



Putting the research to work

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Families First
EDMONTON



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Putting the research to work: a project within the FFE study

The Families First Edmonton ground-breaking, six-year, community-based research study began as a conversation in 2000. Government, researchers, funders and community agencies came together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

We came together to provide evidence-based research on four different ways of delivering services to families with low incomes to see if better family outcomes can be achieved. We're examining if coordinated, targeted and proactive intervention leads to healthier, happier, more successful families and stronger communities.

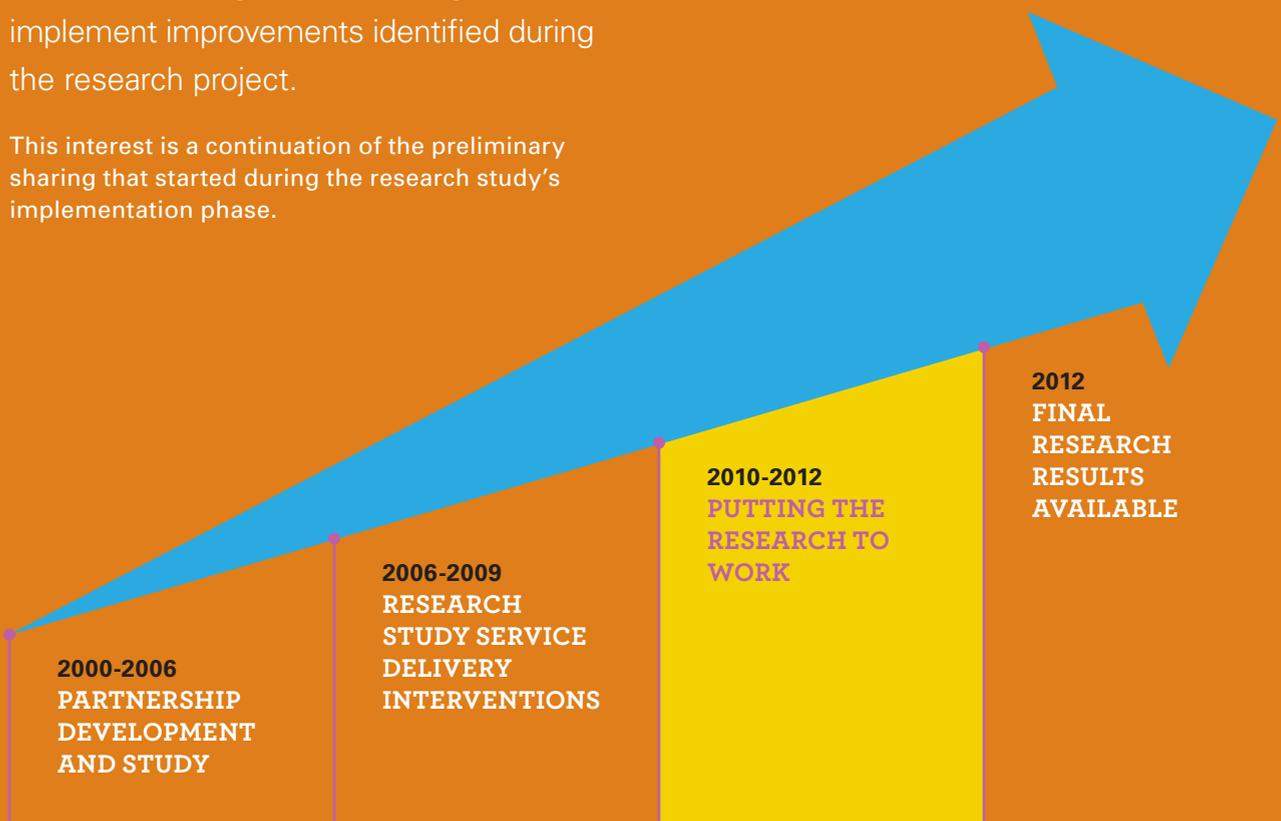
We are seeking to determine the most cost-effective, efficient use of resources to proactively help families with low income, build families' capacity to help themselves and improve the social and physical outcomes of children.

Where we are now

When the service delivery phase of the FFE Research was finished in 2009, the FFE project partners chose to continue to share learnings and work together to implement improvements identified during the research project.

This interest is a continuation of the preliminary sharing that started during the research study's implementation phase.

Community partners, especially, see this kind of collaboration as building an important foundation for working with the final research results.





We have now been working together for more than 10 years. For the past 18 months, we've continued to meet regularly, review the emerging baseline data and collectively challenge ourselves to reflect on these preliminary findings.

What insights does the data provide us on how we deliver services? How we work together across systems? How we see low income families? How can we use this research now to help improve the lives of low income families?

What is evolving is a portrait of the lives of the low income families who participated in the FFE research. The FFE baseline data is providing evidence that low income families are as individual as the people within each family. They are diverse in their experience of having low income.

These families live with complex social, economic and political issues that extend beyond the control of any one family or any one service delivery system. Which is why Families First Edmonton emphasizes the importance of collaboration across, and between, systems. Many of us FFE partners are now so accustomed to the scale and scope of our partnership, that we forget this long term collaborative partnership is itself groundbreaking. We are gaining valuable

learnings and insights into the time, effort and nature of how community agencies, government and researchers can work together. Through collective action we can make changes that help to improve the lives of low income families.

THIS REPORT

This report captures the experiences and learnings of the FFE partners during the past year and a half as we put the research to work. It documents the changes that are already occurring within, and across systems, as a result of being involved in this community-based research project.

We found the strength of our collaboration is in creating the time and space to reflect on what we are doing and how we are doing it. As you will read in the FFE Partner Perspectives, this reflective practice has led to many positive changes and changing perspectives within our own organizations.

WE'VE LEARNED A LOT

FFE partners have grown to appreciate how important first conversations with clients are in effectively connecting them to the appropriate programs and services. We've experienced how reaching out to immigrant and refugee communities, working with multicultural brokers and hiring people from within the communities makes services available to families living on low income more accessible to those families.

What we as government organizations and community agencies know is that many people simply don't know about, or access, the services that are available to them.

Our baseline data is shedding light on this, showing us that how we name programs, how we advertise them, when we schedule them and where we locate services can help families living on low income access services or be an obstacle to access.

We are also conducting research on our own FFE collaboration and documenting the strengths and challenges of working across systems during the service delivery phase and throughout the Putting the research to work project.

We are pleased to report that organizations are using FFE research now to support their organizations priorities and improve service delivery.

FFE invites your organization to use the baseline FFE data to help change service delivery practices, better connect low income families to services and improve collaboration within and across systems.

This report provides and compiles baseline data on low income families and FFE Partner Perspective on their experiences.

For full details and more information on how your organization can put FFE research to work, please visit: www.FamiliesFirstEdmonton.ualberta.ca

Use the research now to support your organization's priorities and improve service delivery

Putting the research to work is a project that takes a proactive approach to knowledge transfer for action. Knowledge transfer is a dynamic process of sharing information and interacting with partners to evolve ideas and concepts. This approach has already resulted in coordinated and effective service changes based on the FFE research. These are highlighted in this section of the report.

You can use FFE research now to make a difference in the lives of low income families. FFE partner organizations are using FFE baseline data to help change service delivery practices, better connect low income families to services and improve collaboration within and across systems.

Use FFE research now to:

- Align resources and work together differently so that low income families can better access services
- Review and reflect on your current practices
- Supplement your organization's desire for continual improvement in policy and service delivery
- Support a business case for funding
- Examine leading practices in program delivery
- Partner or collaborate with immigrant and refugee communities
- Examine current service delivery to address systemic barriers
- Shape social policy and programs
- Create collaborative partnerships across organizations and community agencies
- Make a difference in the lives of low income families

Creating opportunities for collaborative action

FFE partners share their experiences, insights and learnings, and discuss how their involvement with FFE has changed their service delivery practices and created further opportunities for collaborative action.

① Alberta Human Services (Employment Services Delivery Division)

The importance of a welcoming atmosphere in building positive relationships is one of many things Area Manager Jane Chase, with Alberta Human Services Alberta Works program, says she gained from her involvement with FFE. From the wall with the word Welcome written in more than 15 languages to the clusters of people talking together, to the friendly greeter who welcomes visitors with a 'we've been expecting you' warmth, the Alberta Works Centre in Edmonton's Northgate mall has a helpful, inviting atmosphere.

② City of Edmonton

Collective action is key to creating sustainable change for families. From using new ways to inform and connect families to available services, to hearing diverse views and challenging perspectives, Families First Edmonton (FFE) has proven a force for change.

Cheryl Gagnier, City of Edmonton FFE Project Coordinator and Knowledge Facilitator says her experience with FFE has changed her. "It's said if you keep bringing the same people to the same table you keep having the same conversation. Innovation requires bringing together diverse views, challenging yourself to think outside of the box and coming up with innovative approaches," says Gagnier.

③ Bent Arrow Traditional Healing Society

"Organizations are increasingly aware that they are not serving Aboriginal People in the way they want to. They know they're missing the mark and they want to meet it. There's a shift going on that we can feel. Organizations are now welcoming us to the table to help them better work with Aboriginal people," says Bent Arrow Traditional Healing Society Executive Director Cheryl Whiskeyjack. She says being part of the FFE collaborative and building relationships among the partners has helped create champions within each system that Bent Arrow has drawn on to partner with other organizations.

④ KARA Family Resource Centre

The first conversation with a client is a critical opportunity to develop a relationship in order to hear the family's needs and connect them to the right resources. KARA Family Resource Centre has changed that first conversation to provide better service. They are now maximizing the opportunity that intake provides to connect families with services.

⑤ Multicultural Health Brokers Co-operative

Having trusted intermediaries who help immigrant and refugee families learn how to access services, understand systems and gain confidence in their ability to create stability for their family is essential, says Yvonne Chiu, co-Executive Director of the Multicultural Health Brokers Co-operative in Edmonton. She says the FFE research project is about revealing the truth of immigrant, refugee and other marginalized families. It gives those of us who work the closest with low income families an ongoing opportunity to share what we're seeing, witnessing, and feeling with those who do want to make a change.

⑥ United Way of the Alberta Capital Region

Ending poverty is the goal of the United Way of the Alberta Capital Region. Families First Edmonton data is a tool to do that says Joanne Currie, Director of Financial Stability and Independence of United Way of the Alberta Capital Region. She says when people look at the costs of poverty in Alberta, she sends them to the FFE website to look at the FFE research. We now have data on families living on low income. "I see the FFE research being used as a springboard for bigger and better things," says Currie.

⑦ YMCA of Edmonton

Low income families must repeatedly prove their low income status to qualify for programs and services. This creates a barrier for many families in accessing services available to them. The YMCA has changed that and now saves time and resources while improving services to families. "Our first conversations with families are now about their needs and interests. The goal is to get them into programming. We no longer start by asking families to prove they qualify for our YMCA Opportunity Fund subsidy if they have already qualified for another income-tested program," says YMCA Community Program Manager Joan Baker.

⑧ University of Alberta – Community-University Partnership for the Study of Children, Youth, and Families

Data is essential to evidence based decision making. Data provides insight, confirms hunches and supports decisions with empirical evidence. "Working together, we were able to create data products that are accessible and more reflective of the needs of our community partners. They advised us what types of analyses are timely and what kinds of questions are being asked within the community," says Dr. Laura Templeton of the Community-University Partnership (CUP) for the Study of Children, Youth and Families.



