sustainable development, reducing disparities, value and support caregiving.
Disability , restrictions based on limitations, overwork, time stress, undervaluing of assets available.	FUNCTIONAL	Ability to participate , opportunities for personal development, valued social roles, recognizing competence.
Marginalization , silencing, barriers to participation, institutional dependency, no room for choice, not involved in decision making.	PARTICIPATORY	Empowerment , freedom to choose, contribution to community, access to programs, resources and capacity to support participation, involved in decision making, social action.
Barriers to movement, restricted access to public spaces, social distancing, unfriendly/unhealthy environments, lack of transportation, unsustainable environments.	PHYSICAL	Access to public places and community resources, physical proximity and opportunities for interaction, healthy/supportive environments, access to transportation, sustainability.
Denial of human rights , restrictive policies and legislation, blaming the victims, short-term view, one dimensional, restricting eligibility for programs, lack of transparency in decision making.	POLITICAL	Affirmation of human rights , enabling policies and legislation, social protection for vulnerable groups, removing systemic barriers, will to take action, long-term view, multi-dimensional, citizen participation, transparent decision making.
Isolation , segregation, distancing, competitiveness, violence and abuse, fear, shame.	RELATIONAL	Belonging , social proximity, respect, recognition, cooperation, solidarity, family support, access to resources.
Discrimination , racism, sexism, homophobia, restrictions on eligibility, no access to programs, barriers to access, withholding information, departmental silos, government jurisdictions, secretive/restricted communications, rigid boundaries.	STRUCTURAL	Entitlements , access to programs, transparent pathways to access, affirmative action, community capacity building, inter-departmental links, inter-governmental links, accountability, open channels of communication, options for change, flexibility.

Figure 2

CREATING YOUR OWN LENS

Readers are invited to create their own inclusion lens, using the template provided on page 12, and by answering the following questions about exclusion and inclusion. Readers are invited to answer these questions using a participatory process that involves people who are excluded. Feel free to photocopy and distribute the questions found on pages 7 to 11. Please refer to the Dimensions and Elements of Exclusion and Inclusion in Figure 2 on page 5 when answering these questions. Fill in the template on page 12 with the elements of exclusion and inclusion appropriate to your situation.

Key Questions

This view of social and economic exclusion and inclusion suggests key questions that could be asked about any policy, program, or practice.

Questions about Exclusion

- Who is being excluded? From what?
- How do you see exclusion working?
- Who benefits from exclusion?

Questions about Inclusion

- Who are the people to be included?
- How do you see inclusion working?
- Who benefits from inclusion?

Questions About Social and Economic Inclusion

Questions About Inclusion

1. Who are the people to be included?

YOUR ANSWERS

HOW DO YOU KNOW?

2. What legislation, policies, programs, or practices would promote inclusion?

YOUR ANSWERS

HOW DO YOU KNOW?

3. What impacts do the current programs or policies have on promoting inclusion?

YOUR ANSWERS

HOW DO YOU KNOW?

4. What are the measures of inclusion?

YOUR ANSWERS

HOW DO YOU KNOW?

5. Who benefits from inclusion?

YOUR ANSWERS

HOW DO YOU KNOW?

6. Who needs to be involved in the solutions?

YOUR ANSWERS

HOW DO YOU KNOW?

7. What processes are needed to make the solutions work?

YOUR ANSWERS

HOW DO YOU KNOW?

8. What are the desired outcomes of inclusion in the short term?

YOUR ANSWERS

HOW DO YOU KNOW?

9. Medium term?

YOUR ANSWERS

HOW DO YOU KNOW?

10. Long term?

YOUR ANSWERS

HOW DO YOU KNOW?

Looking Through the Inclusion Lens

Questions to Ask

1. How will the policy or program increase or decrease discrimination on the basis of gender, race, age, culture, or ethnicity?

YOUR ANSWERS

HOW DO YOU KNOW?

2. How will the policy or program increase or decrease personal income and resources available for people to participate in social and economic activity and promote income equity?

YOUR ANSWERS

HOW DO YOU KNOW?

