

Mother's Health and Access to Recreation Activities for Children

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Table of Contents:

Community Research Team / Supporting Community Organizations	i
Acknowledgements	ii
Table of Contents	iii
Tables and Figures	vi
Appendices	viii
Executive Summary.....	ix
Recommendations	xiii
Section 1	
Introduction	1
1.1 Why This Research is Important: Poverty and Health in Canada	1
1.2 Implications of Research: A Review of the Literature	3
1.2.1 Mother's Health	3
Incidence of Depression	4
1.2.2 Child Health	6
Self Image and Health	6
Physical Activity, Health and Obesity	7
Organized and Unorganized Physical Activities	9
Section 2	
Methodologies	11
2.1 Methodology for Part 1: Interviews with Low-income Women	11
The Case for Participatory Research	11
Survey of Low-income Women	11
Initiating Contact with Study Participants	12
Participant Criteria	13
2.2 Methodology for Part 2: Recreation Opportunities in Selected Urban Centres ...	13
Section 3	
Demographics and Discussion	16
3.1 Location of Participants in the City	16
3.2 Participants: Contact Information	18
3.3 Ethnicity	18
3.4 Participant Education	20
3.5 Age of Participants	21
3.6 Family Size	22
3.7 Income	23
3.8 Employment Status and Single Parents	24
3.9 Social Assistance and Medical Expenses	25

Section 4		
	Access Issues, Children and Health Concerns	29
4.1	Children in Recreation Programs	29
4.2	Why Children Did Not Participate in a Recreation Program	30
	Program and transportation costs	30
	Affordable Programs for ADHD Children	30
	Awareness of Programs and Potential Benefits	30
4.3	How Children Benefited from Programs: Mother's Comments	32
	Benefits in Self-discipline, Socialization and Improved Coordination.	32
	Benefits in Self-esteem and Confidence	33
	Children not in Programs	34
4.4	How Children Affected by Access to Programs: Mother's Comments	34
	Changes in Children's Behaviour	34
	Changes in Children's Attitudes	35
	Changes in Children's Self-esteem	36
Section 5		
	Access to Programs for Children and Women's Health	37
5.1	Stress, Access and Mother's Health	38
	Changes in Emotional Volatility	38
	Sleep Disorders, Fatigue, Appetite, Headaches	39
	Depression, Unhappiness	40
5.2	Limited Finances and How the Mothers Budgeted for their Children's	41
	Activities	
5.2.1	Lifestyle and Budget Changes	42
Section 6		
	Participation in Winnipeg's Leading Cultural and Enrichment ..	46
	Attractions	
6.1	Attendance at Winnipeg's Cultural Attractions	47
6.1.1	Winnipeg Public Library	43
	Issues of Library Access as Identified by the Project Participants.... ..	48
	Library Access and Children's Videos	48
	Library Expenditures on Children's Materials in Winnipeg	51
6.1.2	The Assiniboine Park Zoo	52
6.1.3	Manitoba Museum of Man and Nature	52
6.1.4	Manitoba Children's Museum	53
6.1.5	Winnipeg Art Gallery	53
6.1.6	Fort Whyte Centre	54
6.2	Admission Fees for Selected Museums Across Canada	54

Section 7

	Publicly Owned Recreation Facilities	56
7.1	Winnipeg’s Community Centres	56
7.2	Fee Waivers and Community Centres	58
7.3	City Operated Recreation Facilities	59
7.4	Fee Waivers, Subsidy Programs and the Importance of Access	64
7.5	Program Cost in Urban Centres Across Canada	65
7.5.1	Programs to Ease Financial Barriers	66
7.6	Low-income Women’s Health and Activities for Children	68
7.7	Conclusions	69

Tables

Table 1:	Participation in Unorganized Sports in Canada by Children 12 Years-of-age and Younger	10
Table 2:	1997 Low Income Cut-Off for Winnipeg (1992 base)	13
Table 3:	Incidence of Low Income Among the Population Living in Private Households, 1991 and 1996 Censuses, Census Metropolitan Areas	14
Table 4:	Residence of Participants by City Area	17
Table 5:	Husband & Wife with Children and Lone Parent Families by..... Winnipeg Community Areas and LICO	17
Table 6:	Where Participants Found Out About the Study	18
Table 7:	Residence of Women by City Area and Whether or Not they..... were Informed of the Project by a Member of the Research Team	18
Table 8:	Ethnicity	19
Table 9:	Distribution of Husband and Wife with Children, and Lone Parent Families Living Below the LICO by Community Area For All Households and Aboriginal Households	20
Table 10:	Participant's Age	21
Table 11:	Family Size	22
Table 12:	Number of Children in Study by Household and by Sex	23
Table 13:	Distance Below Statistics Canada's Low Income Cut-Offs for Families in the Study	23
Table 14:	Poverty Rate of Lone Parents with Children under 18 in 1995, and..... Percentage of Lone Parent Families Receiving Social Assistance	25
Table 15:	Number of Children who have Participated in a Program with a Registration Fee by Age	29
Table 16:	Admission Fees at Winnipeg's Cultural Attractions	46
Table 17:	Attendance at Winnipeg's Cultural Attractions	46
Table 18:	Total Expenditures on Children's Materials by City Libraries and Amount Spent per Child	51
Table 19:	Canadian Museums, Admission Fees and Reduced Rates	55
Table 20:	Cost of Five-Tickets Strips for Public Swimming	61
Table 21:	Cost of a Single Admission for Public Skating	62
Table 22:	Cost of a Single Admission for Public Swimming (Indoors)	63
Table 23:	Children That Participated in a Program with a Registration Fee by Age	64
Table 24:	Total Children, Percentage of Children in Population and Poverty Rate for Children under 15 by Urban Centre	65
Table 25:	Cost of Swimming Lessons for a Child in an Aqua Quest 3 Preschool Program in Nine Urban Centres in 2000	66
Table 26:	Does your City have a Program or Policy to Assist Low-Income People to Access City Run Programs and Facilities	67
Table 27:	Employment Income and Government Transfer Income as a Percentage of Total Community Income	69
Table 28:	Responses to Urban Centre Survey on 'Fee Waiver Programs' in 2000	70

Figures

Figure: 1	Winnipeg's Community Characterization Areas	16
Figure: 2	Percentage of Canadians Reporting Unmet Health-Care Needs, by Province, 1994-95 and 1996-97	27
Figure: 3	Percentage of Canadian Men and Women Reporting Unmet Health-Care Needs in the Past Year, by Income Level, 1996-97	28
Figure: 4	City of Winnipeg Libraries	49
Figure: 5	Cost of Five-Ticket Strips for Public Swimming	61
Figure: 6	Cost of a Single Admission for Public Skating	62
Figure: 7	Cost of a Single Admission for Public Swimming (Indoors)	63

Appendices

Appendix A:	Recommendations	73
Appendix B:	Questionnaire	78
Appendix C:	Newspaper Article and Project Poster	83
Appendix D:	Community Services Memorandum on Library Fees	85
Appendix E:	City of Winnipeg Memorandum on Fees	86
Appendix F:	Advertising Materials for Fee Assistance Programs	88
Appendix G:	Bibliography	95

Mother's Health and Access to Recreation Activities for Children in Low-Income Families

Executive Summary

The wealthier you are, the healthier you are, but little is known about the variables that affect the relationship between poverty and health. (Health Canada, 1999) There is evidence that a woman's level of stress is profoundly affected by the difficulties experienced by her family and others in her social network; this phenomenon has been termed 'vicarious stress'. (Thomas, 1995) In this study, the link between a low-income mother's ability to find affordable recreation programs for her children and her health is examined. To a lesser extent, this research included an exploration of how municipal governments devise policies and programs to facilitate access to recreation and enrichment programs for low-income families.

The research literature is limited as to how the accessibility of publicly funded recreation opportunities for children in low-income families affects the health of mothers. A key finding from Browne (1998) demonstrated that when the children of social assistance recipients in Hamilton were provided with proactive, subsidized recreation services, children's behavioural disorders improved and parent's use of social and health services decreased.¹ This decrease in the use of services resulted in an immediate savings of \$1,000 per person per annum that was far in excess of the annual cost of the subsidized recreation. (Browne, 1998) This research project provides additional information on the relationship between a mother's health and her ability to provide her children with recreation activities.

There is a widening gap between the rich and poor in Canada. (Lee, 2000) One of every eight school-aged children lives in a family with an annual income that is less than \$20,000.00. At the same time, the fees for recreation programs are increasing across Canada. (Canadian Council on Social Development, 2001) These increases in recreation fees have made it increasingly difficult for low-income families to provide their children with recreation opportunities. The results of this study suggest that when mothers are living in financially stressed situations, and they perceive recreation programs for children to be out of reach, their health is adversely

¹ In the Browne study, 98% of the 765 participants were women.

affected. Forty-seven of the 49 women who participated in this study stated that their well being had been negatively affected by the lack of accessible recreation programs for their children. Ten of the 49 women attributed the causation for a physiological problem to be at least partially due to the stress they experienced when attempting to overcome financial or transportation barriers which were making it difficult, if not impossible, to get their children into activities.

Goals of Project:

1. To provide women, researchers and policy makers with information on the relationship between accessible community programs and the health of low-income mothers in the City of Winnipeg.
2. To provide low-income mothers with a voice as to what changes in the policies governing recreation and cultural activities would facilitate access by low-income women and their children.
3. To provide low-income women, the organizations that represent them, and the institutions that provide services to them with research findings that can be used to lobby for services and programs that better meet the needs of low-income women and their families.

Methodology

This study had two distinct phases. The first phase was an in-depth, qualitative survey of the health concerns related by low-income women as they described the barriers encountered when seeking programs for their children. In total, 49 low-income women living in eleven of Winnipeg's twelve community areas completed the survey. There were two characteristics common to all of the respondents: one, there was at least one child under 12 living in the household and, two, the family lived under Statistic Canada's Low-income Cut-offs (LICO). The interviews took place in the women's homes or at a location of their choice, and they were 30 to 120 minutes in length. Participants were told that the researchers were interested in their views on the accessibility of programs and activities for children living in low-income families. Each woman was asked about programs in which their children had participated, and whether or not their children behaved differently when they were enrolled in a program. The mothers were also asked if their health was affected by the difficulties they experienced in seeking appropriate programs for their children.

The second phase of the study consisted of a survey of 'accessibility' policies or programs

offered to low-income families in selected urban centres across Canada. A survey was prepared for distribution to nine municipal governments across Canada in order to compare their programs, policies and costs with those of Winnipeg's. Information was requested on whether or not an urban government had a publicized program that functioned to assist low-income

Key Findings

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

families access recreation or enrichment programs (fee subsidy, fee reduction or credit program). Nine cities, including Winnipeg, participated in the study.