FFE PARTNER PERSPECTIVE:

Alberta Human Services (Employment Services Delivery Division)

What does “Welcome!” look and feel like? Visit the Alberta Works Centre on the second floor of Edmonton’s Northgate Mall and see for yourself!

From the wall with the word Welcome written in more than 15 languages to the clusters of people talking together, to the friendly greeter who welcomes visitors with a 'we've been expecting you' warmth, this government office has a helpful, inviting atmosphere.

The importance of a welcoming atmosphere in building positive relationships is one of many things Area Manager Jane Chase, with Alberta Human Services Alberta Works program, says she gained from her involvement with Families First Edmonton (FFE).

"Being involved with FFE completely changes the way you think," says Chase, "During the data collection phase of the research project, I could hear the conversations between the clients and the team members, I could see the team working together. The benefit of that experience was incredibly positive."

And it has contributed to many positive changes in the Alberta Works Centre.

"One of the things we learned early on from the FFE families is that we were not welcoming or inviting. Our locations were a barrier. We were hard to get to by public transportation, we had closed doors. When we moved to this location we had a hand in the design and asked ourselves—what does welcome look and feel like?"

Chase said the welcome list included staff being visible, with employment consultants walking among visitors, attractive office furnishings, a welcome wall with the word in many languages along with an open invitation to any and all to have "welcome" in their language added.

Even the security officer is hired on the basis of his amiable personality and his ability to create connections with people through conversation. It is, after all, about building relationships says Chase.

Welcome is about feeling someone actually cares that you are successful.

"Alberta Works is the program title. The goal is to connect people with careers, employment and training, to help build a strong and diverse Alberta workforce. We work with Albertans and ask them what they want, what their dreams are and what they would like to see in their life. We work with them to develop career plans.

"Then we start to put the supports in place. Things like financial supports are a tool for us to get our clients the result they are looking for in those streams," says Chase.

That's a sea change from the days when income support programs defined the clients.

Chase says the FFE experience demonstrated that staff and clients could have a different conversation, one with a different depth of involvement that resulted in better client engagement and created a relationship that wasn't there before.

"Creating relationships is key to success. We can put people into numbers and boxes and not think about the person, or we can choose to know someone and care about the outcomes. That puts us on a whole different path," Chase says. "After all, helping people is why so many of us chose the helping professions."

Helping Albertans succeed in the job market was the inspiration for the convenient location, welcoming atmosphere, boundary-free service, and friendly, one-on-one career counselling.

"FFE helped us better understand that sometimes the requests we make of families costs them and adds to their load. It got us to do better planning. Now, if we ask for a medical assessment, we ask "when is your next appointment?" instead of asking for it within a week. It's not perfect. But for the most part our staff are starting to explore with Albertans what it is that we are asking them for, and how the client can meet that need without incurring additional costs of time and money."



Chase says the organizational support for the shift in service delivery, the emphasis on creating an environment that makes sense and is possible has benefitted staff as well. Staff thrive, absences are lower and staff and clients are more likely to follow through and succeed in achieving career goals.

“We are trying things and testing things here to see what the implications are. Policy development lands here. We like to stay connected, but we stopped thinking that we have to wait for policy to come here. We can shoot information up the ladder that helps shape policy,” says Chase.

Staff are creating partnerships with other organizations and programs to advance client needs, they’re targeting their marketing to clients and collaborating across systems.

“Ultimately, we want Albertans to know that this service is here for them. We want to demonstrate that we can be helpful throughout your career. Whether you’re a millionaire or just starting out, we are here to help!”

Alberta Human Services is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

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JANE CHASE, AREA MANAGER WITH ALBERTA HUMAN SERVICES ALBERTA WORKS

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FFE PARTNER PERSPECTIVE:

City of Edmonton

Collective action key to
creating sustainable change
for families.

From using new ways to inform and connect families to available services, to hearing diverse views and challenging perspectives, Families First Edmonton (FFE) has proven a force for change.

“Being involved with FFE has changed me forever. I now approach my work in a different way. It’s said if you keep bringing the same people to the same table you keep having the same conversation. Innovation requires bringing together diverse views, challenging yourself to think outside of the box and coming up with innovative approaches,” says Cheryl Gagnier, City of Edmonton FFE Project Coordinator and Knowledge Facilitator. “Families First Edmonton has done that for me.”

The City of Edmonton and the Government of Alberta are the FFE project co-leads. Gagnier says that working to improve the lives of families on low income advances the City of Edmonton’s 10-year goal of improving Edmonton’s livability by creating a caring, inclusive and affordable community.

The City of Edmonton consulted extensively with Edmontonians about how to make Edmonton one of Canada’s most livable cities. People said they want a city where all people have opportunities to achieve their aspirations.

“Edmontonians want to live in a city where all people have a good quality of life. It affects all of us,” says Gagnier, “We may not provide all services directly, but as the level of government closest to people we have a leadership role in bringing people together to work across systems and organizations to tackle complex public issues. The City is committed to, and brings experience in, creating partnerships, consulting with community and working with diverse perspectives. We used that experience to bring people to the FFE table. At the same time we learned a lot too.”

That resulted in improvements to how the City of Edmonton informs families living on low incomes of the summer day camps available to their children.

“We hear repeatedly that people don’t know about the services available to them. Data from the FFE families confirm this – 86% say ‘Not knowing what is available’ is a major barrier to participation. We learned an amazing amount during the recruitment phase of the FFE project about how to better connect people to services,” says Gagnier.

As a result, the City of Edmonton changed their approach to getting the word out about their summer day camps:

- Literacy experts were asked to review information to increase readability.
- Focus groups made up of families living on low income were asked to review the information and advise if it made sense to them.
- The City reached out to people and agencies serving as trusted information sources to ask them to get the word out about the summer day camps.

The result? In 2009 and 2010, the City of Edmonton saw increased enrollment in summer day camps from families on low income who had not accessed the programs previously. That’s important on several fronts Gagnier says.

First, the role recreation and leisure plays in developing individual and social skills, and connecting people, creating social supports and building community is vital to building strong families.

“The United Nations Declaration of Rights of the Child enshrines a child’s right to play. Reducing barriers to recreation makes it possible for children and their families living on low income to access these services.

“Recreation, arts and cultural activities feed the mind, body and spirit. Connecting families to the recreation opportunities available to them is an effective strategy for positive social development and creates safer communities.”

Secondly, City of Edmonton community recreation coordinators and community social workers worked collaboratively to successfully get the information out



to communities in ways that the communities could better understand and act on.

Gagnier says FFE is continually building and strengthening partnerships across systems and organizations.

“Many government and community agencies have worked in partnership for a long time. Yet, do we truly account for the time, staff and resources required to nurture and sustain these relationships so that our collaborative actions have positive results? It takes time. It takes organization. It takes places to meet. It takes trust.”

Gagnier says her experience with FFE has changed her approach to her work and has prompted her to constantly ask herself:

“How do I know what I know? Do I have good information from good sources to make good decisions and move forward? That’s what the FFE project has taught me.

“The Families First Edmonton project gives us good information from good sources and gives us a better connection, and better understanding of, our collective impact on families. We also now have baseline data to help us make evidence-based decisions.”

The City of Edmonton is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

“Edmontonians want to live in a city where all people have a good quality of life. It affects all of us. Recreation, arts and cultural activities feed the mind, body and spirit. Connecting families to the recreation opportunities available to them is an effective strategy for positive social development and creates safer communities.”

**CHERYL GAGNIER, CITY OF EDMONTON FFE PROJECT
COORDINATOR AND KNOWLEDGE FACILITATOR**

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A photograph of Cheryl Whiskeyjack, Executive Director of Bent Arrow Traditional Healing Society. She is a woman with dark hair and glasses, wearing a blue denim jacket over a red top. She is smiling and looking slightly to the right. The background is a wall covered in children's drawings and colorful patterns. The text is overlaid on the right side of the image.

FFE PARTNER PERSPECTIVE:

Bent Arrow Traditional Healing Society

Organizations are increasingly more aware that they are not serving Aboriginal People in the way they want to. They know they're missing the mark and they want to meet it.

Aboriginal people who come to the city have many of the same needs newcomers to Canada have. They need navigators to help them access services, get the power hooked up, enroll their children in school, find housing and childcare.

The cultural leap from life on the reserve to city life can be overwhelming. Often, long time Edmontonians believe if you speak English you're equipped to deal with the transition. Most times more support is needed.

"Nothing is too trivial to help people make the transition from rural to urban life. People are reluctant to say they don't know what to do in most situations. How do they engage with their child's teacher? How is a parent a partner in their child's learning? How do you get a childcare subsidy?" says Cheryl Whiskeyjack, Executive Director of the Bent Arrow Traditional Healing Society. "These are the kinds of things we help newcomers to Edmonton manage every day."

One myth about Aboriginals is that there are all kinds of services and all kinds of funding available. That isn't so says Whiskeyjack. And many Aboriginal people aren't aware of the services that are available to them.

Bent Arrow often serves as a welcome centre to Aboriginal people learning about living in Edmonton. Helping people navigate systems is part of that welcome.

Another myth is that all Aboriginal people are the same.

"The government has various levels of Aboriginal people who get various benefits. There are lots of Aboriginal people who get no benefits -- they are considered non status and have no rights to land, services, medical benefits, not even the right to be buried on their own reserve. This also impacts people who come to the city. At Bent Arrow we provide service to all people."

Whiskeyjack says being part of the Families First Edmonton (FFE) collaborative and building relationships among the partners has helped create champions within each system that Bent Arrow has drawn on to partner with other organizations.

"There's a shift going on that we can feel. Organizations are now welcoming us to the table to help them better work with Aboriginal people," says Whiskeyjack.

The Edmonton Public School Board is committing to increase high school completion rates for all students and the Edmonton Police Service is working with Bent Arrow to talk with new recruits about what they need to know about working with Aboriginal people.

"Arrest isn't always the answer!" says Whiskeyjack.

Alberta Human Services has also opened to involving Aboriginal People directly in its service delivery.

Bent Arrow Traditional Healing Society and Boyle Street Community Services teamed up to respond to a request for proposals to develop an outcome based service delivery model for Alberta Human Services (which now includes the former Edmonton & Area Child and Family Services Authority - Region 6). The proposal was based on incorporating Aboriginal experience, views, cultural traditions and practices.

They have now secured the contract and will be sitting with Alberta Human Services when decisions are made about what kind of family intervention is appropriate -- ranging from apprehension to serving the family and child in a less intrusive intervention that builds on family strengths.

"Statistics show that our families get involved quicker in this system than other families. That's the legacy and no one -- Aboriginal families and people in children's services -- is happy about that. We're now working together to change that," says Whiskeyjack.



Participating directly in decisions that affect Aboriginal children and families is a profound leap forward for a people whose family structure and culture has been torn by generations of residential school experiences mandated by the dominant culture.

“We are building on strengths. Aboriginal people have gone through a lot in the past 150 years. It takes resiliency and strength to survive that. We are a resilient and strong people. If you look into every person deep enough, that strength and that resiliency is there.”

Bent Arrow Traditional Healing Society is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

“Nothing is too trivial to help people make the transition from rural to urban life. People are reluctant to say they don’t know what to do in most situations. How do they engage with their child’s teacher? How is a parent a partner in their child’s learning? How do you get a childcare subsidy? These are the kinds of things we help newcomers to Edmonton manage every day.”