3. How will the policy or program increase or decrease isolation and access to resources?

YOUR ANSWERS

HOW DO YOU KNOW?

4. How will the policy or program increase or decrease opportunities for participation in decision making?

YOUR ANSWERS

HOW DO YOU KNOW?

5. How will the policy or program add or remove barriers to common spaces, safe environments, and social interaction?

YOUR ANSWERS

HOW DO YOU KNOW?

6. How will the policy or program protect or compromise the rights of people?

YOUR ANSWERS

HOW DO YOU KNOW?

7. How will the policy or program increase or decrease opportunities for personal development and social support?

YOUR ANSWERS

HOW DO YOU KNOW?

8. How will the policy or program increase or reduce access to resources and programs for excluded groups?

YOUR ANSWERS

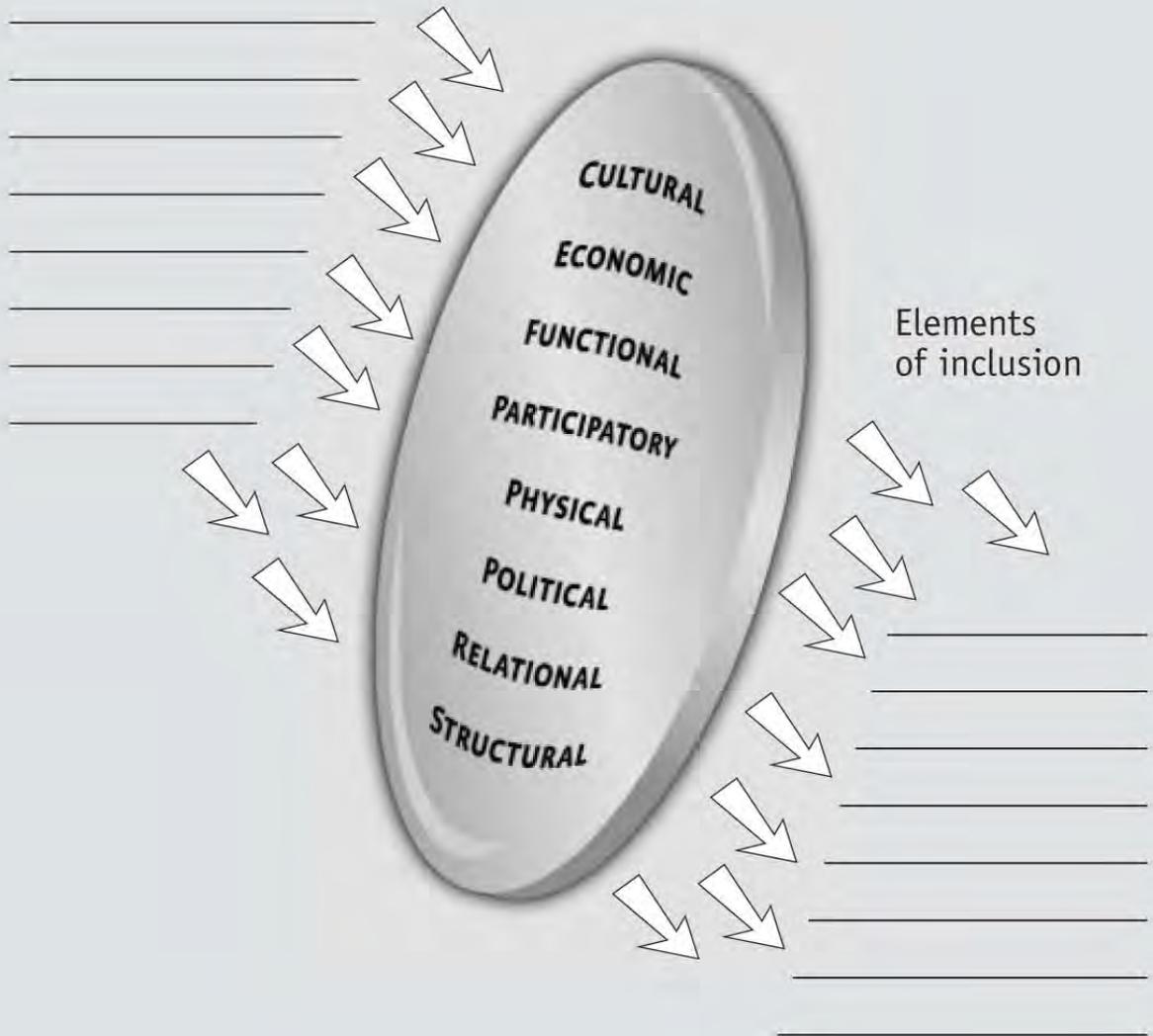
HOW DO YOU KNOW?