In Winnipeg, approximately, one in every four families live under Statistic's Canada's Low-income Cut-offs (LICO). Most of these families have at least one member in the workforce. (Frankel, 2000) Furthermore, 62.6% of Winnipeg's single parents live under the LICO. These families are less likely to receive benefits from social assistance than single parent families who lived in the other cities included in our survey; for instance, 35.5% of single parents in Winnipeg receive some social assistance

compared to 50% of single parents in Hamilton. (Lee, 2000) In this study, half of the participants were in the workforce and, approximately, half were on social assistance or disability insurance. Young mothers were under represented, while 67% had some post-

secondary education. Twenty-five percent of the participants were Aboriginal, and 62% were single parents. There were 108 children, 12 years-of-age or younger, included in the study.

Results:

All of the women agreed to participate in the study because they thought children benefited from participating in recreational activities. Forty-three of the 49 women described positive benefits that their children had received from being in a program. In order to learn whether the participants perceived that their health was affected when they experienced difficulty in finding accessible programming for their children, the following question was asked:

“If you could not, or if you cannot get your child/children into programs, how does or would this affect you?”

Forty-seven of the participants perceived changes in their psychological or physical well being when they attempted to find recreation activities in which their children could participate. Their responses were grouped into four categories:

Effects	Participant Responses
Anger / frustration	19
Decreased self-esteem	12
Stress	11
Depressed / despair	14

After the above question, the women were also asked if they had felt stressed over the problems they were experiencing in getting their children into activities. Two women did not respond to this question. Three of the participants said “no”; two of these women stated that they were dealing with so many issues that they could not separate the stress they felt over finding activities for their children from the stress caused by other concerns. Forty-four of the respondents replied that they had been stressed over the difficulties of finding programs for their children. Their answers dealt with both the emotional and physiological effects of the stress they were experiencing. Their responses were grouped into three descriptive categories:

Effects of Stress	Participant Responses
Temper / Anger (emotional volatility)	18
Sleep disorders / fatigue, Changes in appetite, Headaches	14
Depression / Unhappiness	12

The survey of Canadian cities yielded some surprising results. Seven of the nine urban centres had a publicized city-wide program to assist low-income people to access city run programs and

facilities?” Winnipeg and Hamilton did not publicize their programs or policies; fee waivers or subsidies were available for children’s programs in Winnipeg, but Winnipeg was the only urban centre that did not offer fee waivers or subsidies to low-income residents of all ages. Moreover, in 1992, the City of Winnipeg had moved toward a cost recovery model for establishing program fees. This method led to costs increasing substantially more for family and children’s programs than for adult activities. For example, a child’s admission for public skating went up 80% between 1994 and 2000, while an adult admission went up only 12% for the same period. The cost of recreation programs have risen across Canada, and the cities that were surveyed had made moves to create programs and policies that would facilitate low-income families participating in recreation programs. This has also happened in Winnipeg, but not to the same extent that it has in the other cities sampled.

A comparison of admission fees for Winnipeg’s leading cultural and enrichment venues with a sample of similar venue across Canada revealed some significant differences. The fee structures and admission policies for Winnipeg’s leading museums do not contain time-periods with reduced admission rates that would facilitate low-income people accessing these venues.

The results of this research are important as they can be used by all three levels of government to develop policies and programs to increase access to recreation programs for the children of low-income families. This would help to reduce the stress experienced by low-income mothers, improve the mental and physical well-being of their children and decrease use of social and health care services by low-income women and their families. (Brown, 1998)

Participatory Research and Recommendations

In participatory research, the ideas for policy change come from the participants themselves. Each participant was asked, “How would you improve programs in order to make them more accessible for the children of low income families?” The responses received were as many and varied as were circumstances of the participants themselves. Recommendations in this report were drawn from the responses to this question, and to comments made at any point during the interview by the participant. The recommendations contained in this report have been divided into two categories: first, recommendations that have wide spread policy implications are contained in the recommendation section below; and, second, recommendations that are specific

to a particular program or organization appear in Appendix A.

Recommendations:

- 1. It is recommended that** the Province of Manitoba recognize the importance of accessible recreation programs to the well being of its residents and develop visible links between the Departments of Health and Culture and Heritage.
- 2.** Although, the City of Winnipeg recognizes the importance of recreation to the health of a community in Section 5D, Promoting Vitality and Culture of the *Draft; Plan Winnipeg 2020 Vision*, this section would be enhanced by a more detailed description of its vision. (City of Winnipeg, 1999) **It is recommended that** the City of Winnipeg develop a long-term strategic plan for providing recreation opportunities to its citizens, and that the planning process involve all levels of government and the citizens of Winnipeg.
- 3.** Although, conclusions cannot be drawn from the limited amount of data gathered in this study, **it is recommended that** that further investigation be carried out to explore the relationship between individuals on social assistance, and psychological and behavioral characteristics such as levels of self-esteem, decision-making ability, and use of the health care system. A long-term study should be designed that measures the use of health care and / or social services by low-income parents when they are provided with financial support through social assistance or an alternative government agency such as Revenue Canada.
- 4. It is recommended that** that the province establish a comprehensive health benefits program that meets the needs of low-income families. The government should initiate a group health plan for those individuals whose workplace may not offer drug or dental plans; in particular, low-income persons.
- 5. It is recommended that** a publicly or privately funded program be developed in which parents could apply for the program or transportation funds necessary to keep their children involved in recreational activities.
- 6. It is recommended that** there be more free or low-cost days / time-slots at recreation or cultural institutions reliant on public funding. All three levels of government need to consider how to make these venues accessible to low-income people.
- 7. It is recommended that** that there be programs developed in which children with behaviour problems can participate. These programs need to be developed in cooperation with the schools and a Community Advisory Group, and they need to be directed at all children three years of age and older. The City of Winnipeg and the Province of Manitoba need to work together in order to enhance the comprehensiveness of such programming.
- 8.** According to Statistics Canada's National Longitudinal Survey of Children and Youth (NLSCY), Manitoba's children are involved in unorganized recreation activities less often than children in other parts of Canada. **It is recommended that** there be further investigation into these statistics and their long-term implications for the health of Manitoba's residents.

Section 1: Introduction

In the fall of 1998, the City of Winnipeg elected a new administration. During the debates that preceded this election, the issues of low-income families, child poverty, and the health of their mothers became a topic of discussion among a number of social policy and community-based organizations. Much of this discussion focused around how the cost of children's programs and activities added to the burden of poverty experienced by women in Winnipeg. More specifically, how does access to recreation programs for children in low-income families affect the health of their mothers and to a lesser extent, the behaviour of the children? Out of these discussions, a research proposal was developed by five community organizations and submitted to the Prairie Women's Health Centre of Excellence (PWHCE).

In this study, it was proposed that the link between health status and a low-income mother's ability to find affordable recreation programs for her children be examined. To a lesser degree, investigators intended to explore how nine municipal governments across Canada had devised policies and programs to facilitate access to recreation and enrichment programs for low-income families. Programs and policies can function to exclude individuals in low-income families from participating as equal citizens in their own communities. The problems associated with exclusion are many and varied. In this report, the emphasis will be on how the availability of accessible recreation programs for low-income children may affect the health of their mothers.

1.1 Why This Research is Important: Poverty and Health in Canada

It is known that income is a determinant of health. It is also known that active living provides health benefits to those individuals who are physically active. Individuals who have the highest incomes report the highest rates of physical activity. Among women with high incomes in 1996-97, 49% were physically active, compared with 40% of women with the lowest income level. According to the Canadian Fitness and Lifestyle Research Institute in 1995, "nearly half of families with incomes below \$20,000 per year cited high cost as a reason for not participating in physical activities compared with one-third of families earning \$60,000

per year or more.”¹

The need for this research is evident because of the large numbers of Canadians who live in poverty and may not have access to recreation programs. In Canada, at any one time, approximately one out of every four people live under Statistics Canada’s Low Income Cut-Off point (LICO). In 1995, the last year for which detailed statistics are available, 12% of two-parent families, 48% of female-led families, and 25% of children under 15 years of age lived under the LICO. In metropolitan areas, the 1995 statistics showed a population growth of 6.9% over the 1990 figures, while poor populations in these same areas grew by 33.8%.² As the number of poor families increases, a greater number of women will live in poverty and experience its adverse health effects: stress-related illnesses, depression and an increase in chronic diseases.³

In Canada, between 1973 and 1996, “families earning \$14,000 a year or less rose from 10 per cent to more than 16 per cent, ... in the same time period families earning more than \$80,448 rose from 10 per cent to almost 18 per cent.”⁴ As the income disparity between the wealthiest and the poorest families grows, the health consequences for those individuals who live in poverty will increase. Studies have shown a significant relationship between income distribution and mortality. “This association has been found to be independent of fertility, maternal literacy, and education in developing countries and of average incomes, absolute levels of poverty, smoking, racial differences, and various measures of the provision of medical services in developed countries.”⁵ The average incomes of the top 10% of families with children in 1973 were 8.5 times those of the bottom 10%; by 1996, this ratio had increased to 10.2. The earned incomes of the wealthiest 10% of families rose from \$122,000 in 1981 to \$138,000 in 1996. In contrast, the earned incomes of the poorest families with

¹ Health Canada, *Towards a Healthy Future: Second Report on the Health of Canadians*. Ottawa: Public Works and Services, 1999:116.

² Lee, K. *Urban Poverty in Canada; A Statistical Profile*. Ottawa: Canadian Council on Social Development, 2000: 30.

³ Zuckerman, B., Amaro, H. “Mental Health of Adolescent Mothers: The Implications of Depression and Drug Use.” *Developmental and Behavioral Pediatrics* 8,2 (1987): 111-16; Heneghan, A., Silver, E., Bauman, L., Westbrook, L., Stein, R. “Depressive Symptoms in Inner-City Mothers of Young Children: Who is at Risk?” *Pediatrics* 102, 6 (December 1998): 1394.

⁴ Bailey, S. “Grits Slammed for Letting Gap between Rich and Poor Widen.” *Winnipeg Free Press*, February 25, 1999: A14.