CHERYL WHISKEYJACK, EXECUTIVE DIRECTOR OF THE BENT ARROW TRADITIONAL HEALING SOCIETY

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FFE PARTNER PERSPECTIVE:

KARA Family Resource Centre

The first conversation with a client is a critical opportunity to develop a relationship in order to hear family needs and connect them to resources.

Too often, that first conversation is part of a clerically focused, time limited intake system rather than a primary component of quality client service. That's changed at KARA Family Resource Centre as a result of their involvement with FFE.

"Our involvement with FFE research made me more aware of the importance of the first connection with our families. We customarily viewed our intake process as a registration or clerical function. It was about getting basic information to get the family in the door," says Tracey Bink, former Director of Programs and Services at KARA. "Families would often wind up in programs that didn't really give them what they wanted. They would drop out and not come back."

KARA's involvement with FFE prompted Bink and KARA Executive Director Pam Doubleday to rethink the intake process at KARA. How could it improve and become an important component of quality client services?

"Families need help navigating systems so that they can truly benefit from available programs and services. That includes our own system. That first conversation is crucial. It sets up the relationship between you and the family and contributes to the retention of families in services.

"There's no point finding out three months down the road that they really wanted a different program. Taking the time to learn about the family's needs up front saves you and the family valuable time and resources," says Doubleday.

Bink advocated both within KARA and to its funders to change the intake interview focus to become a relationship-building conversation. That increased the amount of time the intake interview took and required convincing staff and funders to change how they measured success -- away from increasing the number of people processed through intake to better identifying what the family wanted from the available services. That takes staff time to truly get to know the family.



Success at KARA is now viewed as doing a better job of helping low income families connect with the programs and resources they truly need. This means that the families are in the right program at the right time.

"The intake interview is the first service that KARA provides. We feel we're doing a better job with families right from the moment they step into our agency. I think that taking the time to truly understand family needs has helped to make a difference in the lives of families with low income."

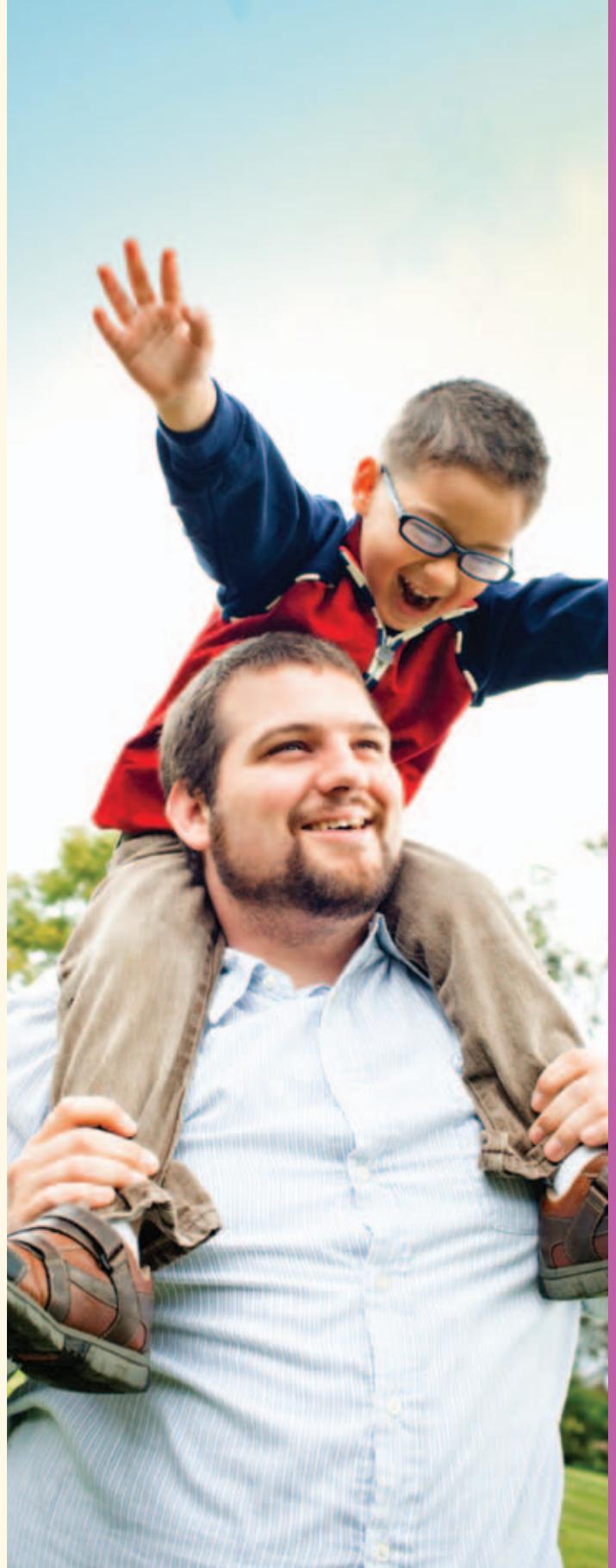
KARA is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

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PAM DOUBLEDAY, EXECUTIVE DIRECTOR OF THE KARA FAMILY RESOURCE CENTRE

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FFE PARTNER PERSPECTIVE:

Multicultural Health Brokers Co-operative

Poverty, social isolation and little awareness of social services are the truth of too many immigrant and refugee families' lives.

22 CLOCKWISE FROM BOTTOM LEFT: SUSAN AZARCON, TSEDALE AGREGAWI (STANDING), LYDIA YIP (SITTING), SURINDER DHALIWAL (STANDING), NASREEN OMAR (STANDING) AND YVONNE CHIU, CO-EXECUTIVE DIRECTOR

Having trusted intermediaries who help immigrant and refugee families learn how to access services, understand systems and gain confidence in their ability to create stability for their family is essential.

“The FFE research project is about revealing the truth of immigrant, refugee and other marginalized families. Though many people now recognize the problem of acknowledging foreign credentials, very few of us in Edmonton have a deep understanding of the compounding impact of poverty, social isolation and the stresses that come with being a newcomer or just a member of an ethnic minority family,” says Yvonne Chiu, co-Executive Director of the Multicultural Health Brokers Co-operative in Edmonton.

The pre-migration and immigrant experience, sending money home to those left in a refugee camp, and/or paying back a government transport loan are financial stressors that compound the experience of making your way in a new country, new culture and, often, a new language.

“What the FFE project did is give those of us who work the closest with low income families an ongoing opportunity to share what we’re seeing, witnessing, and feeling with those who do want to make a change,” says Chiu.

FFE baseline research data is confirming what her organization sees daily: families don’t know about services available to them. Meeting housing, health services, education and child care needs often exhausts a family, leaving them vulnerable to lurch from crisis to crisis.

“The FFE research data is showing us the family situation. Now we need to pay attention and act to address these issues.”

Chiu would like to see more trusted intermediaries, brokers or cultural navigators available to provide support to immigrant and refugee families accessing systems and services. She would like to see income support raised to ease the hardship of poverty and stop the chain reaction that too often leads to child welfare involvement, homelessness and other negative consequences.

And she says it is essential that there be a consistent, intentional dialogue between those providing family services with those with a higher level of decision making.

Chiu describes the benefit of brokers and navigators to newcomers.

“Brokers are change agents. They often serve as intermediaries between the families and the systems the families access. For the families, they provide a nurturing relationship, caring for the family and connecting them with services they need. Many immigrants and refugees come from countries where there is a deep lack of trust and fear of governments. Brokers are a trusted companion that straddles and connects the two worlds of the family and the services systems. These need to be formally trained and paid positions.”

Though brokers and cultural navigators can ease the lives of individual families, a more essential change required is in how systems work together to make their services more accessible to families living on low income to achieve long term change.

“We need sustainable and systemic change in how systems work together, how services are delivered and how conversations happen between those on the front line and those making decisions.”

Chiu says that during the service delivery phase of the FFE project a very explicit relationship infrastructure was created between service providers, researchers and policy makers. This provided a focus for front line and decision makers to consider and collaborate about removing barriers to service.



She says this kind of collaborative action focused on improving outcomes for low income families must continue. Chiu calls for continued alignment across systems of service, having them work more in cohesion to help relieve some of the challenges and stresses immigrant and refugee families face.

“At least during this moment, we are creating the social capital to make some consideration for change. After these moments are gone, we are operating in different spheres. There is no room for dialogue. We need the relationships across systems and the dialogue that leads to change, to sustainable, systemic change.”

The Multicultural Health Brokers Cooperative is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

“Very few of us in Edmonton have a deep understanding of the compounding impact of poverty, social isolation and the stresses that come with being a newcomer or just a member of an ethnic minority family. What the FFE project did is give those of us who work the closest with low income families an ongoing opportunity to share what we’re seeing, witnessing, and feeling with those who do want to make a change.”

**YVONNE CHIU, CO-EXECUTIVE DIRECTOR OF THE
MULTICULTURAL HEALTH BROKERS CO-OPERATIVE**

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FFE PARTNER PERSPECTIVE:

United Way of the Alberta Capital Region

Ending poverty is the goal.
Families First Edmonton
data is a tool to do that.

When President John F. Kennedy declared the United States would be the first to land on the moon, people had to figure out how to do it. Ending poverty is like that too. You declare it. Then do it.

“We work with business people and community members and they are passionate about making our community a better place for their staff, for themselves and for others,” says Joanne Currie, Director of Financial Stability and Independence of United Way of the Alberta Capital Region. “Ending poverty creates healthy individuals, a healthy economy and a healthy community. We are all in a better community when everyone is doing well.”

She says ending poverty is no different than Alberta’s goal to end homelessness.

“We know it costs less to house someone than to keep them homeless. Ending poverty is the same. It costs more to have people live in poverty than to end it.”

Currie says the FFE data on the over 1200 families living on low income is a tool in the tool box to end poverty.

“When people look at the costs of poverty in Alberta, I ask if they have you looked at the FFE research and I send them to the website. We now have data on families living on low income. I see the FFE research being used as a springboard for bigger and better things.”

Having worked with families living on a low income for 20 years, Currie appreciates that the FFE data is building on the strengths of those families.

“Families living on low income are among the smartest, strongest groups of people. They have to be to handle the stresses and navigate the systems. Now we are having systems say, how can we make this easier for people? How can we eliminate some of this stress and connect people with resources to get additional education and training, to get support for their children and to get all children to graduate high school? This is about lifting people up and supporting people to live successful lives that they define themselves as successful.”

As long time collaborators and brokers of bringing organizations to a common table, the United Way appreciates how collaborating across systems can help improve the lives of families living on low income.

“The lesson in FFE is that all of our systems are pieces of the puzzle and are all interconnected. We’re all responsible for making positive changes. It’s everyone’s role to problem solve and work together to come up with better solutions. When there is a shift in one area it impacts others. How an agency works, how government works, all has an impact.”

The research FFE partners are doing on their own collaboration and the data collected from the over 1200 participating FFE families provides the evidence required to make evidence based decisions on everything from funding to service delivery.

Currie says the United Way is at the FFE table as a funder, a community builder and as an umbrella organization with the ability to increase awareness across organizations and systems of the FFE data.

“This is important information. It’s information that organizations can review and then see how they can best use it to advance their organization’s priorities.”