INCLUSION LENS TEMPLATE

Readers are encouraged to create their own inclusion lens using this template.

Elements of exclusion



Developing your Action Plan

By now, readers are equipped with an analysis of social and economic exclusion for a selected population, policy, or program, and pointers toward solutions that promote inclusion. The next step is to develop an action plan.

Key Considerations

1. Population.

2. Policy or program.

3. Key strategies.

4. Who is responsible?

5. Roles of partners or collaborators. Who takes the lead?

6. Processes of participation.

7. Resources needed. From where/whom?

8. Timelines.

9. Measures of progress.

10. Desired outcomes.

TAKING ACTION FOR INCLUSION

By using this Inclusion Lens, readers have analyzed the sources of exclusion of a population or community of concern, identified solutions leading toward inclusion, and developed a plan to get started. Congratulations!

Anyone can take action toward a more inclusive society – socially and economically – in Atlantic Canada. People in government, in non-government organizations, community groups, and social agencies can do something to promote social and economic inclusion. We hope that this tool will help you to work toward your goals.

GIVE US FEEDBACK

The Inclusion Lens is a new tool under development by the Population Health Research Unit at Dalhousie University, with financial support and leadership provided by the Population and Public Health Branch, Atlantic Regional Office, Health Canada, and in cooperation with the Maritime Centre for Excellence in Women's Health. We want to hear from people who use the Lens.

Please send your comments to:

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ADDITIONAL INFORMATION

More information about social and economic inclusion can be obtained on the following websites:

www.pph-atlantic.ca

Population and Public Health Branch, Atlantic Regional Office, Health Canada

www.medicine.dal.ca/acewh

Atlantic Centre of Excellence for Women's Health

GLOSSARY OF TERMS

Words listed below appear in *italics* in the document.

Concept	something conceived in the mind.
Development	make active or promote growth.
Dimension	a measure in one direction.
Element	a constituent part.
Jurisdiction	the power, right, or authority to interpret and apply the law.
Legislation	the exercise of the power and function of making rules (as laws) that have the force of authority by an official organ of a state.
Measure	an estimate of what is to be expected (as of a person or situation).
Outcome	something that follows as a result or consequence.
Participatory	providing the opportunity for individual participation.
Plan	method for achieving an end.
Planning	to devise or project the realization or achievement of.
Policy	a high-level overall plan embracing the general goals and acceptable procedures, especially of a governmental body.
Practice	the usual way of doing something.
Program	a plan or system under which action may be taken toward a goal.
Resources	a source of supply or support: an available means.
Sector	a sociological, economic, or political subdivision of society.
Setting	the time, place, and circumstances in which something occurs or develops.
Strategy	a careful plan or method.
System	a regularly interacting or interdependent group of items forming a unified whole.
Systemic	of, relating to, or common to a system.

Appendix 1

Social and Economic Exclusion and Inclusion

Several definitions are offered for social and economic exclusion and inclusion, based on work under way in Atlantic Canada and elsewhere. Readers are encouraged to use whichever definition works best for them.

From *Making the Case for Social and Economic Inclusion*:³

To be included is to be accepted and to be able to participate fully within our families, our communities and our society. Those who are excluded, whether because of poverty, ill-health, gender, race, or lack of education, do not have the opportunity for full participation in the economic and social benefits of society.