⁵ Wilkinson, R.G. “Commentary: A Reply to Ken Judge: Mistaken Criticisms Ignore Overwhelming Evidence.” *BMJ* 311 (1995): 1285.

children remained largely unchanged between 1981 and 1996 (approximately \$14,000).⁶

Single-parent families are more likely to be poor than two-parent families. In 1996, 60.8% of female lone-parent families had low incomes versus 11.8% for two-parent families.⁷ However, poverty was not restricted to single-parent families. From 1990 to 1995, the percentage of married couples with children in low-income situations rose from 9.5% to 13% (a total of almost 460,000 families).⁸ “In 1995, the average low-income, two-parent family with children lived some \$11,641 below the LICO.”⁹

At the same time that the number of families living in low-income situations is increasing, there is a debate about the ability of Canada’s health care system to meet all of the demands put on it. For this reason, any research that results in findings that could be used to decrease demands put on the health care system is useful. In a 1998 Canadian study, Browne, et al. found that when the children of parents on social assistance were provided with subsidized childcare and recreation services, the women experienced measurable gains in mental health, economic adjustment, and expenditures on their health and social services. It was found that when the children of social assistance recipients were provided with subsidized recreation services the competence of children with behavioural disorders improved, and the parent’s use of social and health services decreased. (In this study, 98% of the 765 participants were women.) “The \$1,000 per person per annum immediate savings from parents reduced use of total direct services was far in excess of the annual cost of the subsidized recreation.”¹⁰

1.2 Implications of Research: A Review of the Literature

1.2.1 Mother’s Health

The focus of this research is on the vicarious stress a mother experiences when she

⁶ Lee. *Urban Poverty in Canada*, 49.

⁷ Health Canada. *Health Canada’s Women’s Health Strategy*. Ottawa: Government Services Canada, 1999: 13.

⁸ Lee. *Urban Poverty in Canada*, ix.

⁹ *Ibid.*, 45.

¹⁰ Browne, G., Byrne, C., Roberts, J., Gafni, A., Watt, S., Haldane, S., Thomas, I., Ewart, B., Schuster, M., Underwood, J., Flynn Kingston, S., Rennick, K. *Benefitting All the Beneficiaries of Social Assistance is Within Our Reach: A RCT of the Two-Year Effects and Expense of Subsidized Versus Non-Subsidized Quality Child Care/Recreation for Children on Social Assistance*. Working Paper Series. Hamilton, Ontario: McMaster University, System-Linked Research Unit, 1998: 29.

cannot get her children into a recreation program, and how this stress affects her health. Very little is known about the participation of low-income women and children in activities outside of the home. In one study, in which the relationship between several demographic variables, the incidence of depression and the level of self-esteem was examined among low-income mothers of pre-school children, it was found that “the only demographic variable that accounted for a difference in self-esteem was activity. The women who indicated that they participated in activities outside the home (such as church, PTA, employment), had a higher self-esteem than those who did not participate.”¹¹

For low-income families, especially single parents with young children, it is difficult for mothers to participate in activities outside of the home. Even if the activities offer childcare at no cost, there remains the difficulty of transportation to and from a venue. This difficulty can be compounded by the fact that women are apt to put the well-being of their children ahead of their own. A recent study of recreation and women in Kamloops found that “low-income women did not acknowledge their own needs as much as the needs of their children.” In fact, many women stated that ‘their children came first,’ and that they would sacrifice their own involvement to ensure their children’s physical activity needs were met.¹²

Incidence of Depression

Depression among adults is more common in women than in men, with one out of every four women experiencing a depression during her lifetime as opposed to one out of every ten men.¹³ Maternal depression is exacerbated by having either several young children, or a child with a chronic illness in the household. Other risk factors known to increase vulnerability for depressive symptoms include inner-city residence, poverty and low socioeconomic status, unemployment, a lower level of education, a lack of physical activity and being a single parent.^{14 15} The rates of depression among mothers range from 12% when

¹¹ Burns, E., Doremus, P., Potter, M. “Value of Health, Incidence of Depression, and Level of Self-esteem in Low-income Mothers of Pre-school Children.” *Issues in Comprehensive Pediatric Nursing* 13 (1990):149.

¹² Frisby, W., Fenton, J. *Leisure Access, Enhancing Recreation Opportunities for Those Living in Poverty*. Vancouver: JW Sporta Limited, 1998: 17.

¹³ The Canadian Psychiatric Association, October 2000, <http://www.cpa.medical.org/MIAW/pamphlets/Anxiety.asp>.

¹⁴ Heneghan, A.M., Silver, E. J., Bauman, L.J., et al. “Depressive Symptoms in Inner-city Mothers of Young Children: Who Is at Risk?” *Pediatrics* 102,6 (December 1998): 1394.

the conservative criterion of Research Diagnostic Criteria (RDC) is used, and up to 52% when depressive mood is measured. Comparing mothers and non-mothers, three times as many working-class women with children under 6 years are depressed, as compared to working-class women without children.¹⁶

Single mothers are at a greater risk of experiencing psychological stress than mothers in two-parent families. “The higher levels of psychological distress and psychiatric morbidity experienced by single mothers are more strongly related to the greater exposure of these women to stress and strain than to deficits in social competence or personal resilience.”¹⁷ Data from the National Longitudinal Survey of Children and Youth (NLSCY) indicates that in Manitoba 5.7% of children under the age of 12 years lived in a home with a depressed parent at the time of the survey in 1994-95. The same data showed that children living in single-parent families were more likely to live with a depressed parent (14.0%) than children living in two-parent families (4.2%).¹⁸

Maternal depression is associated with a number of negative consequences for children of all ages. The relationship between maternal depression and the well-being of a child is complex, because factors that predispose women to depression, such as marital difficulties, life stresses and social disadvantage, also have an adverse effect on the child or children.¹⁹ Infants as young as 3 months of age have been found to be less responsive in interactions with both their own mothers and non-depressed strangers when their mother was suffering from a depression. Preschool children with a mother who is depressed show increased behavioral problems, such as hostility and anxiety at home, and deviant cognitive and linguistic development at school.²⁰

Depression appears more frequently in women with small children than in women without children in the home. In this study, we will examine what may be one of the causes of stress in a low-income home, the cost of providing children with recreational opportunities. It

¹⁵ Frisby. *Leisure Access*, 14.

¹⁶ Zuckerman. “Mental Health of Adolescent Mothers,” 113.

¹⁷ Avison, W. “Single Motherhood and Mental Health: Implications for Primary Prevention.” *Canadian Medical Association Journal* 156 (1997): 662.

¹⁸ Brownell, M., Martens, P.J., Kozyrskyj, A., et al. *Assessing the Health of Children in Manitoba: A Population-based Study*. Winnipeg: Manitoba Centre for Health Policy and Evaluation, 2001.

¹⁹ Zuckerman, “Mental Health of Adolescent Mothers,” 114.

²⁰ Andersson, L., Stevens, N. “Associations Between Early Experiences with Parents and Well-being in Old Age.” *Journal of Gerontology: Psychological Sciences* 48, 3 (1993):109-16.

is recognized that the effect of the stressors experienced by a low-income mother as she attempts to access community programs for children may be impossible to separate from the other causes of stress in her life. Still, this is an important area of study. As S. Thomas wrote in 1995, “Inasmuch as women have more health problems in any time frame – daily, annual, lifetime – than men do, even factors that account for a relatively small portion of the variance in health deserve closer attention by researchers and clinicians.”²¹

1.2.2 Child Health

In 1991, Canada ratified the United Nations Convention on the Rights of the Child in which it was stated that “All children in Canada deserve nurturing, stimulating, caring and safe environments, nutritious food, safe, stable shelter, and opportunities to participate in community-based recreation and learning activities.”²²

“Childhood poverty is associated with higher chances of poor health, low educational attainment, riskier environment, and riskier behaviours among children. These are all negative outcomes for the long-term development of individuals and for the nation as a whole.”²³

When low-income children are denied opportunities to participate in community programs as equals, everyone loses. The very act of having a community that works to include all of its youth in its programs and activities sends a message to those children who participate – it tells them that they are part of something larger than themselves or their families – a community. Neighbourhoods, communities, and schools have the opportunity to serve as institutions that promote transfers of social capital, as they constitute social structures that tie people together.

Self Image and Health

It is important to ensure nurturing, safe and loving environments for children and adolescents as the primary way to promote the development of a healthy self-esteem.²⁴ Self-

²¹ Thomas, S. “Psychosocial Correlates of Women’s Health in Middle Adulthood.” *Mental Health Nursing* 16 (1995): 309.

²² Health Canada, *Towards a Healthy Future*, 179.

²³ Lee, *Urban Poverty in Canada*, 28.

²⁴ Self-esteem is the foundation of psychological well-being. Anxiety disorders, depression and suicide are strongly associated with low self-esteem. Studies link low self-esteem with disturbed body image, dropping out of physical activity, eating disorders, substance abuse, abusive relationships and interpersonal problems. It is important, however, to recognize that social and living conditions such as poverty, abuse, inequity and racism contribute to these problems, and that low self-esteem, in itself, is

image is multifaceted and develops gradually as an individual matures and interacts with significant others. Understanding the self begins at a very young age, before language is developed, and while one's self-image may change throughout life, one's fundamental sense of feeling worthy or unworthy (self-esteem) remains relatively stable throughout life.²⁵ A Swedish study found that when an elderly person's spouse died, the most important factor in how they coped was whether or not they had had a happy childhood in which they felt loved. The feeling of being loved as a child had stayed with the study participants all of their lives, and in times of adversity, it had given them comfort.²⁶

A mother's self-esteem is a crucial factor in the development of her child's self-esteem. Researchers have found that children with high self-esteem tend to have mothers with high self-esteem.²⁷ Bishop examined the relationship between sociological variables and the relative strength of self-concept among mothers receiving welfare payments. Within this group, the strength of a mother's self-concept was a function of her abilities to control her social world.²⁸ Control of a woman's social world includes her ability to get her child/children into activities and programs. The failure to find recreation activities for children adds to the lack of control a woman may feel over her social world, and in turn, this situation has a negative impact on the self-esteem of both the mother and the children.

Physical Activity, Health and Obesity

Evidence suggests that participation in various types of physical activity (e.g., sports, aerobic activities, dance, weight lifting) can lead to an increase in self-esteem for most people. Psychological gains seem to be greatest for those who are unfit a justification for the approach that encourages sedentary people to enjoy daily activities in which they will succeed. Changes in activity can lead to healthy eating and changes in lifestyle.²⁹ Children who are

not the cause. See Health Canada, *Positive Self and Body Image: A Crucial Link*, 2000, <http://www.hc-sc.gc.ca/hppb/nutrition/pube/vtlk/vitlk07.htm>.

²⁵ Ibid.

²⁶ Andersson. "Associations Between Early Experiences with Parents and Well-being in Old Age," 109.