The United Way of the Alberta Capital Region is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

“We know it costs less to house someone than to keep them homeless. Ending poverty is the same. It costs more to have people live in poverty than to end it. When people look at the costs of poverty in Alberta, I ask if they have looked at the FFE research and I send them to the website. We now have data on families living on low income. I see the FFE research being used as a springboard for bigger and better things.”

JOANNE CURRIE, DIRECTOR OF FINANCIAL STABILITY AND INDEPENDENCE OF UNITED WAY OF THE ALBERTA CAPITAL REGION

For more on using Families First Edmonton research to initiate, advance or support your organization's strategic priorities, please visit:

www.FamiliesFirstEdmonton.ualberta.ca



FFE PARTNER PERSPECTIVE:

YMCA of Edmonton

Low income families must prove repeatedly that they qualify for programs and services. It stops many from accessing available services.



Can you provide your tax forms? Your rent documents? Average utility bills? Day care costs? Your monthly family budget?

“Our first conversations with families are now about their needs and interests. The goal is to get them into programming. We no longer start by asking families to prove they qualify for our YMCA Opportunity Fund subsidy if they have already qualified for another income-tested program,” says YMCA Community Program Manager Joan Baker.

It was the YMCA’s involvement with Families First Edmonton that resulted in the change. Families who qualified for a City of Edmonton Leisure Access Pass to access City programs and services also qualified for YMCA programs.

“We simplified the process. This has saved our organization time and resources and it’s much better for the families. If families have a City of Edmonton Leisure Access card or they are on Assured Income for the Severely Handicapped (AISH), a disability pension, or if they get the Child Health Benefit why go through the qualifying process again? “

Now the first conversations with families is about who the family is, what they would like to do and how to best match them with available programs and services.

“If families don’t have a City Leisure Access Card or have Child Health Benefits we do ask to see their tax documents from the past year. If they’ve already told their story once, they don’t have to do it again,” says Baker.

The YMCA is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.



“Our first conversations with families are now about their needs and interests. The goal is to get them into programming. We no longer start by asking families to prove they qualify for our YMCA Opportunity Fund subsidy if they have already qualified for another income-tested program. We simplified the process. This has saved our organization time and resources and it’s much better for the families.”

JOAN BAKER, YMCA COMMUNITY PROGRAM MANAGER

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www.FamiliesFirstEdmonton.ualberta.ca



FFE PARTNER PERSPECTIVE:

University of Alberta – Community- University Partnership for the Study of Children, Youth, and Families

Combining family narratives
with empirical data gives a more
complete picture of FFE families.
Data is essential to evidence
based decision making.

How your organization uses FFE research, and how useful the research is to your organization requires your time and consideration to:

- Review the research and evaluate it with what you know about your client groups
- Match the available research to your organization's current strategic priorities

The FFE study collected thousands of pieces of information on over 1,200 families. Providing data analysis that responded to community needs meant having University of Alberta researcher analysts collaborate with FFE government and community partners.

"As a research analyst, I experienced first-hand how collaboration with community partners provides insights into how to analyze data in a more meaningful way," says Dr. Laura Templeton of the Community-University Partnership (CUP) for the Study of Children, Youth and Families.

"Working together, we were able to create data products that are accessible and more reflective of the needs of our community partners. They advised us what types of analyses are timely and what kinds of questions are being asked within the community. "

This collaborative data analysis meant researchers benefitted from the expertise of the community partners while the community benefited from having the researchers serve as connectors across systems and organizations.

"Different community partners sometimes have similar questions or interests in the data," says Templeton, "FFE research analysts serve as liaisons or connectors between different projects. As an analyst, I made sure

we weren't replicating work we had already done. I also helped ensure that learning within one project was relayed to all of the other research projects, and that concerns of one community partner were communicated to others who might benefit from the same information."

A social determinants of health model was selected by the FFE partners as a framework for presenting the data. This framework stresses the importance of considering such things as education, employment and housing when considering the overall health of a family or a person.

Once the framework was selected, research analysts continued to work with community partners to refine how to look at each social determinant of health.

Housing is one of the social determinants of health. A person's health is linked to their housing situation. When analyzing the FFE families' housing data, the research analysts needed to organize it so it made sense to the community.

Conversations with community partners resulted in using the concept of core housing need. Households in core need are those that are unable to afford housing or are living in crowded homes or homes that require major repairs because they cannot afford better housing.

As core housing need is a concept used by Statistics Canada and other researchers, FFE research analysts are better able to present FFE data in a way that made sense to housing experts and to show how FFE families compare to other families living in Edmonton, Alberta and the rest of Canada.

"This collaborative approach to data analysis allows us to refine our work each time we present to the community. When I presented the FFE housing data to the Community Learning Network, there were a number of housing experts from different levels of government in the audience as well as frontline workers



from various agencies and organizations from across Edmonton. They offered valuable feedback on how the data could be repackaged to make it even more useful to the community. As data analysis is ongoing, these suggestions are being incorporated wherever possible," says Templeton.

The University of Alberta – Community-University Partnership for the Study of Children, Youth, and Families (CUP) is one of 14 partner organizations representing government, research, funders and community agencies that have come together to explore how to work together across systems and organizations to better deliver existing services to families with low incomes.

“I experienced first-hand how collaboration with community partners provides insights into how to analyze data in a more meaningful way. Working together, we were able to create data products that are accessible and more reflective of the needs of our community partners. They advised us what types of analyses are timely and what kinds of questions are being asked within the community.”

**DR. LAURA TEMPLETON, UNIVERSITY OF ALBERTA
COMMUNITY-UNIVERSITY PARTNERSHIP FOR THE STUDY
OF CHILDREN, YOUTH AND FAMILIES**

For more on using Families First Edmonton research to initiate, advance or support your organization's strategic priorities, please visit:

www.FamiliesFirstEdmonton.ualberta.ca

Baseline Research

USE FFE RESEARCH NOW!

How your organizations uses FFE research, and how useful the research is to your organization requires your time and consideration to:

- Review the research and evaluate it with what you know about your client groups
- Match the available research to your organization's current strategic priorities

Fact sheets

Each fact sheet provides an overview of baseline data about the FFE Families.

After the data was analyzed, FFE government, university and research partners collaborated to create a series of questions that explore the potential implications of the data on service delivery and policy making. These are listed under the title Things To Consider.

① Who are the FFE Families?

This fact sheet paints a demographic picture of the over 1,200 volunteer families who participated in the FFE study.

② Barriers to Community Participation

Participation in community events and activities is health-enhancing.

However, research suggests that people living on low incomes are less likely to participate in community events, and that numerous barriers may account for their limited participation. This fact sheet provides an overview of preliminary data findings of the participation barriers for Families First Edmonton caregivers.

③ English Proficiency of Foreign-Born Caregivers

Language proficiency is an important part of newcomers' economic, social and political adjustment to their new country. Most FFE foreign born primary caregivers reported a fairly high level of English proficiency, but a minority needed interpretation assistance to participate in the program.

④ Housing

This fact sheet identifies the core housing issues facing FFE families, including crowding, state of repair and affordability issues.

⑤ Family Functioning & Primary Caregiver Health

Family functioning refers to the processes families engage in to achieve goals, address challenges, and support and enhance individual family members' health and development. On the whole, FFE families are well functioning.

⑥ Education Levels

Families First Edmonton caregivers born in Canada have lower educational attainment than city averages. Those born outside of Canada have high levels of education if foreign credentials are considered. This fact sheet provides an overview of preliminary data findings.

⑦ Employment

Working conditions are an important social determinant of health because of the great amount of time we spend in our workplaces. This fact sheet explores the employment situation of FFE caregivers.

FOR MORE INFORMATION ABOUT FFE DATA CONTACT:

Community-University Partnership for the Study of Children, Youth and Families, University of Alberta, 780-492-6177

Dr. Jane Drummond, Principal Investigator

Dr. Laurie Schnirer

Dr. Maria Mayan



FFE FAST FACTS:

Who are the FFE Families?

HOW WE RECRUITED VOLUNTEER FAMILIES TO THE STUDY:

Participation in the study was voluntary. Eligible families were invited to participate if they:

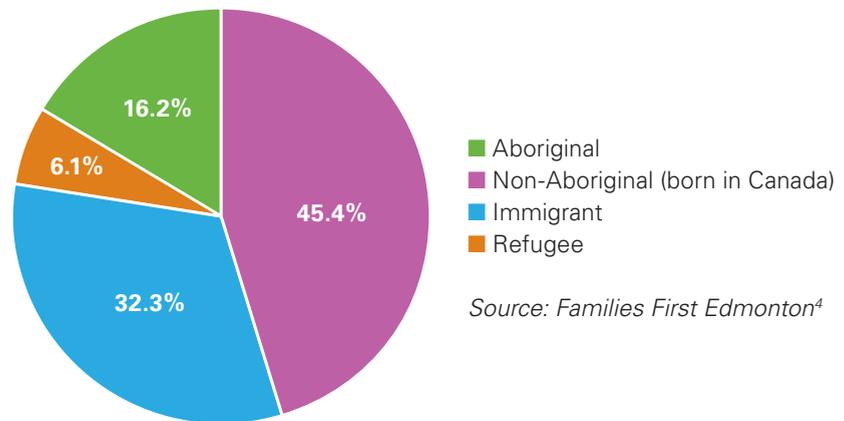
- Had at least one child aged 12 years and under, and lived in the City of Edmonton, and
- Received Income Support or Alberta Child Health Benefit Program or Alberta Adult Health Benefit Program or used City of Edmonton Leisure Access Program or lived in Capital Region Housing.

Our Aboriginal and multi-cultural partners and community agencies played an important role in telling families about the study. This was one strategy used to reach multiple types of families.

The over 1,200 Edmonton families who volunteered for the Families First Edmonton (FFE) study originate from a variety of cultural groups and family structures.

FFE families face complex issues rooted in social, economic and political issues that extend beyond the control of any one service delivery system. FFE is examining if a coordinated, proactive approach leads to healthier, more successful families and stronger communities. To better inform program and policy improvements it is important to first paint a portrait of the families that participated in the FFE study.

FIGURE 1:
POPULATION GROUPS OF FFE PRIMARY CAREGIVERS, AT BASELINE



Source: Families First Edmonton⁴

When compared to city or provincial averages, a greater percentage of FFE caregivers self-identify as Aboriginal or as foreign-born...

Even though Aboriginal families make up approximately 5% of all families in Edmonton and 6% of all families provincially,² approximately 16% of FFE primary caregivers self-identified as Aboriginal, a proportion three times higher than that reported for the general Edmonton population.

The FFE study also has a higher percentage of foreign-born (i.e. immigrant or refugee) participants (38%) when compared to the proportion of foreign-born families in Edmonton or Alberta (23% and 16% respectively).²

The FFE caregivers vary greatly with respect to country of origin and first language learned (i.e. mother tongue). Overall, they originate from approximately 80 different countries. When asked about their first language learned, primary caregivers as a whole listed approximately 100 different languages/dialects. The five most commonly reported countries of origin and mother tongues are reported in Table 1.

TABLE 1:
TOP 5 MOST COMMONLY REPORTED COUNTRIES OF ORIGIN AND MOTHER TONGUES

COUNTRY OF ORIGIN

Canada	61.6%
China	8.1%
Philippines	2.5%
Pakistan	2.4%
India	2.0%

MOTHER TONGUE

English	60.1%
Mandarin	7.1%
Spanish	3.0%
Arabic	2.5%
Cree	1.6%

Source: Families First Edmonton⁴

Most FFE families are headed by a lone-parent female and on average have 2.2 children...