From the *Inclusion Project Information Kit*:⁴

Social and economic exclusion happens when people don't have – and can't get – the education, jobs, decent housing, health care, and other things they need to live comfortably, to participate in society, and to feel that they are valued and respected members of their community.

Social and economic inclusion reflects the need to address poverty and exclusion by including the voiceless and powerless in shaping the policies that affect their lives. It welcomes these individuals and groups into the planning, decision-making and policy-development processes in their community. And it empowers them by offering the opportunities, resources and support they need to participate.

From *Development as Freedom*:⁵

Inclusion is characterized by a society's widely shared social experience and active participation, by a broad equality of opportunities and life chances for individuals, and by the achievement of a basic level of well-being for all citizens.

From *What needs to change? Toward a vision of social inclusion for children, families and communities*:⁶

Social inclusion is the capacity and willingness of our society to keep all groups within reach of what we expect as a society – the social commitment and investments necessary to ensure that socially and economically vulnerable people are within reach of our common aspirations, common life and its common wealth.

Exclusion, Inclusion and Health

Social and economic inclusion provides a framework that includes all of the determinants of health. International evidence has established that economic inequality is a powerful determinant of health. The wider the gap between the rich and the poor, the poorer the health status of the entire population.⁷ Adequate income, education and a network of relationships enable people to participate as valued members of society.⁸

The experience of exclusion can be seen through the interplay of the determinants of health:⁹

Each linkage deepens the experience of exclusion, and over the entire life cycle, the depth of exclusion is reinforced... The linking of low access to resources, low social status, low levels of education and healthy child development, high levels of racial intolerance and unemployment, fragmented social networks, and limited access to health services, deepens the exclusion.¹⁰

Exclusion has both social and economic costs. As the number of people excluded from participation in their community grows, their individual problems affect the well-being of society.¹¹

Poverty leads to poor health. Poor health leads to unemployment. Unemployment leads back to more poverty, and to increased crime and violence. All of these create costs that we pay now and that our children will continue to pay.¹²

Appendix 2

The Determinants of Health¹³

A population health approach measures and analyzes the full spectrum of factors — and their interactions — known to influence and contribute to health. Commonly referred to as the determinants of health, these factors include social, economic, and physical environments; early childhood development; personal health practices; individual capacity and coping skills; human biology; and health services.

INCOME, INCOME DISTRIBUTION, AND SOCIAL STATUS. Research indicates that income and social status are the single most important determinants of health. Studies show that health status improves at each step up the income and social hierarchy. In addition, societies which are reasonably prosperous and have an equitable distribution of wealth have the healthiest populations, regardless of the amount they spend on health care.

SOCIAL SUPPORT NETWORKS. Better health is associated with support from families, friends, and communities. Some studies conclude that the health effect of social relationships may be as important as established risk factors such as smoking, obesity, high blood pressure, and a sedentary lifestyle.

EDUCATION. Health status improves with the level of education and literacy, including self-ratings of positive health or indicators of poor health such as activity limitation or lost work days. Education increases opportunities for income and job security, and provides people with a sense of control over life circumstances – key factors that influence health.

EMPLOYMENT AND WORKING CONDITIONS. People who have more control over their work circumstances and fewer stress-related demands on the job are healthier. Workplace hazards and injuries are significant causes of health problems. Moreover, unemployment is associated with poorer health.

SOCIAL ENVIRONMENTS. Societal values and rules affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good human relationships, and community cohesiveness provide a supportive social environment which mitigates risks to optimal health.

PHYSICAL ENVIRONMENT. Physical factors in the natural environment such as air, water, and soil quality are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important factors.

HEALTHY CHILD DEVELOPMENT. The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills, and competence is very powerful. For example, a low birth weight links with health and social problems throughout the lifespan. In addition, mothers at each step up the income scale have children with higher birth weights, on average, than those on the step below.

PERSONAL HEALTH PRACTICES. Personal practices such as smoking, use of alcohol and other drugs, healthy eating, physical activity, and other behaviours, affect health and well-being. Many of Canada's most common health problems are linked to these practices.