²⁷ Burns. "Value of Health, Incidence of Depression, and Level of Self-Esteem in Low-Income Mothers of Pre-school Children," 143.

²⁸ Bishop, E. "The Self-Concept of Welfare Mothers: Some Sociological Correlates." *Dissertation Abstracts* 33 (1972); 30-40.

²⁹ Health Canada. *Positive Self and Body Image*.

given a chance to develop their skills at an early age are more likely to participate in school, community, arts and recreation programs as they get older.³⁰ Moreover, involvement in activities such as sports, recreation and arts can help to protect children from emotional and social problems.³¹ This is particularly important as “we know that the risk for many chronic diseases, such as adult depression, are set, at least in part, in early life.”³²

Physical activity and obesity are linked, and obesity in childhood can have serious consequences in adulthood, including continued obesity that can lead to cardiovascular disease, diabetes and some forms of cancer.³³ It is also known that children from low-income families have a greater incidence of obesity, and being overweight is more common in low-income adults.³⁴ In adolescence, girls of low-income families tend to become more obese than the female children of high-income families.³⁵ Yet, despite this knowledge, very little public attention or dollars have been focused on the problems surrounding children who do not engage in activities that will keep them mobile and active.

“Childhood obesity is referred to by the Centre for Disease Control and Prevention in the USA, as an “epidemic” due to a 50% increase in obesity in the 10 year period from 1990–1999.”³⁶ In Canada, “the proportion of overweight men and women increased steadily between 1985 and 1996-97 – from 22% to 34% among men and 14% to 23% among women.”³⁷ A study funded by the Canadian Fitness and Lifestyle Research Institute found that “obesity increased among Canadian children between the ages of 7 and 12 from 1981 to 1988 by over 50%.”³⁸ Using the Body Mass Index (BMI), it was found that almost 29% of Manitoba children between the ages of 6 to 19 were obese or at risk for obesity.³⁹ Unless

³⁰ Health Canada. *Towards a Healthy Future*, 138.

³¹ *Ibid.*, 82.

³² Power, C., Hetzman, C. “Social and Biological Pathways Linking Early Life and Adult Disease.” *British Medical Bulletin* 3,1 (January 1997): 1210-21.

³³ Health Canada. *Towards a Healthy Future*, 117.

³⁴ *Ibid.*, 119.

³⁵ Chandrakant, P., Kahan, M., Krauser, J. “The Health of Children of Low Income Families.” *Canadian Medical Association Journal* 137 (September 15, 1987):488.

³⁶ Collis, M. “Where do the children play?” *WELL...Newsletter for Wellness* (Summer 2000).

³⁷ Health Canada. *Towards a Healthy Future*, 114.

³⁸ Crawford, S. *Kids Fatter, Not Active Enough*. Canadian Fitness and Lifestyle Research Institute, October 2000, <http://www.cflri.ca/cflri/cflri.html>.

³⁹ “Obesity and risk for obesity for children and adolescents aged 6 to 19 years was defined as the 85th percentile of Body Mass Index (BMI) from the National Health and Nutrition Examination Survey I (NHANES I) (Himes and Dietz, 1994; Must, Dallal, Dietz, 1991; WHO, 1995). BMI was calculated

something is done to get Canada's youth active, and to keep them active, the health of Canada's future workforce will be negatively affected.

Organized and Unorganized Physical Activities

Physical activity helps to drive brain development in a child's early years. Recreational arts and sports can also help children learn to get along with others, develop their skills in movement and physical coordination, all of which influence the brain and build confidence in a child's ability to acquire new skills.⁴⁰ Unfortunately, the likelihood of low- and modest-income families participating in organized sports is dramatically lower than that for children in higher income homes.

Odds of participating in sports are over twelve times higher for children with two parents active in sports and a household income of \$80,000 or more, compared with children of inactive parents in a household with income under \$40,000. Even in lower income households, children of active parents have a 4.8 times higher odds of sports participation than children of inactive parents.⁴¹

Across Canada, research by the National Intersectoral Committee for Youth At-Risk "indicates that two-thirds of children and youth do not engage in enough physical activity to obtain optimal growth and development."⁴² These statistics have implications for the long-term health of today's children and tomorrow's adults. Conversely, an indicator as to whether or not a child is active in sports is whether or not the parent is active, and the low participation rate of low-income children in sports indicates that their parents or parent are not physically active.⁴³ However, this indicator adds little to the development of a greater understanding of why low-income children have a lower participation rate than higher income families.

with height in metres and weight in kilograms data from the 1996 National Population Health Survey, using the calculation (kg/m^2). BMI has been shown to provide a reasonable measurement of obesity in children at the population level (Dietz and Bellizzi, 1999; Ellis, Abrams and Wong, 1999). Cut-offs for each gender by age group were taken from Must, Dallal, and Dietz (1991)." See Brownell, M., Martens, P., Kozyrskyj, A., et al. *Assessing The Health of Children in Manitoba: A Population-based Study*. Winnipeg: Manitoba Centre for Health Policy and Evaluation, 2001.

⁴⁰ McCain, M., Mustard, J.F. *The Early Years Study*. Toronto: The Canadian Institute for Advanced Research, 1999:138.

⁴¹ Statistics Canada. "Canadian Social Trends: Children's Participation in Sports." *The Daily*, September 12, 2000, <http://www.statcan.ca/Daily/English/000912/d00912a.htm>.

⁴² Canadian Fitness and Lifestyle Research Institute. "Physical activity levels," 2000, <http://www.cflri.ca/cgi-bin/search/search.cgi>.

⁴³ Statistics Canada. "Canadian Social Trends: Children's Participation in Sports." *The Daily*, September 12, 2000, <http://www.statcan.ca/Daily/English/000912/d00912a.htm>.

Moreover, it does not add to knowledge on how to alleviate the barriers that prevent low-income children from participating in activities.

According to data obtained from Statistics Canada’s National Longitudinal Survey of Children and Youth (NLSCY), 31% of children in Manitoba participated in organized sports at least once a week in 1994/95. Forty-two percent of children participated in unorganized sports at least one day a week, and only 17% of Manitoba’s children were involved in unorganized sports most days. These numbers are the lowest in Canada (See Table: 1). On the other hand, Manitoba has “the highest rate of teen pregnancies outside of the Yukon and Northwest Territories.”⁴⁴ The above statistics may be linked because there is evidence to indicate that girls who are active in sports are 80% less likely to get pregnant.⁴⁵ If this is the case, then policy changes that will increase the frequency in which youth participate in organized and unorganized activities could lead to a decrease in teenage pregnancies, as well as a healthier population.

Table 1: Participation in Unorganized Sports in Canada by Children 12 Years-of-age and Younger

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

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

⁴⁴ Paul, A. “Teen Pregnancy Rate is Highest in Manitoba.” *Winnipeg Free Press*, November 8, 2000: A15.

⁴⁵ Tjaden, T. “It’s 4 p.m. Do You Know Where Your Teenager is?” *Winnipeg Free Press*, June 27, 1999: B3.

Section 2: Methodologies

2.1 Methodology for Part 1: Interviews with Low-income Women

The Case for Participatory Research

One of the goals of this research project was to empower the women involved in the study by listening to them talk about their experiences when looking for recreation activities for their children. The investigators wanted to know how the health of these women was affected by problems they encountered when searching for activities for their children and, moreover, what changes in policy they believed would make their lives easier. For this reason, the principles of participatory research were used in the study, and each community research participant was considered to possess expertise and knowledge of recreation opportunities for low-income families from which the research team could benefit.⁴⁶ We cannot generalize from our results, as the participants in our study were not selected from a random sample. Nevertheless, the interviews reflect the difficulties these women experienced when looking for recreation and enrichment activities for their children in Winnipeg, and how these problems affected their health.

Survey of Low-income Women

Our study was a qualitative exploration of the health concerns of 49 low-income women living in Winnipeg who had children 12 years-of-age or younger. The women were interviewed by an experienced researcher in their homes, or at an alternative location chosen by the women. Participants were told that we were interested in their views on the accessibility of programs and activities for children from low-income families who live in Winnipeg. We then told the respondents that we were researching how the family's ability to find appropriate activities for their children affected the health of the mother. The interviews lasted 30 to 120 minutes.

The interviews took place between September 1999 and May 2000. Although the interviews followed a format, they were at the same time fluid, and issues were explored at the point that the women introduced them. During the interview, information was gathered on

⁴⁶ Anderson, T., McFarlane, J. *Community as Partner; Theory and Practice in Nursing*. New York: Lippincott, 1996: 132.

household income, sources of household incomes, mother's education, age and other demographic information (See Questionnaire in Appendix B). The interview then concentrated on the children in the family. The respondents were asked about activities their children had participated in within the previous year, and about any difficulties they had had in accessing programs for their children. This series of questions included asking the mother how her child/children had benefited from participating in a recreation activity.

In the last section of the questionnaire, Women's Health, the participants were asked how they would be affected if they could not get their children into an activity. Then, the women were asked if the difficulties they experienced in accessing programs for their children caused them stress. If the response was "yes", the participants were asked how stress affected them. The women were also asked if they were making changes in their life or budget in order that their child/children could attend a program. In closing, each respondent was asked the open-ended question, "What would need to be changed in order to make programs more accessible for low-income children?" The responses to this question form the basis for the recommendations made in this report.

Initiating Contact with Study Participants

The researchers wanted to contact a broad spectrum of women across the city of Winnipeg who were living and dealing with the difficulties of finding activities for young children. Contact with potential participants was initiated in the following ways:

- Five hundred information flyers were prepared and distributed throughout the city of Winnipeg (See Appendix C).
- A radio interview was done for the Canadian Broadcasting Corporation (CBC).
- The Principal Investigator participated in a one-hour talk show on a local television network.
- There was a news story on a local television station's evening news.
- One article appeared in the *Winnipeg Free Press Community Review* section⁴⁷. This section of the paper goes to every home in Winnipeg, regardless of whether or not they subscribe to the paper (See Appendix B).
- Community partners distributed flyers and made personal contact with potential participants.

⁴⁷ Moncrieff, H. "Study Looks at Recreation Link to Family Health." *Winnipeg Free Press*, July 28, 1999; 4.

Participant Criteria

In order for a respondent to be accepted into the study, she had to live within the boundaries of one of Winnipeg's Community Characterization areas⁴⁸, have a child 12 years or younger living in the home, and have a household income below Statistics Canada's Low Income Cut-Off (LICO) (See table: 2). The LICO is not a poverty line, but rather identifies families living in "straitened circumstances." The LICO is based on a community size and the amount of money it takes to work and live as a citizen in that community. It is the appropriate measure to use in this report because "strong evidence suggests that children raised on incomes below the LICO have less healthy development,"⁴⁹ and women who live under the LICO are not as healthy as women who live in households with an income greater than the LICO.