Fifty-seven percent of FFE families are female-headed, lone-parent families. When the general population of Edmonton is considered, only 15% of households are headed by single females.² The over-representation of single parent mothers in the FFE study speaks to the economic vulnerability of this group, as recruitment for the FFE project was targeted at low income families generally.

The number of children within FFE households ranges from one to eleven children. FFE families have on average 2.2 children; similar to the Alberta family average of 2.1 children³, but twice as large as Edmonton families, who have an average of 1.1 children².

THINGS TO CONSIDER

- Do you consider the needs of Aboriginal families in programming and service delivery (e.g. cultural sensitivity for staff, use of the medicine wheel)?
- Given that our urban Aboriginal population is fast growing and young, do you offer programs and services that welcome young, Aboriginal people?
- How can all levels of government, the non-profit sector and Aboriginal peoples work together differently to support low income families?
- How are the program needs of refugee families different from families that do not have a refugee as the head of the household?
- Do you have good information, from good sources about the individuals you are working with? Who else do you need to talk to, in order to better understand the needs of low income individuals? Where might you find information about small groups of low income families which may not be as visible in this data (i.e. single dads)?

- How can you work collaboratively with community groups to arrange translation, cultural brokering and culturally appropriate services?
- Does your organization/sector consider the impact of family size on your services, including housing and childcare?

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57% of FFE families are female-headed, lone parent families.





FFE FAST FACTS:

Barriers to Community Participation

SOCIAL DETERMINANTS OF HEALTH: SOCIAL INCLUSION/EXCLUSION

Social exclusion describes the structures and dynamic processes of inequality among groups in society.

Social exclusion refers to the inability of certain groups or individuals to participate fully in Canadian life due to structural inequalities in access to social, economic, political and cultural resources.

These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion.

Exclusion from social production is the denial of opportunities to contribute to and participate actively in society.¹

The Families First Edmonton (FFE) primary caregivers reported many barriers to participating in community events and recreational activities.

Participation in community events and activities is health-enhancing^{2,3}. However, research suggests that people living on low incomes are less likely to participate in community events^{4,5}, and that numerous barriers may account for their limited participation^{5,6}.

As Table 1 shows the five most commonly listed ‘important’ barriers (rated by more than two thirds of FFE primary caregivers) are:

- not knowing what is available
- not having enough money
- not having enough time
- not knowing how to get involved
- not having childcare (Table 1).

TABLE 1:
PERCENTAGE OF FFE PRIMARY CAREGIVERS WHO IDENTIFIED BARRIERS AS ‘IMPORTANT’, AT BASELINE

BARRIER	VERY OR SOMEWHAT IMPORTANT (%)
I am not aware of what is available	86.0%
I do not have enough money	85.6%
I do not have enough time	79.2%
I do not know how to get involved	73.1%
I do not have childcare	70.1%
I do not have transportation	46.0%
I am nervous about participating	45.1%
I think the neighbourhood is too unsafe	42.9%
I think there are cultural or language differences that interfere	34.3%
I do not feel welcome	32.5%
I have a health problem	31.1%

Source: Families First Edmonton⁷

Not knowing what is available

This is as an important barrier for all FFE groups, with no significant difference based on place of birth, working or not-working, or lone-parent / co-parent status.

When comparing foreign-born (immigrants and refugees) to Canadian-born (Aboriginal and non-Aboriginal) caregivers:

- *Not having time:* FFE immigrants were more likely to cite this as a barrier than FFE Canadian-born primary caregivers.
- *Not having enough money:* FFE Canadian-born primary caregivers (Aboriginal and non-Aboriginal) said this was more of a barrier than FFE foreign-born primary caregivers.
- *Childcare:* FFE Aboriginal primary caregivers were more likely to name this as a barrier than FFE immigrant or FFE non-Aboriginal primary caregivers.
- *Not knowing how to get involved:* FFE foreign-born primary caregivers were more likely to name this as a concern than FFE non-Aboriginal primary caregivers.
- *Health:* FFE Canadian-born primary caregivers were more likely to cite this as an important barrier than FFE immigrant populations.
- *Feeling unwelcome:* FFE Canadian-born primary caregivers, particularly Aboriginals, cited this as one of the most significant barriers.

When comparing recent to non-recent foreign-born caregivers:

- *Cultural and language differences:* Recent (within 5 years) FFE immigrants/refugees were more likely than their non-recent counterparts to cite these as barriers.
- *Money, health and being nervous about participating:* Non-recent FFE immigrants and refugees were more likely to report these issues as constraints to participation.

Comparing working to not working caregivers:

- *Not-working FFE primary caregivers* reported most barriers as being more important than did those who were working;
- *Working FFE primary care givers* were more likely to report time as an important barrier.
- There was no difference between working and not-working primary caregivers regarding barriers of money, knowing what is available, or how to get involved.

Comparing lone to dual-parenting caregivers:

- *Lone parents* were more likely to report barriers related to feeling unwelcome, financial constraints, health problems, transportation, safety, nervous about participating, and lack of childcare.
- *Co-parents* were more likely to report cultural or language barriers, knowing how to get involved, and time constraints.

THINGS TO CONSIDER

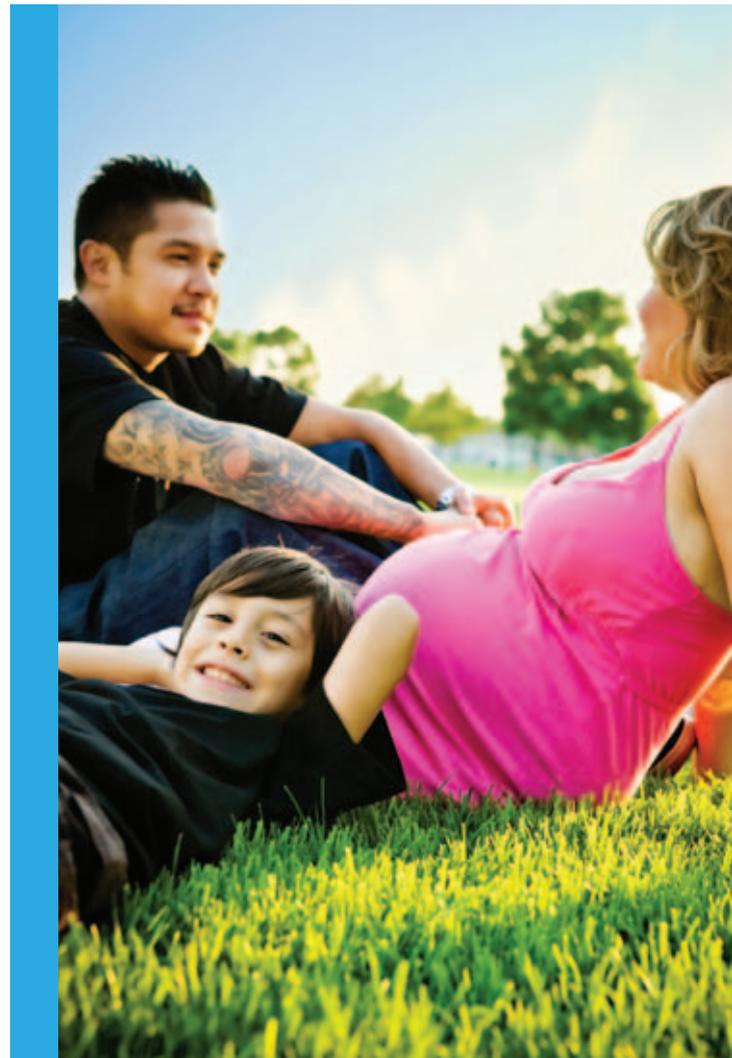
- What time of day are events planned? Can both working and non-working families attend?
- Is there a way to subsidize activities to assist low income families in accessing community events?
- Knowing that transportation is an important barrier for many low income families, how can programs build in transportation dollars to their budgets? What could funders do to support this?
- Is your organization using multiple methods (web, print, word of mouth, media, etc.) to advertise programs and services and community events?
- Does your organization provide childcare for events to increase the likelihood that families with young children can attend?
- Does your organization provide culturally appropriate programming?

- Does your organization know how to support families in accessing subsidies for community and recreation events?
- Are there ways your organization can partner with business or other organizations to better support family attendance at cultural and community events?

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86% of FFE primary caregivers say not knowing what is available is the main barrier to them not participating in community events and recreational activities.





FFE FAST FACTS:

English Proficiency of Foreign-Born Caregivers*

ENGLISH PROFICIENCY FOR NEW CANADIANS:

Language proficiency is an important part of newcomers' economic social and political adjustment to their new country.¹

The 2007 Longitudinal Survey of Immigrants to Canada, reported immigrants saw language barriers as their biggest difficulty next to finding adequate jobs. Over a quarter (26%) of all new immigrants still reported language difficulties in English or French four years after arriving in Canada. About one-third of job seekers who experienced difficulties (32%) cited language barriers as a problem.²

Most Families First Edmonton (FFE) foreign-born primary caregivers reported a fairly high level of English proficiency, but a minority needed interpretation assistance to participate in the program.

Thirty-nine percent of the FFE primary caregivers were born outside of Canada, with 81% of those being immigrants and 19% being refugees. Knowing the proficiency of FFE primary caregivers in the use and understanding of the English language can provide information that may help determine the need and usage of interpreters, translation services and job/school readiness.

When asked 'how well do you speak/ read/ write in English?' FFE foreign-born primary caregivers generally reported a comfortable level of English proficiency.

They were asked about their English proficiency using a scale where:

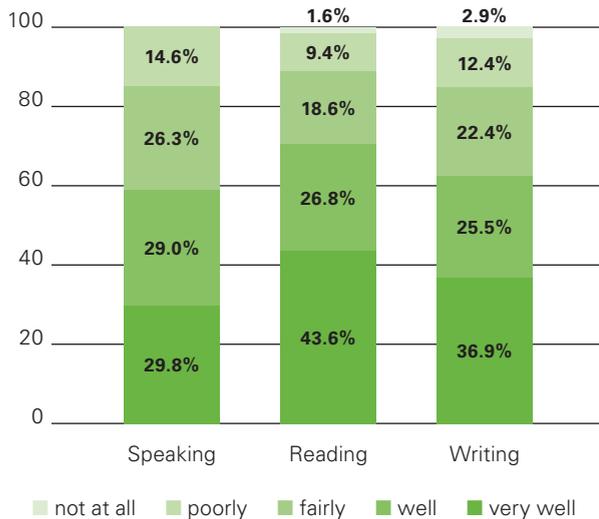
- 1 = not at all
- 2 = poorly
- 3 = fairly
- 4 = well
- 5 = very well

On average they rated their:

English proficiency in speaking	3.7
English proficiency in reading	4.0
English proficiency in writing	3.8

* This fact sheet pertains to only those FFE participants born outside of Canada

**FIGURE 1:
UNDERSTANDING AND USE OF ENGLISH
LANGUAGE OF FFE PRIMARY CAREGIVERS**

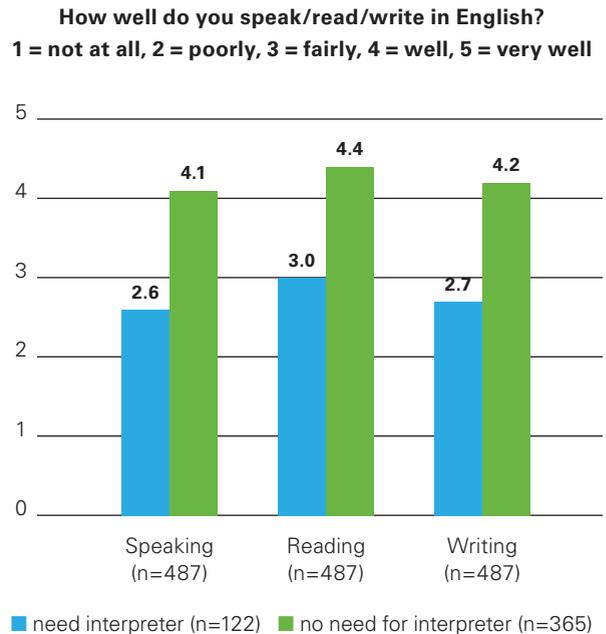


Source: FFE Baseline Data, 2011

Interpretation assistance was provided if the primary caregivers felt they needed it. This resulted in 22% of the interviews with FFE immigrants (n=413), and 40% of FFE refugees (n=78) using interpretation.