INDIVIDUAL CAPACITY AND COPING SKILLS. Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours, and coping skills for dealing with life in healthy ways, are key influences on health.

BIOLOGY AND GENETIC ENDOWMENT. The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health challenges.

HEALTH SERVICES. Health services, especially those designed to maintain and promote health, prevent disease and injury, and restore health, contribute to population health.

GENDER. Refers to the many different roles, personality traits, attitudes, behaviours, relative powers, and influences which society assigns to the two sexes. Each gender has specific health issues or may be affected in different ways by the same issue.

CULTURE AND ETHNICITY. Come from both personal history and wider situational, social, political, geographic, and economic factors.

It is acknowledged that culture and gender have a cross-cutting, influential effect on all the other health determinants.

This list of health determinants may evolve as population health research reveals new insights related to the factors and conditions that influence and contribute to health.

Endnotes

¹ Janet Guildford, *Making the Case for Social and Economic Inclusion*, Population and Public Health Branch, Atlantic Regional Office, Health Canada, Halifax, 2000. www.pph-atlantic.ca

² Ibid.

³ Ibid.

⁴ Atlantic Centre for Excellence in Women's Health, *Inclusion Project Information Kit*, Halifax, 2000. www.medicine.dal.ca/acewh

⁵ Amartya Sen, *Development as Freedom*, Anchor Books, 2000.

⁶ Christa Freiler, *What needs to change? Towards a vision of social inclusion for children, families and communities*, draft concept paper, Laidlaw Foundation, Toronto, October 2001. www.laidlawfdn.org/

⁷ Guildford.

⁸ Ibid.

⁹ Health Canada, *Key Learning Two from PPHB Atlantic's Work on Social and Economic Inclusion 1998-2000*, Population and Public Health Branch, Atlantic Regional Office, Health Canada, Halifax, 2000.

¹⁰ Ibid.

¹¹ Atlantic Centre for Excellence in Women's Health.

¹² Ibid.

¹³ Health Canada, *The Population Health Template: Key Elements and Actions That Define a Population Health Approach*, Population and Public Health Branch, Strategic Policy Secretariat, Health Canada, Ottawa, July 2001. www.hc-sc.gc.ca/hppb/phdd/pdf/discussion_paper.pdf

Appendix B:
Children First Charter
of the City of Greater Sudbury



Children First

Children First Charter of the City of Greater Sudbury

GIVEN THAT A thriving community invests its hopes in the future of its children;

AND THAT All children deserve to live in a family and community that believes that the welfare of children is of primary importance;

AND THAT All children deserve the assurance of their inherent goodness;

WE, THE MAYOR AND COUNCIL'S CHILDREN FIRST ROUNDTABLE IN THE CITY OF GREATER SUDBURY RECOMMEND THAT WE, AS A WHOLE COMMUNITY INCLUDING THE PUBLIC, PRIVATE AND NON PROFIT SECTORS, WORK DILIGENTLY AND TOGETHER SO THAT ALL CHILDREN HAVE:

A SENSE OF BELONGING TO A RESPECTFUL AND DIVERSE COMMUNITY THAT:

- preserves and celebrates the child's ethnic, cultural, spiritual and/or religious identity
- protects the child from racism and any form of discrimination including discrimination based on their age

A QUALITY OF LIFE WHICH INCLUDES ACCESS TO:

- safe housing
- nutritious food
- recreation and leisure activities
- health care

SUPPORTIVE AND CARING ENVIRONMENTS THAT INCLUDE:

- family time
- early childhood development activities and parenting supports
- quality childcare
- an educational system that ensures each child attains her or his full potential

SAFE, PROTECTIVE ENVIRONMENTS THAT:

- promote a child's cognitive, physical, social, spiritual and emotional well being
- provide protection from abuse, mistreatment, injury and disease

KNOWLEDGEABLE AND RESPONSIVE GOVERNMENTS THAT:

- understand their responsibility towards children
- invite the opportunity for children to have influence on the future
- take action in order to create a sustainable future;

AND THAT

These assurances will follow children as they progress through life's stages into adulthood.

DATED in Sudbury, Ontario, this 10th day of October, 2002.