Table 2: 1997 Low Income Cut-Off for Winnipeg (1992 base)

Family Size	1	2	3	4	5	6	7+
Annual Income	\$17,409	21,760	27,063	32,759	36,618	40,479	44,339

Source: Statistics Canada, Household Surveys Division. "Low Income Cut-offs." Ottawa: Ministry of Industry, 1998 (Statistics Canada Catalogue 13-551-X1B).

There were 52 surveys completed, and of these surveys 3 were excluded from the analysis. One was excluded because the household income was too high, and two surveys were excluded because the children did not live with the mother for the majority of the calendar year.

2.2 Methodology for Part 2: Recreation Opportunities in Selected Urban Centres

The provision of recreation opportunities for citizens has historically been the responsibility of each municipal government. For this reason, there is no universal program or means of program delivery that is common to all urban areas. As a result, there is no easy way to know what or how services are delivered to low-income families across Canada. However, as the purpose of a PWHCE research grant is to "increase knowledge of women's health issues

⁴⁸ The Winnipeg Health Region has been divided into 12 Community Characterization Areas. Each area has an average population of 50,000. See Community Health Assessment, Population Health Unit of the Winnipeg Regional Health Authority. Winnipeg: Winnipeg Regional Health Authority *Demographic Profiles 1.*, 2000: i.

⁴⁹ Lee. *Urban Poverty in Canada*, 3.

and contribute to the development of public policies which promote women's health,"⁵⁰ it was important to have some knowledge about policies or programs used to facilitate access to recreation activities in urban centres. For this reason, phase two of this project consisted of a comparative study of how selected cities across Canada facilitated access to recreation opportunities for low-income families and individuals, which was carried out between September 1999 and July 2000. It was not the intent of the researchers to compile an inventory of services or programs offered to low-income families, but rather to look for each municipality's 'flagship' program or statement directed towards ensuring that low-income families have access to city-run recreation programs. The questions and issues explored in this part of the study were based on the comments and recommendations made by the low-income women who were participants in the research study.

A decision was made to contact 10 census metropolitan areas (CMAs) across Canada. To be included in the study, the CMA needed to have a population greater than 200,000 and less than one million, and a child-poverty level greater than 15% (See Table: 3). Efforts were made to find at least one urban centre in each region of the country that fit the criteria for inclusion in the study.

Table 3: Incidence of Low Income Among the Population Living in Private Households, 1991 and 1996 Censuses, Census Metropolitan Areas

City	CMA Population	Incidence of Low Income in 1995 ⁵¹
Saskatoon	215,420	21.4
Victoria	294,375	15.4
Halifax	327,605	17.8
London	392,680	17.3
Hamilton	616,015	19.0
Winnipeg	654,195	23.0
Calgary	811,535	19.8
Edmonton	847,555	21.3
Quebec	657,700	22.8
Ottawa	993,360	18.9

Source: Statistics Canada website:

<http://www.statcan.ca/english/Pgdb/People/Families/famil60g.htm>

⁵⁰ Prairie Women's Health Centre of Excellence. "Prairie Women's Health Centre of Excellence 1998-1999 Research Grants Program Guidelines."

⁵¹ Lee. *Urban Poverty in Canada*, 12.

A survey was developed for distribution to each CMA. A member of the research team who represented the Canadian Union of Public Employees (C.U.P.E) made the initial contact with each urban centre. This individual distributed the survey to members of its organization in each of the selected CMAs. If there was no response to the initial request for information, a second letter was sent out by the C.U.P.E. representative. Next, if no response had been received or in order to verify the responses received, cities were contacted by mail, e-mail and phone. Information was requested on whether or not an urban government had a publicized program that functioned to assist low-income families to access recreation or enrichment programs (fee subsidy, fee reduction or credit / access program); fee information was requested on one recreation program that was common to all urban centres across Canada; and copies of promotional materials for programs or access programs were requested. An internet search for recreation opportunities in each CMA was also conducted.

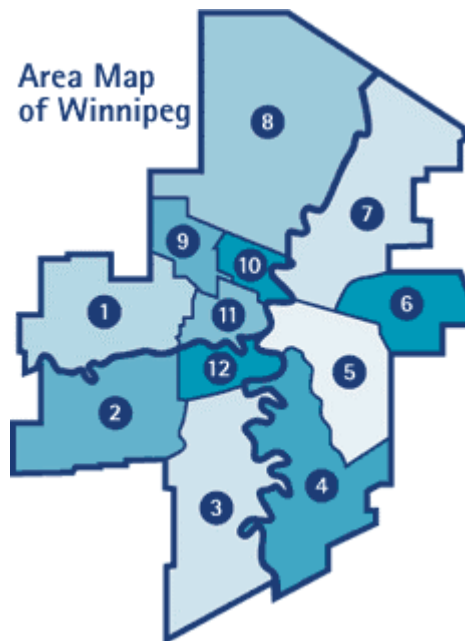
Section 3: Demographics and Discussion

3.1 Location of Participants in the City

The City of Winnipeg is divided into 12 Community Characterization Areas of about 50,000 individuals each.¹ The study had respondents from each of these areas with the exception of Assiniboine South (See Table: 4). Seven (14%) of the participants were from the Downtown and the Point Douglas areas of the city; these are the areas of the City with the highest percentage of families living below the LICO (See Table: 5).

Figure 1: Winnipeg's Community Characterization Areas

1. St James-Assiniboia
2. Assiniboine South
3. Fort Garry
4. St. Vital
5. St. Boniface
6. Transcona
7. River East
8. Seven Oaks
9. Inkster
10. Point Douglas
11. Downtown
12. River Heights



Source: Winnipeg Regional Health Authority,
December 2000,
<http://www.wrha.mb.ca/report2.html>

¹ Winnipeg Health Region Authority. *Demographic Profiles 1*, 16.

Table 1: Residence of Participants by City Area

Community Areas in the City of Winnipeg	Number of Participants
Winnipeg Health Region	49
St. James – Assiniboia	5
Assiniboine South	0
Fort Garry	7
St. Vital	4
St. Boniface	5
Transcona	3
River East	6
Seven Oaks	2
Inkster	2
Point Douglas	4
River Heights (Ft. Rouge)	8
Downtown	3

Table 2: Husband & Wife with Children and Lone Parent Families by Winnipeg Community Areas and LICO

Community Areas in the City of Winnipeg	Persons below the LICO	
	No.	%
Winnipeg Health Region	17,895	
Downtown	4,165	23
River East	2,795	16
Point Douglas	2,070	12
Seven Oaks	1,620	9
St. Vital	1,450	8
Fort Garry	1,380	8
Inkster	1,045	6
St. James – Assiniboia	1,270	7
River Heights (Ft. Rouge)	1,910	11
St. Boniface	890	5
Transcona	690	4
Assiniboine South	470	3

Source: Winnipeg Regional Health Authority.
Demographic Profiles 1, 2000.

*Percentages represent the number of persons living below the low-income cut-offs by household structure, divided by total number of persons from that household structure. Figures may be of very low reliability as some data are based on very small sample sizes.

3.2 Participants: Contact Information

Of the 49 participants, 14 (28%) women learned of the project from a member of the research team. Thirty-five (69%) of the respondents were directed to the project by an article in the Winnipeg Free Press, other media contacts, word-of-mouth or by reading a flyer (See Table: 6).

Table 3: Where Participants Found Out About the Study

Communication Methods	No.
News Media	17
Community Partners	14
Word-of-Mouth	12
Flyer	6
Total Number of Participants	49

Table 4: Residence of Women by City Area and Whether or Not They were Informed of the Project by a Member of the Research Team

Community Areas in the City of Winnipeg	Number of Participants	Yes (referred)	No (not referred)
Winnipeg Health Region	49		
St. James – Assiniboia	5	2	3
Assiniboine South	0	-	-
Fort Garry	7	5	2
St. Vital	4	2	2
St. Boniface	5	3	2
Transcona	3	1	2
River East	6	-	5
Seven Oaks	2	-	1
Inkster	2	-	3
Point Douglas	4	-	4
River Heights (Ft. Rouge)	8	1	8
Downtown	3	-	3
Total Number	49	14	35

3.3 Ethnicity

Each participant was asked if she considered herself to be a member of an ethnic group. Eighteen of the participants identified themselves as European. Thirteen of the participants

were Aboriginal. Ten women identified themselves as Canadian, six as French Canadian, one as Black and one participant did not respond to this question (See Table: 8).

Table 5: Ethnicity (self-defined)

Responses	No.	%
Total number of participants	49	100
European / United Kingdom	18	38
Aboriginal*	13	27
Canadian	10	20
French Canadian	6	12
Black	1	2
No response	1	2

* The term Aboriginal is used here to cover the following responses: Metis, Treaty, Aboriginal, Non-status

Although the study sample is small, it is notable that women from almost every area of the city volunteered to participate in it. It is also significant that over a quarter of the women in the study identified themselves as Aboriginal because Aboriginal people (men, women and children) make up only 7.1%² of Winnipeg’s population. However, the fact that Aboriginal women were over-represented in this study can be accounted for in at least two ways: one, Aboriginal families are some of the poorest in Winnipeg with 64.7% of all Aboriginal households, and 80.3% of Aboriginal families in the inner city living below the LICO (See Table9)³; and two, a lack of accessible recreation programming for children and youth has been identified as a problem by members of the Aboriginal community. The concerns expressed by the women in our project had been previously identified by the individuals who attended the community meetings that preceded the report, *Priorities for Action; Towards a Strategy for Aboriginal People Living in Winnipeg*.⁴ This report lists the following as one of the means of improving the opportunities and expectations for youth to take responsibility for their own future: “Provide greater resources for community and school services such as

² City of Winnipeg. “Winnipeg Neighborhood Profiles, Inner City,” 2000, <http://www.city.winnipeg.mb.ca/census1996/data/00-08.pdf>

³ United Way of Winnipeg, *1999 Environmental Scan*, Winnipeg: United Way of Winnipeg, 1999;6.