In general, FFE primary caregivers who needed the assistance during the first interview also reported a lower level of English proficiency in speaking, reading, and writing (Figure 2). Sometimes even when interpreters were requested, the interviewees would try communicating in English, and assistance was provided when needed.

**FIGURE 2:
FFE FOREIGN-BORN PRIMARY CAREGIVERS
SELF-REPORTED ENGLISH PROFICIENCY**



Source: FFE Baseline Data, 2011

With community partners' coordination, interpretation assistance was made available in 14 languages/ dialects for the foreign-born baseline interviews.

TABLE 1:

NUMBER OF LANGUAGES INTERPRETED AT FOREIGN-BORN FFE BASELINE INTERVIEWS

Language / Dialect	Number of interviews		Total
	Immigrant	Refugee	
Mandarin	40	0	40
Spanish	6	10	16
Cantonese	13	0	13
Persian / Farsi	6	5	11
French	5	5	10
Arabic	4	4	8
Other*	7	5	12

* Other languages were Vietnamese, Amharic, Kurdish, Bari/Sudanese, Serbo-Croatian, Turkish, Somali, and Romanian.

THINGS TO CONSIDER

- Understand what you mean when you offer a program. Have you audited your program materials and advertising for its language level?
- Have you considered how program names are understood (or not) by the community (i.e. Will someone with limited English relate to , or even understand a program called something like Bouncing Baby Bumblebees?)
- Is there a need to translate some program resources and brochures into other languages? Do you have staff that would be willing to help with translation or mentoring families attending your programs?
- Are you open to engaging with leaders or community connectors within an immigrant or refugee community to help you plan, advertise, recruit families and manage programs where you are targeting English language learners? Can you commit organizational resources to this? See: Enhancing Community Capacity to Engage and Involve Immigrant and Refugee Families: A Model for Inclusive Collaboration on www.familiesfirstedmonton.ca
- Is your environment welcoming to English language learners? Go to Canadian Association of Family Resource Program website for their Welcome Here Resource Kit. The program is funded by Citizenship and Immigration Canada under the Welcoming Communities Initiative.

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FFE FAST FACTS:

Housing

SOCIAL DETERMINANTS OF HEALTH: HOUSING

Housing influences health in many ways...

ADEQUACY

The presence of lead and mold, poor heating and draft, inadequate ventilation, vermin, and overcrowding are all determinants of adverse health outcomes.

Children who live in low quality housing conditions have a greater likelihood of poor health outcomes in both childhood and as adults. Dampness, for example, causes respiratory illness and makes pre-existing health conditions worse.²

SUITABILITY

Overcrowding allows for transmission of respiratory and other illnesses.²

AFFORDABILITY

High housing costs reduce the resources available to support other social determinants of health.²

According to the Canada Mortgage and Housing Corporation (CMHC), acceptable housing is “adequate in condition, suitable in size and affordable”.¹ Homes in core need are those that do not meet one or more of these factors. The incidence of core housing need is highest for low income households.

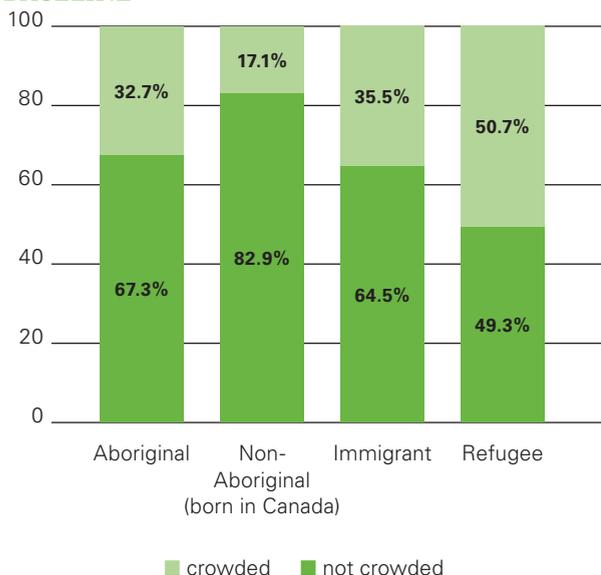
In 2007, CMHC determined that approximately half (49.8%) of the “lowest income” households in Canada were in core need. Approximately 82% of FFE families report living in core housing need.

This Fact Sheet reports on the incidence of core housing need for FFE families.

Adequacy (State of Repair)

Homes deemed inadequate are those in need of major repairs (i.e. defective plumbing or electrical wiring, and/or structural repairs to walls, floors, or ceilings, etc). Overall, 21% of FFE families judged their current residence as needing major repairs.

FIGURE 1:
CROWDING BY POPULATION GROUP, AT BASELINE



Source: Families First Edmonton 2010 & 2011.⁴

Suitability (Crowding)

According to the National Occupancy Standard (NOS) requirements¹, a home is crowded if it does not have enough bedrooms for the size and make-up of resident households*.

Using information provided by FFE participants about the number of bedrooms in the home as well as the age, sex and relationship of all household members, 28% of FFE households demonstrate crowding.

Compared to other FFE groups, primary caregivers who are refugees tend to be more crowded (51%). The group with the lowest incidence of crowding is primary caregivers who are Canadian-born non-Aboriginals (17%). (Figure 1)

* Enough bedrooms means one bedroom for each cohabiting adult couple; unattached household member 18 years of age and over; same-sex pair of children under

age 18; and additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom¹.

Affordability

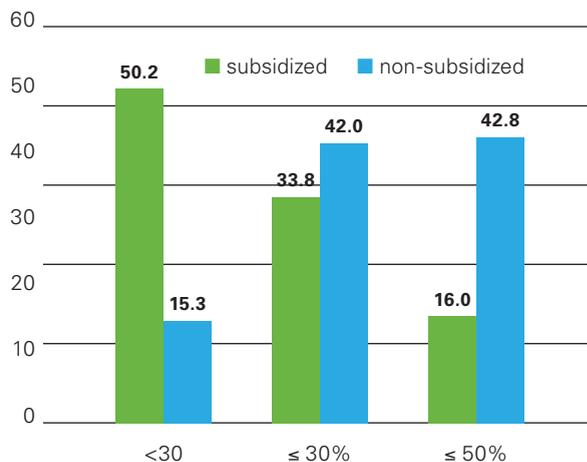
Housing is considered affordable when shelter costs are less than 30% of the before-tax household income.¹ According to the Public Health Agency of Canada, “when families spend more than 50% of income on housing, it significantly reduces the amount that can be spent on recreation, food, and other social determinants of health”³.

Overall, 71% of FFE families are spending 30% or more of gross household income on shelter costs.

Figure 2 shows the percentage of FFE families who are able to afford their homes (i.e., spend less than 30% of gross household income on shelter costs), how many are spending 30% or more of the gross household income on housing and how many are exceeding the 50% critical point noted by the Public Health Agency of Canada.

FIGURE 2:
HOUSING AFFORDABILITY FOR SUBSIDIZED AND NON-SUBSIDIZED FAMILIES, AT BASELINE

Percentage of pre-tax household income spent on shelter



Source: Families First Edmonton 2010 & 2011.⁴

According to Figure 2, housing subsidization results in two major affordability patterns:

First, FFE families who receive housing subsidization are more likely to afford their shelter costs compared to non-subsidized families. Half of subsidized families are able to keep shelter costs under 30% of the gross household income compared to 15% of non-subsidized families.

Second, the trend is that housing subsidization keeps more families out of the critical affordability range (>50% of gross household income spent on housing).

Forty-three percent of non-subsidized families are in the critical range compared to 16% of subsidized families.

THINGS TO CONSIDER

- Are you aware that housing is a basic human right as defined by the United Nations Bill of Rights?
- Are you aware of the impact of housing as a social determinant of family health and well being?
- Does your intake process identify which families are experiencing unstable housing and who may be at risk for not completing/attending your programs?
- Do you have up-to-date lists of resources/programs to support housing affordability, repair and emergencies for your staff to share with families?
- Are there opportunities to create innovative resources to repair and maintain housing either rented or owned by low income families?
- Are there opportunities to develop rent-geared-to-income housing and create inclusive and connected communities?

- Do we have enough affordable, suitable and adequate housing in Edmonton with the flexibility to accommodate different kinds of families; large families, single parents, multi-generational families, people with health and accessibility needs, and people who need additional supports to stabilize their housing?

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FFE FAST FACTS:

Family Functioning & Primary Caregiver Health

MEASURING FAMILY FUNCTIONING

In FFE, we are using four items from the General Functioning scale of the McMaster Family Assessment Device (FAD), a well-known and accepted measure of family functioning:³

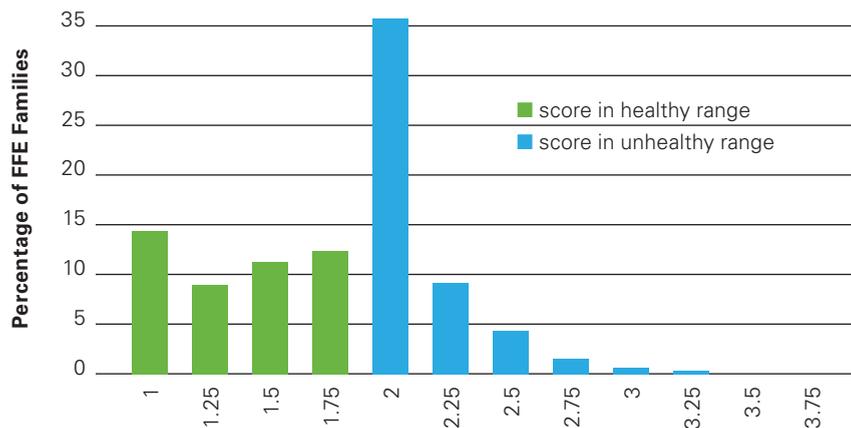
- We can express our feelings to each other.
- There are lots of bad feelings in the family.
- We feel accepted for what we are.
- We don't get along well together.