DATÉ à Sudbury (Ontario) en ce 10^e jour d'octobre 2002.



Les enfants avant tout

Charte des enfants « Les enfants avant tout » de la Ville du Grand Sudbury

ATTENDU QUE une communauté florissante fonde ses espoirs sur l'avenir de ses enfants;

ATTENDU QUE tous les enfants ont le droit de vivre dans une famille et dans une communauté pour lesquelles le bien-être des enfants a une importance primordiale;

ATTENDU QUE tous les enfants méritent d'avoir l'assurance de leur bonté inhérente;

NOUS, LES MEMBRES DE LA TABLE RONDE DU MAIRE ET DU CONSEIL « LES ENFANTS AVANT TOUT » DE LA VILLE DU GRAND SUDBURY, RECOMMANDONS QUE NOTRE COMMUNAUTÉ ENTIÈRE, COMPRENANT LES SECTEURS PUBLIC, PRIVÉ ET LES ORGANISMES À BUT NON LUCRATIF, COLLABORE ASSIDÛMENT POUR QUE LES ENFANTS AIENT :

UN SENTIMENT D'APPARTENANCE À UNE COMMUNAUTÉ RESPECTUEUSE ET DIVERSE QUI :

- protège l'enfant et met en valeur son identité ethnique, culturelle, spirituelle et religieuse
- protège l'enfant contre le racisme et toute forme de discrimination, y compris la discrimination fondée sur l'âge

UNE QUALITÉ DE VIE OBTENUE GRÂCE À :

- un logement sécuritaire
- des aliments nutritifs
- des loisirs et des activités récréatives
- des soins de santé

DES MILIEUX POSITIFS ET EMPATHIQUES DANS LESQUELS IL Y A :

- du temps passé en famille
- des activités pour le développement de la petite enfance et un soutien pour les parents
- des services de garde d'enfants de qualité
- un système éducatif qui permet à chaque enfant de s'épanouir pleinement

DES MILIEUX SÉCURITAIRES QUI PROTÈGENT L'ENFANT ET QUI :

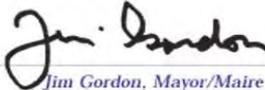
- favorisent son mieux-être cognitif, physique, social, spirituel et émotionnel
- le mettent à l'abri de la violence, des mauvais traitements, des blessures et des maladies

DES GOUVERNEMENTS BIEN INFORMÉS ET RÉCEPTIFS QUI :

- comprennent leurs responsabilités à l'égard des enfants
- sont ouverts aux possibilités permettant aux enfants d'influer sur l'avenir
- prennent des mesures pour créer un avenir viable

ET QUE

Les enfants auront cette assurance tout au long de leur croissance vers l'âge adulte.


Jim Gordon, Mayor/Maire

Appendix C:
City of Greater Sudbury Food Charter

City of Greater Sudbury Food Charter

Final Version, June 2004 Passed by the Greater Sudbury & District Board of Health, the City of Greater Sudbury, the municipalities of Killarney and of St. Charles, and also by the Township of Tehkummah on Manitoulin Island, as of September 15, 2004

Given that access to safe, affordable, nutritious food is a basic human right of individuals and communities, and connects us to our families, our cultures, and our traditions;

And that community food security is a comprehensive approach that includes all components of the food system, from producers to consumers, and promotes regional food self-reliance;

And that having a food secure community is the foundation of population health, social justice, community-based economic development, and a sustainable environment;

Therefore, the Food Security Network of the Greater Sudbury and Manitoulin Districts, including The City of Greater Sudbury, the Social Planning Council of Greater Sudbury, and the Greater Sudbury & District Health Unit, will work towards the development and implementation of a community food security mandate that supports research, policies, and programs that will endorse:

1) Population Health and Wellness:

- Individual and household food security as a determinant of health;
- Adequate income, employment, housing, and transportation policies that ensure food accessibility and availability to all citizens; and
- Nutritional education and healthy food choices in schools, businesses and public places.