⁴ Manitoba Round Table on Environment and Economy. *Priorities for Action; Towards a Strategy for Aboriginal People Living in Winnipeg*. Winnipeg: Government of Manitoba, 1998.

recreation activities and libraries that can build healthy individuals and contribute to the general well-being of the community.”⁵

Table 6: Distribution of Husband and Wife with Children, and Lone Parent Families Living Below the LICO by Community Area For All Households and Aboriginal Households

	All Families				Aboriginal Families			
	Husband & Wife-Children		Lone Parent		Husband & Wife-Children		Lone Parent	
	No.	%	No.	%	No.	%	No.	%
Winnipeg Health Region	6,665	12	11,230	14	585	38	1,575	45
St. James-Assiniboia	570	9	700	9	15	13	55	27
Assiniboine South	130	4	340	6	0	0	20	22
Fort Garry	530	10	850	10	25	31	45	24
St. Vital	540	10	910	11	30	21	55	24
St. Boniface	385	9	505	9	15	14	50	21
Transcona	250	9	440	9	0	0	0	0
River East	1,035	12	1,760	15	60	32	190	41
Seven Oaks	515	11	1,105	14	20	17	120	47
Inkster	295	18	750	18	35	41	200	52
Point Douglas	710	26	1,360	36	140	67	365	65
Downtown	1,840	34	2,325	67	390	63	1,080	88
River Heights	625	10	660	12	45	53	70	50

Source: Tables 8 & 9, Winnipeg Regional Health Region, *Demographic Profiles*, 2000.

*Percentages represent the number of persons living below the low income Cut-offs by household structure divided by total number of persons from that household structure. Figures may be of very low reliability as some data are based on very small samples sizes.

3.4 Participant Education

While almost the entire group of Aboriginal women who participated in the study had a Grade 12 education or less, this was not typical of all of the participants. Thirty-one (67%) of the women in this project had completed a diploma program, attended university or had a university degree, and only 18 (31%) of the participants had their Grade twelve, or less. According to Lee⁶, among the urban poor in Canada, 24.4% have a post-secondary certificate and 75.6% are either high school graduates or have not completed their high school

⁵ Ibid, 52

⁶ Lee. *Urban Poverty in Canada*, 56.

curriculum. The inverse relationship between the education levels of the women in our study, and the education levels of Canada’s urban poor could have been anticipated because research findings show a relationship between maternal education and whether or not children participate in organized sports. “People with higher levels of education tend to embrace positive health practices more so than people with low levels of education.”⁷ In the NLSCY, it was found that when the mother had some post secondary education, the children were more likely to participate frequently in sports (77.4%) than in those families in which the mother had a lower level of education (66.4%).⁸

3.5 Age of Participants

Mothers under 25 years-of-age were under-represented in this study. Of the 49 women who completed the survey, all of the participants, with the exception of one, were over 25 years-of-age. Fifty percent of the women were over 35 years-of-age (See Table: 10).

Table 7: Participant’s Age

Age of Participants	No.
15 – 24	1
25 – 34	23
35 – 44	21
45 – 54	4
Total	49

In Canada, single-parent mothers under the age of 25 have a poverty rate of 91.3%,⁹ and the younger the age of the mother at the birth of her first child, the more likely it is that she will subsequently become depressed.¹⁰ For these reasons, it is unfortunate that women 25 years-of-age and younger were under-represented in this study, and that the precise reasons for their lack of participation cannot be known. Some clues as to why this group of women did not participate in this project may be found in the statements made by the women who did volunteer for this study. Several of the participants who had adult children stated that they had not always seen the importance of putting their children into programs, particularly when they

⁷ Health Canada, *Towards a Healthy Future*, 161.

⁸ *Ibid.*, x.

⁹ Frisby, *Leisure Access*, 13.

¹⁰ Zuckerman. “*Mental Health of Adolescent Mothers*,” 113.

were busy coping with all the stresses associated with entering the adult world as a young mother. Awareness of the need to provide activities for their children had come to these women through life experiences and through education.

Three of the women who completed the survey were grandmothers who had grandchildren living with them. These women all felt that their inability to provide their grown children with activities when they were young had led to the problems that their kids experienced as teenagers and young adults. One grandmother explained, “*My adult kids did not participate in programs [as children] and they got into trouble when they got older. I am putting my granddaughter into programs and hopefully she will do better.*” Another mother said,

I have two male children that are heavily involved in gangs because they were not in activities as children. Now that my one son is in jail, he plays basketball and he is busy... You should not have to go to jail in order to have the opportunity to participate in activities.

3.6 Family size

Within this study, the number of individuals in a family ranged from 2 to 9, and 44 (90%) of the families lived in households of 5 people or less. There were 11 families composed of a single parent and child (See Table 11). Seven was the largest number of children in a single household in which all of the children were 12 years-of-age or younger. Within the 49 families, there were 108 children who were eligible to be included in the study; 59 of these children were boys and 49 were girls. Thirty-seven percent of the children lived in a household in which there was only one child 12 years-of-age or younger (See Table: 12).

Table 8: Family Size

Size of Family	No. of Participant Families
2	11
3	13
4	9
5	11
6	3
7+	2

Table 9: Number of Children in Study by Household and by Sex

No. of Children in a Home 12 & under	No. of households	Total number of children in Study	No. of boys in study	No. of girls in study
1	17	17	59	49
2	16	32		
3	8	24		
4	7	28		
5	-	-		
6	-	-		
7	1	7		
8	-	-		
Total	49	108		

3.7 Income

Table 10: Distance Below Statistics Canada's Low Income Cut-Offs for Families in the Study

% Below Low-income Cut-off for Year Prior to Interview	No. of Participants in this Category
0%	4
5%	-
10%	3
15%	-
20%	3
25%	1
30%	3
35%	-
40%	2
45%	2
50%	12
55%	4
60%	7
65%	7
70%	1
	N = 49

*(Annual income for previous year did not include Child Tax Credit, and it was rounded off to the nearest 5%.)

Each participant was asked what their annual household income was for the previous year, excluding their Child Tax Credit. All of the participants responded to this question. Thirty-one (63%) of the families were 50% or more below the LICO. One family was 70%

below the LICO (See Table: 13). This family was not on social assistance; they were struggling financially as they worked to get a small business on its feet.

In recent decades, one of the most significant demographic changes in North American society has been the increase in the number of families headed by single mothers. At the same time, women have become more active in the workforce outside of the home. The effect of these trends on women's health needs to be carefully tracked. In particular, the health of single mothers may be adversely affected by these changes in society as these women are more apt to live in poverty than are mothers living with a partner. Moreover, women who do not have a partner with whom to share parenting duties are more likely to suffer from significant socio-economic disadvantage, as well as assuming all or most of the responsibility for their children, while holding down a job.¹¹ These stressors have consequences for the health of single mothers. "It has been demonstrated that single motherhood and poverty are strongly associated, and that single mothers are at an increased risk for affective disorder with increased rates of mental health services utilization."¹² A mother in our study made the following statement:

Yes, it [poverty] really affects me, I have been suicidal off and on for the past 8 or 9 years, I would say that some of my depression is directly linked to my inability to get my kids into programs. [How] – I sleep a lot, I feel depressed and so I do not do anything with my kids, and then everything gets worse.

3.8 Employment Status and Single Parents

In this study, 24 (49%) of the women were on social assistance or disability insurance. Twenty-five of the participants were members of the work force outside of the home. Within this group, four of the mothers were receiving a subsidy from social assistance. All four of these individuals were single parents. In total, 32 (65%) of the participants were single parents.

Across Canada, 59.2% of single-parent mothers with children under 18 years-of-age lived in poverty. In 1995, there was 17,100 single parents living in Winnipeg, and of those parents, 10,700 or 62.6% lived in poverty; approximately, one third of single parents received social assistance¹³ (See Table: 12). The *Manitoba Family Service's Annual Report for 1998-*

¹¹ Avison. "Single Motherhood and Mental Health," 661.

¹² Ibid., 662.

¹³ Lee. *Urban Poverty in Canada*, 45.

1999 states that on average they have 5,595 single parents receiving full assistance, and 1,437 single parents¹⁴ who receive a subsidy. (Many of these women are in the workforce, but their earnings are so small that they require a subsidy in order to maintain even a subsistence standard of living.) Therefore, in Winnipeg, approximately two-thirds of single parents do not receive benefits from social assistance.

Table 11: Poverty Rate of Lone Parents with Children under 18 in 1995, and Percentage of Lone Parent Families Receiving Social Assistance

City	Population	Total Lone Parents with Children under 18	Lone Parent with Children under 18 who are Poor	Poverty Rate	% of Lone Parent Families Receiving Social Assistance in 1996*
Hamilton	616,015	10,200	7,100	69.3	50.7
London	392,680	9,900	5,600	56.4	49.5
Ottawa	993,360	9,800	5,900	59.9	45.2
Saskatoon	215,420	6,300	3,800	60.8	43.5
Halifax	327,605	3,500	2,200	61.5	42.6
Edmonton	847,555	18,100	11,000	60.8	37.2
Winnipeg	654,195	17,100	10,700	62.6	35.5
Calgary	811,535	18,000	9,000	50.0	26.6
Victoria	294,375	2,400	1,200	51.3	-

Source: Lee. *Urban Poverty in Canada*, 45.

*Federation of Canadian Municipalities, *The FCM Quality of Life Reporting System*, 2000:38, <http://www.fcm.ca/pdfs/fcmeng.pdf>

3.9 Social Assistance and Medical Expenses

It is documented in Health Canada's, *Women's Health Strategy* that "because women, as a group, are less likely to be employed full-time, they are less likely to have access to uninsured services such as drugs."¹⁵ One of the women receiving a subsidy, along with several other mothers who were interviewed, stated that they could not come off social assistance completely, because they had no other way of meeting their family's medical expenses. The health care benefits available to the recipients of social assistance can be

¹⁴ Manitoba Family Services. *Annual Report 1998 – 1999*. Winnipeg: Government of Manitoba, 1999; 23-26.

¹⁵ Health Canada. *Health Canada's Women's Health Strategy*. Ottawa: Government Services Canada, 1999;14.

substantial, if anyone in the family requires eye care, dental work or prescriptions.

Although the mothers who received social assistance or a subsidy were eligible for some health benefits, this group of women still had healthcare needs that were not covered by the benefits they received from social assistance. One woman, who was on assistance, made the statement, “*I am forced to go to relatives to ask for them to cover expenses on health related things.*” [This woman needed to borrow money to have her eyes tested.] Another participant said that she was in constant pain from her teeth and because she had no money, she had been unable to find a dentist that would treat her. These women stated that until they were able to meet their own and their family’s immediate health needs, they could not put either their mental or their financial resources into finding activities for their children. As a result, these woman had to deal with the guilt they felt because they thought that they were depriving their children of opportunities to participate in programs, and that these programs would have been important to their children’s well-being and development.