Family functioning refers to the processes families engage in to achieve goals, address challenges, and support and enhance individual family members' health and development. It includes aspects of family life such as family problem solving, communication, how roles and responsibilities are handled, and affection and emotional support.¹⁻²

Family Functioning

On the whole, FFE families are well-functioning. FFE families are similar to the general population when the average score for the FFE families (1.77) is compared to the average score for the general population (1.84). However, 53% of FFE families are in the unhealthy range (2.0-4.0). Importantly though, few of these families (less than 10%) are in the extreme range. Most have scores between 2.0 and 2.25 (Figure 1).

FIGURE 1:
FFE FAMILY FUNCTIONING SCORE, AT BASELINE



Source: Families First Edmonton (2009) Note: Higher family functioning scores reflect poorer family functioning.

Family functioning scores of FFE families in which the primary caregiver is either Aboriginal or foreign-born (immigrant or refugee) are more likely to be in the unhealthy range when compared to FFE families in which the primary caregiver is neither Aboriginal nor foreign-born (i.e., Canadian-born Non-Aboriginal). However, these findings may be associated in part with problems with the FAD instrument; it may not be appropriate for families that are not of Euro-Canadian ethnic origins.

PRIMARY CAREGIVER HEALTH

Mental health

The mental health of primary caregivers in FFE families is significantly poorer than the general population. FFE primary caregivers' average scores fall half way between the norms for the general population and those receiving mental health services, indicating that FFE primary caregivers are experiencing more mental health problems than the typical adult.

Measuring primary caregiver mental health

In FFE, we are using the Symptom Checklist 90 (SCL-90)⁴, a well-tested and commonly used measure of psychological distress. It asks questions that require primary caregivers to rate how much they were distressed by 90 physical and psychological symptoms of psychological stress. There are 9 sub-scales: Anxiety, hostility, phobic anxiety, depression, paranoia, psychoticism, somatic complaints, interpersonal sensitivity, and obsessive-compulsive thoughts and behaviours. Scores on each sub-scale range from 0 to 4 with 0 indicating no distress and 4 indicating extreme distress.

Physical health

The physical health of primary caregivers in FFE families is not as good as other Albertans. Only 43% of FFE primary caregivers report very good or excellent health compared to 62% of Alberta adults.⁵

FFE primary caregiver health differed by gender, co-parent status, age of children, and place of birth.

- Female primary caregivers report poorer mental and physical health than male primary caregivers.
- Lone primary caregivers report poorer mental and physical health than those with a co-caregiver.
- Primary caregivers of children age 12 years or older report poorer mental and physical health than those with younger children.
- Canadian-born primary caregivers report poorer mental and physical health than foreign-born primary caregivers.

Measuring primary caregiver physical health

In FFE, primary caregivers are being asked a well-tested and commonly used question to measure physical health:

In general, would you say your health is

- Poor
- Fair
- Good
- Very good
- Excellent

The preliminary findings about the health of primary caregivers in FFE families are of concern, as FFE primary caregivers are not as healthy as adults in the general population.

This is not only a concern on its own – but it is also worrisome because compromised health interferes with caregiving and it places children at risk for poor development.

There is a large body of research that shows that child development is affected by parental mental health. In particular, parental depression interferes with parents' ability to be involved, sensitive, and emotionally responsive to their child(ren).^{6,7} Furthermore, poor health limits caregivers' abilities to be fully engaged citizens (i.e. employees, volunteers, etc.).

THINGS TO CONSIDER

- Are primary caregivers accessing help for the mental health problems they are experiencing?
 - If not, why not? How can programs and services support families to access help for mental health issues as they arise? What partnerships can be explored to support families to access mental health services as needed?
 - If caregivers are accessing mental health services, then are these services addressing their needs? What additional resources could be put in place, or accessed, to address caregivers' mental health needs?
- How can programs and services address the barriers to health experienced by families with low income? How can service providers support healthy lifestyle choices for families to prevent illness and promote healthy living?
- How does your agency support the development of behaviours indicating health family functioning?
- How well does your agency connect with other service providers providing supports to the families you serve?

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FFE FAST FACTS:

Education Levels

SOCIAL DETERMINANTS OF HEALTH: EDUCATION

Education contributes to health and prosperity for individuals and families.

Education gives knowledge and skills for problem solving and provides a sense of control and mastery over life situations. Education increases job opportunities, income security and job satisfaction.

Education improves people's ability to access and understand information to help keep them healthy.¹

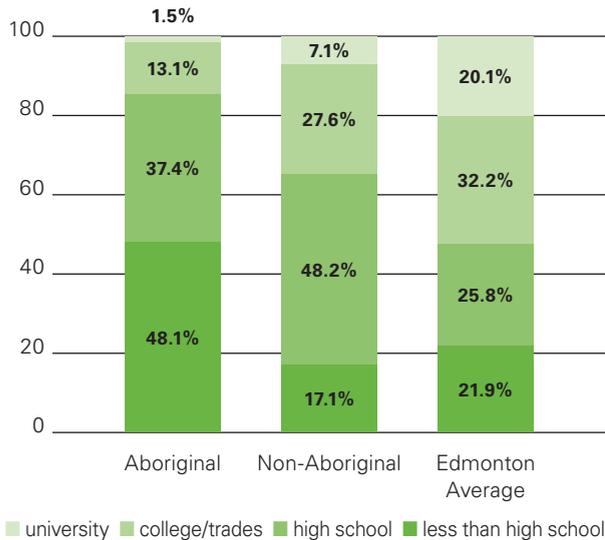
Educational attainment is a well recognized social determinant of health. A recent Statistics Canada report shows that citizens who have higher levels of education are also more likely to have better jobs, live in safer homes, and report better physical and mental health.¹

Families First Edmonton (FFE) caregivers who were born in Canada have lower educational attainment than city averages

2006 Canada Census figures show that approximately half of Edmonton citizens who are older than 15 years of age have a college diploma, trades certificate, or university credentials.²

Compared to the city average, the Canadian-born caregivers who participated in the Families First Edmonton project report lower levels of education. For example, 14.6% of Aboriginal caregivers and 34.7% of non-Aboriginal caregivers report holding post-secondary educational credentials (Figure 1).

**FIGURE 1:
EDUCATIONAL ATTAINMENT PROFILE OF
CANADIAN-BORN CAREGIVERS, 2006**



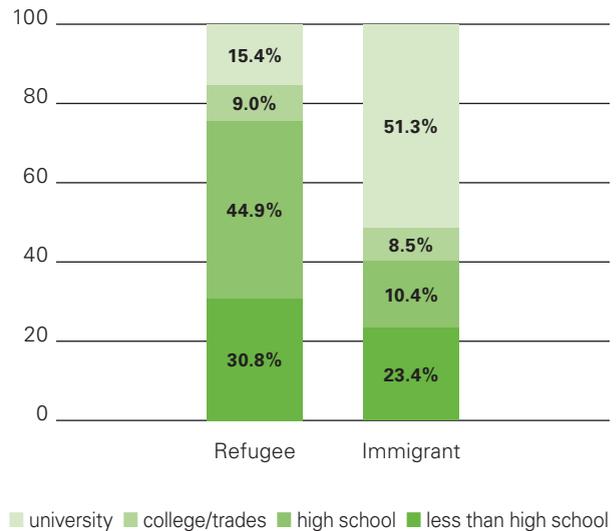
Source: Families First Edmonton (Education/ Employment Presentation to Steering, 2009)³

FFE caregivers born outside of Canada have high levels of education if foreign credentials are considered

Very few foreign-born caregivers hold Canadian credentials (62% of immigrant caregivers and 73% of refugee caregivers do not hold Canadian credentials). However, this group does report high levels of educational attainment if credentials earned outside of Canada are considered (Figure 2).

Approximately half of the immigrant caregivers and 15% of the refugee caregivers report holding foreign university credentials (Figure 2). When compared to City of Edmonton statistics, immigrant caregivers are more than twice as likely to hold university credentials as the average Edmonton citizen (20.1%).

**FIGURE 2:
EDUCATION ATTAINMENT PROFILE OF
FOREIGN-BORN CAREGIVERS (FOREIGN
CREDENTIALS, 2006)**



Source: Families First Edmonton (Education/ Employment Presentation to Steering, 2009)³

Two out of every three FFE caregivers also report previous engagement in training programs that concentrate on employment skills, work experience, or life skills. Overall, refugee caregivers report the most involvement in these programs (90%).

Approximately four of five immigrant caregivers have taken a training program, as have approximately 68% of Aboriginal caregivers. Canadian-born caregivers who are non-Aboriginal report the least engagement in training programs (47%).

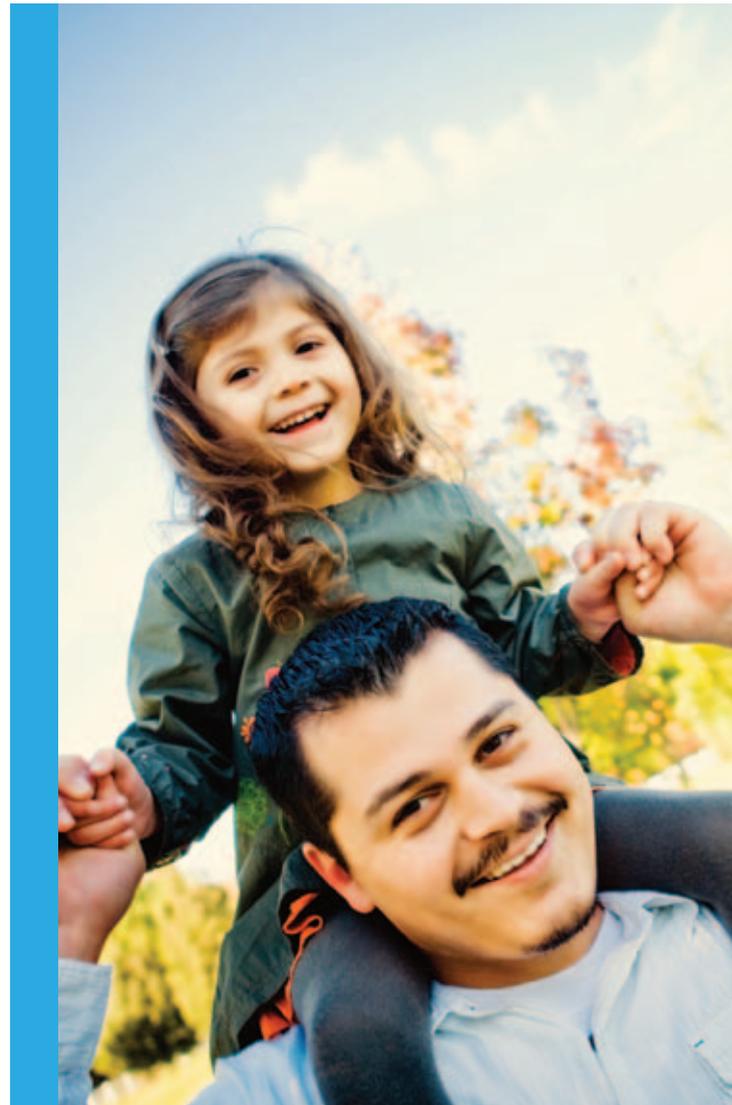
THINGS TO CONSIDER

- Can your service/agency provide information about existing training opportunities for low income adults and children to help them improve their education levels?
- Have you audited the literacy levels of your service's promotional materials? How do you accommodate the needs of families with different educational levels?
- Can you work collaboratively or in partnership with educational institutions to support low income families?