2) Community Development:

- An annual community food security report card;
- Food self-reliance through community-based food programs, such as community gardens, fresh food box programs and collective kitchens;
- Multi-cultural food festivals and cultural events;
- An emergency food preparedness plan; and
- The involvement of the community in developing food security solutions.

3) ***Investment in the Regional Food System:***

- A regionally-based and community-driven food system;
- The viability of agricultural and rural communities;
- The development of regional value-added agricultural production, food processing and distribution systems; and
- The promotion of regional food products at farmer's markets, farm-gate sales, and local food outlets.

4) ***The Development of a Sustainable Food System:***

- Public and institutional education on the interdependence between the food system and a sustainable environment;
- Scientifically proven best management agricultural practices and regional crop varieties;
- The development and implementation of renewable technologies in the expansion of the regional food system;
- The reduction of persistent toxic chemicals that can accumulate within the food chain;
- Sustainable waste management practices; and
- Support for initiatives that minimize the loss of bio-diversity, resource depletion, and climate change, and that raise the awareness of global environmental issues.

Reports Reviewed

Numerous community consultations, conferences and reports reflecting the evolution of the community in the areas of health and wellness, the economy and the environment were reviewed in the development of the City of Greater Sudbury Human Services Strategy 2015. The Human Services Strategy builds upon this previous work as presented in the following documents.

- ✓ **Tomorrow Together - Toward Sustainable Development In The Regional Municipality of Sudbury** 1992
- ✓ **Pattern For Prosperity: Final Report of The Next Ten Years Project**
Sudbury Regional Development Corporation, April 1993
- ✓ **Toward a Healthier Community: A Plan for Promoting Health in the Regional Municipality of Sudbury**, Former Manitoulin and Sudbury District Health Council, March 1997
- ✓ **Toward Economic Diversification In Sudbury Region: Report III On The State Of The Economy**, Former Region of Sudbury, October 1998
- ✓ **Building Community Wellness**
Sudbury Immigration Integration Group (SIIG), 1998
- ✓ **Sudbury 20/20 Focus on the Future Visioning Session**
Former Regional Municipality of Sudbury, February 1999
- ✓ **Placing People First in a Community's Future: A Wellness Approach Conference**
Dr. Roger Couture, 1999
- ✓ **Greater Sudbury Tomorrow: The New Way Initiative**
Former Regional Municipality of Sudbury, 2000
- ✓ **Addressing the Needs of An Aging Population: Greater Sudbury's Implementation Plan**
City of Greater Sudbury, April 2000
- ✓ **Moving Forward Healthy Places, Healthy People Conference**, June 2001
- ✓ **Supporting Children and Families: A Community Action Plan for Greater Sudbury and Region:** Report from Greater Sudbury Regional Children's Forum 2000, July 2000
- ✓ **Mayor's Task Force on Community Involvement & Volunteerism**
Report to Council and Community City of Greater Sudbury, July 2001
- ✓ **Becoming a Sustainable Community, The EarthCare Sudbury Local Action Plan**
City of Greater Sudbury, 2003

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- ✓ **City of Greater Sudbury Accessibility Plan**
Accessibility Advisory Committee, 2003
 - ✓ **Mapping the Vision for the City of Greater Sudbury**
City of Greater Sudbury, January 2003
 - ✓ **Coming of Age In the 21st Century, Economic Development Strategic Plan for Greater Sudbury 2015**, June 2003
 - ✓ **Building the City of Tomorrow: A Discussion Paper**
City of Greater Sudbury, November 2003
 - ✓ **Healthy Communities Implementation Strategy Report**
City of Greater Sudbury January 2004
 - ✓ **The Northern Health Strategy: Northern Solutions for Northern Issues**
Northern Health Issues Strategy Steering Committee, 2004
 - ✓ **Embracing the Future - A New Vision For Northern Ontario**
City of Greater Sudbury, February 2003
 - ✓ **Action Planning for Greater Sudbury's Golden Opportunity: Findings and Recommendations**
City of Greater Sudbury, April 2004
 - ✓ **Draft Diversity Plan for the City of Greater Sudbury, 2005**

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