Data show that low-income populations use non-insured health care services to a lesser extent than their well-off neighbours,¹⁶ and that poor women had the highest level of unmet health needs in Canada in 1996-97. Moreover, in those same years, Manitobans reported the second highest percentage of unmet health needs in Canada¹⁷ (See Figures 2 and 3). “When it comes to drug plans, low-income Canadians who are not eligible for social assistance benefits are at a disadvantage. While 74% of high-income Canadians had prescription drug plan subsidies, this benefit was available to only 53% of middle-income Canadians and 38% of low-income Canadians.”¹⁸ Seventy percent of families in Manitoba have dental insurance, usually purchased through a group plan in their workplace, but 30% of families do not have access to health insurance that covers or partially covers their dental needs.¹⁹ In *Towards a Healthy Future* (1999), it is documented that visits to the dentist, as with visits to an eye specialist and mental health services by a non-physician are strongly related to income.²⁰ Until low-income families can be provided with a means to access uninsured health care services, they may need to shelve their wish to see their children in

¹⁶Health Canada. *Towards a Healthy Future*, 148 –149.

¹⁷ *Ibid.*, 152.

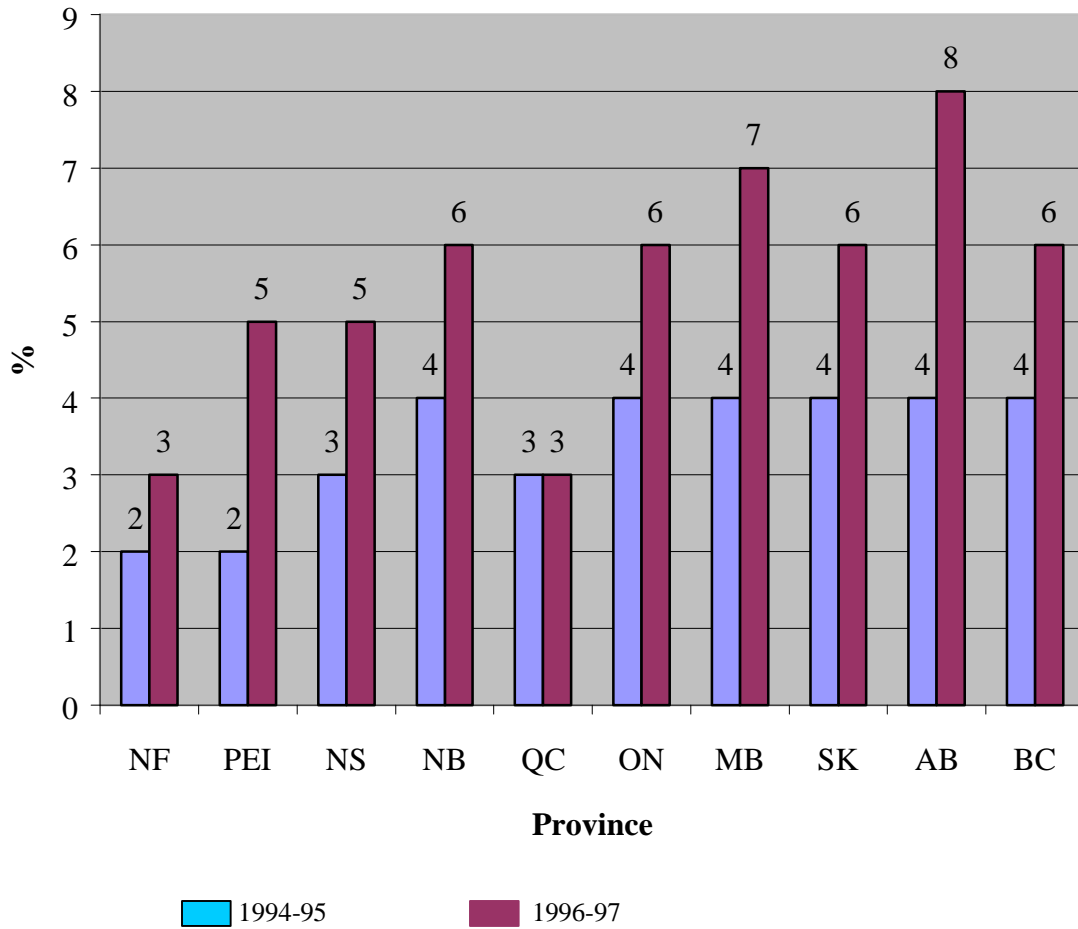
¹⁸ *Ibid.*, 149-151.

¹⁹ “Manitoba Dental Fees Going Up; Association Set New Guidelines for Dentists,” Winnipeg Free Press, January 2, 2000: A9.

²⁰ Health Canada. *Towards a Healthy Future*, 148.

recreational activities, as they direct their financial resources to their more immediate health care needs.

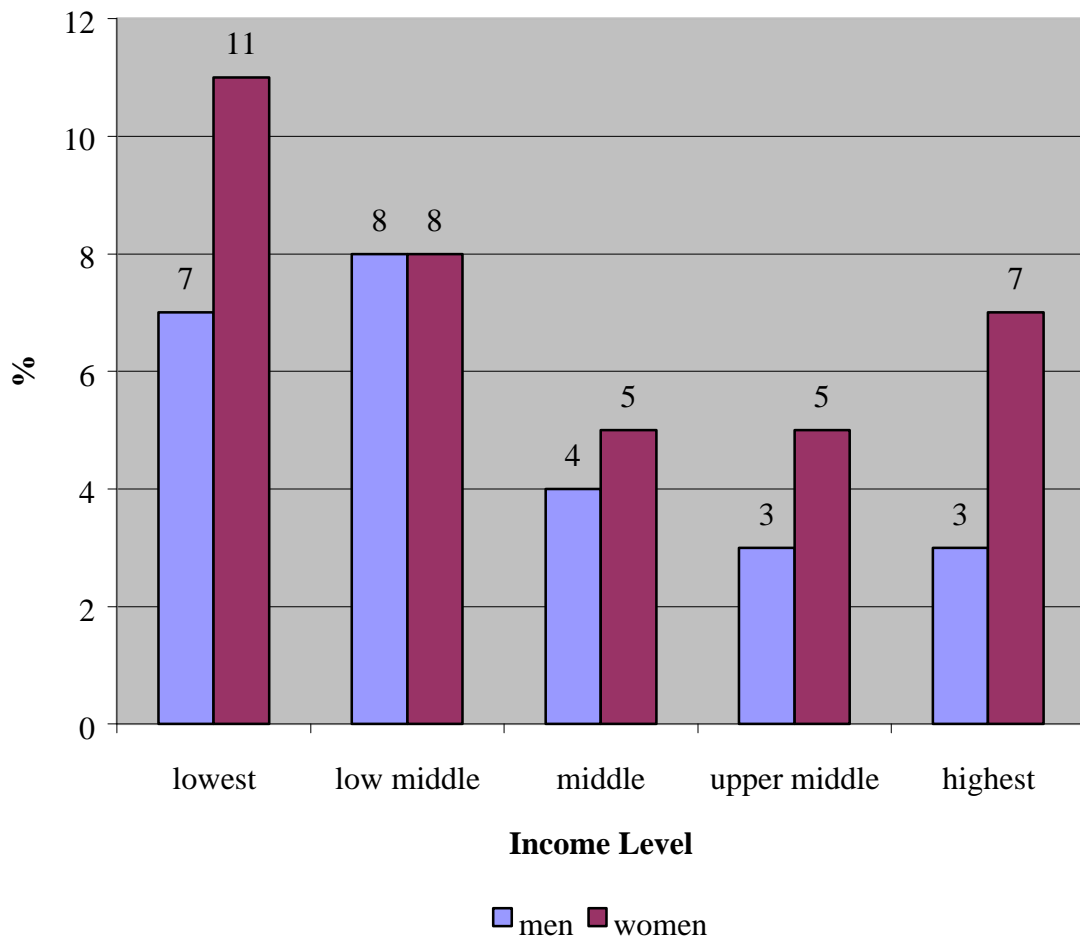
Figure 2: Percentage of Canadians Reporting Unmet Health-Care Needs, by Province, 1994-95 and 1996-97



- NF - Newfoundland
- PEI - Prince Edward Island
- NS - Nova Scotia
- NB - New Brunswick
- QC - Quebec
- ON - Ontario
- MB - Manitoba
- SK - Saskatchewan
- AB - Alberta
- BC - British Columbia

Source: Health Canada. *Towards Healthy Future*, 1999

Figure 3: Percentage of Canadian Men and Women Reporting Unmet Health-Care Needs in the Past Year, by Income Level, 1996-97



Source: Health Canada. *Towards Healthy Future*, 1999

SECTION 4: Access Issues, Children and Health Concerns

4.1 Children in Recreation Programs

“It is where they learn to socialize and to extend their limits. They start to plan for the future, and to look at their environment differently. They see themselves as part of the community.” Study Participant

All of the women in this study stated that they believed participating in recreation and enrichment activities was beneficial to the mental and physical development of their children, but not all children in this study had or were participating in a program. In the year prior to the time when the participant was interviewed, 49% of the children in this research project had not participated in a single program, and 69% had not participated in two or more programs (See Table: 15). The older a child was, the more likely he or she was to have been enrolled in at least one program. A woman who had a 7-year-old son stated, *“He is getting to an age where he wants to do something,”* and she felt that it was important to fulfill his request and to get him into an activity. This same mom was going to wait before she put her two younger children into a program because they were not yet expressing a need to participate in an activity, and the family had very little money.

Table 12: Number of Children who have Participated in a Program with a Registration Fee by Age

Age of Child	Number of children in this category	Participated in a program in 1999, prior to Jan. 1st, 2000		Participated in more than one program	Participated in more than one program
0 – 2	21	5	20%	2	9%
3 - 4	20	9	45%	8	40%
5 – 6	21	11	52%	8	38%
7 – 8	18	10	55%	6	33%
9 – 10	14	9	64%	4	29%
11 - 12	14	11	78%	5	36%
Total	108	55	51%	33	31%

4.2 Why Children Did Not Participate in a Recreation Program

Program and Transportation costs

The reasons why a child had not participated in a program varied. Every mother stated that cost was a problem. A large number of the mothers stated that they could afford the cost of the programs, but they could not afford the transportation costs. One respondent explained that there were no affordable programs in her area, the outer limits of Fort Garry, and that the bus trip to and from the Downtown YMCA was too long for her children. The trip tired them out, and they were unable to enjoy their activity or do their homework when they got home.