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48.1% of primary caregivers in FFE Aboriginal Families and 17.1% of FFE primary caregivers in Canadian-born non Aboriginal families have less than a high school diploma.





FFE FAST FACTS:

Employment

SOCIAL DETERMINANTS OF HEALTH: EMPLOYMENT

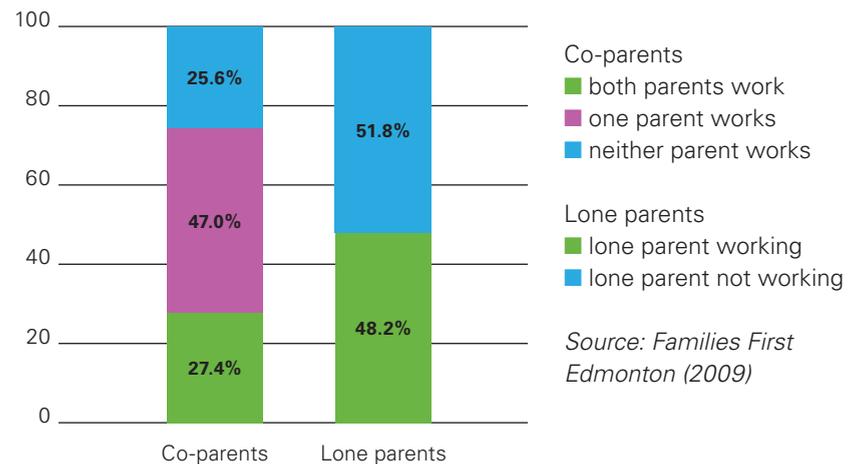
Working conditions are an important social determinant of health because of the great amount of time we spend in our workplaces. People who are already most vulnerable to poor health outcomes due to their lower income and education are also the ones most likely to experience adverse working conditions.¹

Increased health problems are seen among workers who experience high demands but have little control over how to meet these demands. These high-strain jobs are much more common among low income women working in the sales and service sector.¹

This fact sheet explores the employment situation of FFE caregivers. First, employment rates for lone and co-parent households are considered. We then look at the types of jobs worked by primary caregivers and co-parents who are currently employed. Finally, this fact sheet compares the presence of underemployment for Canadian-born and foreign-born primary caregivers who have university credentials.

FFE households with two parents have higher employment rates than lone parent households. While 74% of co-parent households in the FFE study report at least one parent working outside of the home, approximately one in two lone parents work outside of the home (Figure 1).

FIGURE 1:
PERCENTAGE OF FFE PARENTS WORKING OUTSIDE OF THE HOME AT THE TIME OF INITIAL INTERVIEW, BASELINE DATA



Source: Families First
Edmonton (2009)

The employment status of parents may depend upon the age of the youngest child in the home...

One factor that appears to impact whether a lone parent or both co-parents work outside of the home is the age of the youngest child. The average age of the youngest child in households where the lone parent is not working is 4.7 years. However, the average age of the youngest child in homes where lone parents work outside of the home is 6.7 years (school aged). Similarly, the youngest child in co-parent households where both parents are working is 5.7 years, almost 2-years older than the youngest children in households where only one or neither parents are working outside of the home. This difference suggests that parents may wait until the youngest child is of school age before engaging in work outside of the home.

What jobs are FFE parents working?

Of the FFE parents (lone parents and co-parents) who were working at the time they were interviewed, 35% were working in one of the following jobs:

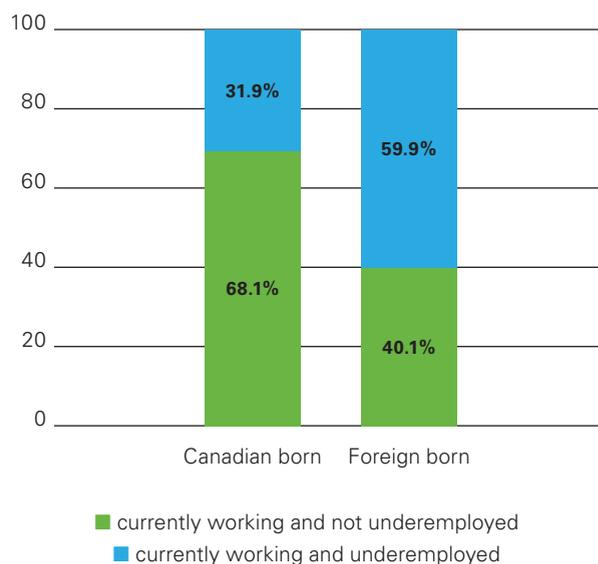
- Cashier
- General office clerk
- Retail salesperson/sales clerk
- Food and beverage server
- Material handler
- Community and social service worker
- Early childhood educator/assistant

The underemployment of FFE caregivers affects foreign-born caregivers more than Canadian-born caregivers...

According to Human Resources and Skills Development of Canada (HRSDC), “many skilled immigrants cannot get a job in their chosen field despite the fact that they are coming to Canada with higher qualifications... it is taking much longer for them to catch up to Canadians with similar levels of education and expertise – resulting in low income levels”.²

A person who is university educated yet holds a job that requires at most a high school education is considered to be underemployed.³ Figure 2 shows that underemployment is higher for FFE caregivers who immigrated to Canada compared to Canadian-born caregivers. Sixty percent of university-educated foreign-born caregivers currently hold a job that demands no more than a high school education while 32% of Canadian-born caregivers report the same.

FIGURE 2:
UNDEREMPLOYMENT OF FFE CAREGIVERS WHO ARE UNIVERSITY-EDUCATED, AT BASELINE



Source: *Families First Edmonton (2009)*

THINGS TO CONSIDER

- Can employers offer childcare on site and/or through partnership to better support parents with young children?
- Does your organization know about programs and services to assist families in meeting childcare costs?
- Can employers provide additional workplace benefits, including child care, enhanced training opportunities and health benefits (especially in the social services and retail sectors)?
- Can funding levels address appropriate wages for staff working in the health/social services sector?
- Can the amount invested in training programs be increased to reduce the vulnerability of unemployed and under-employed Albertans?
- Does your organization know about training opportunities to assist under-employed Albertans to gain better employment?
- Does your organization know about programs and services in place to allow foreign trained workers to have their credentials recognized?
- Does your organization know how to support clients with concerns about their work environment (safety or employment standards)?

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About Families First Edmonton (FFE)

FFE is a collaborative of 14 partner organizations representing government, research, funders and community agencies. We're exploring how to work together across systems and organizations to better deliver existing services to families with low incomes.

We came together to provide evidence-based research on four different ways of delivering services to families with low incomes to see if better family outcomes can be achieved.

We're examining if coordinated, targeted and proactive intervention leads to healthier, happier, more successful families and stronger communities.

We are seeking to determine the most cost-effective, efficient use of resources to proactively help families with low income, build families' ability to help themselves and improve the social and physical outcomes of children.

FAMILIES FIRST EDMONTON VISION

Stronger families through strengthened service delivery, supportive policies and sound research.

FAMILIES FIRST EDMONTON MISSION

To improve the well-being of low income families and their children through innovative service delivery, applied research and well-informed public policy.

THE RESEARCH PROJECT

FFE is a research project to determine whether delivering health, family support and recreation services in a coordinated way can lead to better outcomes for low income families.

The FFE study is unique in social services. Most social services research uses program evaluation. FFE is using Randomized Controlled Trial (RCT) Research, the gold standard of research, to ensure decision makers view FFE research as reliable and valid.

When the FFE study concludes, it will provide evidence based research on the effective delivery of health, social, and recreation services and will show what approaches and practices lead to better outcomes for which families.

The research will yield learnings for service delivery providers and policy makers on how to maximize the investment in current programs and deliver them more effectively to achieve greater outcomes.

This is expected to generate made-in-Alberta solutions. This is a collaborative approach that sees government and not-for-profit organizations working together to make the best use of existing resources.

When the research is completed in 2012, the FFE partners will analyze the results and determine what recommendations, if any, should be made to the way in which services are provided to low income families in Edmonton.

THE FAMILIES

Participation was voluntary. Eligible families were invited to participate if they:

- Had at least one child aged 12 years and under
- Lived in the City of Edmonton
- Received Income Support OR Alberta Child Health Benefit Program OR Alberta Adult Health Benefit Program OR used City of Edmonton Leisure Access Program OR lived in Capital Region Housing

Families contacted FFE directly to sign up for the research project. All families continued to access any services they already did, upon being accepted into the project.

THE RESEARCH

University of Alberta researchers, using accepted protocols and standards, followed over 1,200 families for up to two years during the service delivery intervention and followed up with families for a further three years to determine the longer term outcomes. Family participation was voluntary.

Using Randomized Controlled Trial (RCT) research, FFE families were randomly placed into one of four service delivery interventions, with 300 families in each of one of the groups:

1. Comprehensive

Families continued to access the services they already did, plus an FFE family support worker linked them to the existing services of both Recreation and Family Healthy Lifestyles.

2. Family Healthy Lifestyles

Families continued to access the services they already did, plus an FFE family support worker helped with problem solving and links to existing health, social services and child care options.

3. Recreation

Families continued to access the services they already did, plus an FFE recreation coordinator placed children in existing recreation activities.

4. Self Directed (Control Group)

Families in this group continued to access existing services in the same way they usually did.

Funding for this community based research study was used to link participants to services, purchase services from existing community resources and to add supports, as required, for participating families.

RESEARCH QUESTIONS

- 1.** What are the differences between the four intervention groups (healthy family lifestyle, recreation, comprehensive, and self directed) on linkages to services?
- 2.** What are the costs to service systems of each of the intervention groups over time?
- 3.** What are the physical and psychosocial health outcomes of family members, over time, among the groups?
- 4.** What are the family and community level knowledge, skills and attitudes that support successful linkages to services?
- 5.** How can community, government, and university sectors work more effectively together? What kind of leadership, structures, personnel and processes are needed to support inter-sectoral initiatives?

It is anticipated that FFE research will:

- Provide a better understanding of the process, barriers and benefits for systems collaboration of services delivery
- Describe 'evidence-based' practices supporting service delivery
- Determine the relative cost-effectiveness of service delivery to make the best use of existing resources.
- Result in more efficient use of existing resource
- Increase the ability of agencies and organizations to work together across sectors

For more on using Families First Edmonton research to initiate, advance or support your organization's strategic priorities, please visit:

www.FamiliesFirstEdmonton.ualberta.ca

Families First EDMONTON

PARTNERS IN FAMILIES FIRST EDMONTON

PROJECT CO-LEADS

Alberta Human Services (Workforce Supports Division)
City of Edmonton Community Services

PARTNERS

Alberta Health Services - Edmonton Zone (includes the former Alberta Mental Health Board)
Edmonton Aboriginal Urban Affairs Committee
Edmonton Community Foundation
Alberta Human Services (Edmonton & Area Child and Family Services Authority - Region 6)
Quality of Life Commission
United Way of the Alberta Capital Region
University of Alberta – Community-University Partnership for the Study of Children, Youth, and Families

SERVICE DELIVERY PROVIDERS

YMCA of Edmonton
Multicultural Health Brokers Co-operative
KARA Family Resource Centre
Bent Arrow Traditional Healing Society

FUNDERS

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