Affordable Programs for ADHD Children

One mother stated that her son has Attention Deficit Hyperactive Disorder (ADHD), and that there was no program in which he could participate. Three other parents in the survey encountered this same difficulty, although they had, briefly, been able to find programs in which their children could participate. Each of these parents expressed a need for programs or activities that would accommodate ADHD children. Two of these four parents talked about how they gave their ADHD children Ritalin when they could not afford to put them into an activity. Neither of these two children were in an activity at the time of the interview. Three parents of ADHD boys stated that they had had their children in Cubs, and that the boys had benefited from the experience, but the children had stopped going because the families could no longer afford the costs. In two of these cases, the principal at the schools attended by these children had said that the child should continue in Cubs, but there was no money for the registration fee, program costs, or for the necessary transportation.

Awareness of Programs and Potential Benefits

In this study, one mother, whose child had not participated in any programs prior to starting kindergarten, was very concerned about her child's physical aggression towards his classmates. There had been no other children living near her suburban home, and her son had not been registered for any programs in which he could learn how to socialize in large groups of children his own age. His mother was surprised by his aggressive behaviour towards the other students at school; she was upset that there had been no affordable pre-school programs

to which she could have sent him and prepared him for the kindergarten environment. This mother was also concerned about the fact that the community centre located closest to her had a \$30.00 booster/membership fee, and a registration fee for their preschool programs that had blocked her family from participating in their community centre²¹. Four other women in this study had older children that had experienced problems as adults, and these mothers felt the need to get their younger children involved in activities. It was their hope that these children would gain the self-confidence and skills from activities they needed in order to complete school and move into the workforce.

A number of parents in this study stated that they had been unaware of the importance of providing their young children with opportunities to socialize with their peer group. It is important that young children learn to play with other children and that parents have opportunities to provide their children with these experiences. There was no parent in this study who felt that they had been given the information necessary to know how to access low-cost programs in Winnipeg, and many of the women felt that they did not receive the information necessary to know how young children could benefit from participating in a program.²² In a report published by the Manitoba Child and Youth Secretariat, it was stated that without appropriate parental intervention, aggressive three-year-olds become aggressive youth, and “71% of children with severe behavioral problem by grade 1 become antisocial adults.”²³ In a Quebec study, 28% of boys who demonstrated anti-social behaviour when they entered kindergarten were delinquent by age 13.²⁴

²¹ This mother felt that their household income would preclude them for meeting the criteria of any fee waiver program and, at the same time, a student loan and their house payments consumed all of the family's disposable income.

²²In a Quebec study, Richard E. Tremblay et al, identified physical aggression as one of the best predictors of later deviant behaviour. “By the time children have entered kindergarten they should have learned to inhibit physically aggressive behaviour and use alternative assertive and prosocial strategies to achieve their goals... Kindergarten children who still frequently resort to physical aggression are often perceived as deviant by adults, and tend to be rejected by their peers.” See R.E. Tremblay, C.M. Louise, et al. “From Childhood Physical Aggression to Adolescent Maladjustment; The Montreal Prevention Experiment,” In Ray De V. Peters and Robert J. McMahon, eds., *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Banff International Behavioral Science Series. Thousand Oaks, CA: Sage Publications, 1998: 271.

²³ Manitoba Children and Youth Secretariat. *Strategy Considerations for Developing Services for Children and Youth*. Winnipeg: Government of Manitoba, 1997: 3.

²⁴ Health Canada. *Towards a Healthy Future*, 35.

4.3 How Children Benefited from Programs: Mothers' Comments

Forty-three (88%) of the mothers responded to the question, "How have your children benefited from participating in a program," by describing positive benefits that their children had received from being in a program. Twenty-two (45%) of the participants talked about how their children's self-esteem had been enhanced, and twenty-one mothers emphasized self-discipline, socialization, improved coordination, and new friends as benefits of participating in activities outside of the home. Five mothers stated that their children had not participated in any organized programs, and one woman did not feel that her child had benefited from participating in a recreational activity.

Benefits in Self-discipline, Socialization and Improved Coordination

Twenty-one (43%) responses focused on changes to the child's self-discipline, socialization, improved coordination, or increased opportunities to make friends:

Responses:

- *Gained new skills, discipline (personal), self-defense, ability to earn money from babysitting course, increased responsibility.*
- *My older son is on the track team, and he needs to be at school by 0730 hours, and so he does not go out in the evening.*
- *Makes her interact with people better, helps her to do different things, helps her to be independent, away from her mother.*
- *New skills, daughter can dance, interaction with other kids, team spirit.*
- *Physical fitness / Socialization – my son has trouble making friends.*
- *Builds friendships, skills.*
- *Socialize with other children. They learn new skills.*
- *Learned how to be a team player, how to socialize with other children, learning safety, how to lose, sharing.*
- *Being with other people, growing as a person; learns cooperation, discipline.*
- *She loves the socialization, learned different games and skills, She is happier.*
- *My daughter is very shy. She has learned that you need to work at something to get good at it, her self-esteem is better and she has learned about volunteering.*
- *She has learned how to play with other kids, learn accountability and how to respect other authority.*
- *Love to go because they get to play with other kids; learn social skills.*
- *Older son has benefited because of enhanced social skills, esteem, sees positive male mentors, friendships, skills, exercise, sense of belonging – connected to community, affirmation.*
- *Learning new skills, water safety, music skills and rhythm has improved. Socialized and had fun.*
- *Plays better with people. Speech gets better each time he goes. [Child was 3 years of age.]*
- *Gets to play with other kids; goes to computer at library.*

- *The Y has given my son health and social benefits, gives them a safe place to go and do wholesome activities. It has benefited us as a family because it is something we can do together. "It is so unfair that MB housing is isolated from the Y."*
- *My sons have poor fine motor skills and coordination, their motor skills and coordination improved a lot with swimming and dancing lessons.*

Benefits in Self-esteem and Confidence

Twenty (41%) of the women mentioned increases in their child's self-esteem or confidence as a benefit of participating in recreation activities.

Responses:

- *My daughter has been exposed to art and she has learned a lot of new skills. She is teaching these skills to her younger brothers and sisters. So the art program has benefited everyone in the house because "J. has a great deal of confidence in her new skills and this has rubbed off on the rest of the children. They are all doing art now."*
- *New skills, improved self esteem, new tasks, stronger, healthier. [3 responses]*
- *My daughter was exposed to art and she learned a lot of skills. She got over her fear of water, her self esteem increased.*
- *Self-esteem, individuality, friendships, exercise – family outings as we all went together.*
- *He gets instruction from other people, learning to swim, developing self-esteem.*
- *Improved self-esteem, new skills, being with other kids, has gone camping.*
- *New skills, learned basketball and his self-esteem went up, and then he was excited about going to play.*
- *Improved self-esteem and new skills. She really enjoys water. She is proud that she can swim. She feels better about herself and she has something to tell her friends about.*
- *Improved self-esteem, they gained from the structure and from learning about responsibilities that are age appropriate. Four kids work together on crafts because of skills they have learned.*
- *He has learned about team work, new skills and he has increased self-esteem.*
- *The theatre was excellent for my daughter, it helped to her to express herself.*
- *Scouts was good for him and helped him to get along with the guys at school. He could talk to the kids about it, and what he was doing. I would love to put him in martial arts because that would be so good for him; he needs activities to develop. [He has ADHD.]*
- *Gymnastics – self-esteem went up and she felt better about who she was. She found out that she had an interest in something and that she was capable of doing it.*
- *Self esteem, self-awareness, independence, friends – a break from the mom.*
- *They were happy. They were upset when they had to stop. It gave them confidence.*
- *Peer relations, see healthy male role models, music enriches their lives. The boys can pick out instruments when they listen to the radio. Music has given them a sense of independence and they practice in their rooms on their own / play for other people.*
- *Swimming – he loves water and he now has no fear of water. Gives him more confidence.*
- *Socialization, getting self-confidence, learns about being part of a team. He needs to be active because of his condition [ADHD].*
- *Gets to burn energy off because he is so hyper and really enjoys it. Made new friends, helps with his depression and builds his self-esteem.*

Children Not In Programs

Six mothers stated that their children had not benefited from being in a recreation program. In five of these families, the children had not participated in a program:

Responses:

- *We could not afford to send our 5-year-old son to nursery school or other programs that would involve a lot of social interaction. He is having a lot of difficulty fitting into big groups. [Example: his kindergarten class]*
- *The kids get tired when they take evening programs downtown – It would be nice if Margaret Grant [Pool] could have prices as cheap as at the Y[MCA] or if the U of M [University of Manitoba] had waiver fees.*
- *No response – Child never in organized activities because ADHD, and there are no programs for him.*
- *She has not participated in anything. She came with us to two Christmas parties last year. [Child is three.]*
- *Never participated in a program.*
- *He has been in none. [Son is 7 years.]*

4.4 How Children Affected by Access to Programs: Mother's Comments

Each participant was asked how their children's behaviour had been affected by participating in a recreation or enrichment activity. This question was difficult to answer for women whose children were four-years-of-age or younger, as it was impossible for them to tell whether changes in their child's behaviour were due to normal growth and development, or to the activity. Thirty-eight (78%) of the 49 participants commented on changes they had seen in their children's behaviour. Their responses were divided into three categories:

Changes in behaviour when children in an activity	No.
- Positive changes in their child's behaviour	25
- Positive changes in attitude, child less argumentative	8
- An Increase in self-esteem or pride	5
- no response	11
Total	49

Changes in Children's Behaviour

Mother's Comments:

- *They learn from example; he is learning how to behave in a group without hitting.*
- *Not bored, fewer disagreements with family members.*

- *They pay attention better; listen better because physically tired.*
- *They are more focused / they have something that is theirs.*
- *She behaves better – feels better because she is learning and it is her special time with me.*
- *He is less bored; he mopes around when he is not busy.*
- *They have something to look forward to and so they behave better.*
- *He knows how to direct his energy, for example, he now controls his temper – puts energy into sports and not into breaking things.*
- *He is better able to concentrate on what he is doing. Much easier to get along with. He is on Ritalin because he is hyper, If he is in sports he would not need his evening Ritalin dose. [This child was not enrolled in any activities.]*
- *He is easier to get along with because he is tired after soccer. In the winter he takes medication to calm him down. He stops his medication in the summer when he is more active.*
- *Have not noticed a difference with my girls who are under 12, but my 17 year old son is easier to reason with and is not complaining of being bored.*
- *Definitely, because there is something to do. They are not as bored and they do not whine as much. Kids work together on a craft because of skills they have learned. Have improved on cleaning up skills because they have learned how to do it at activities outside of the home.*
- *Helps to get them focused. Son functions better when he is in a group activity.*
- *I believe so because she gets added attention when she goes out.*
- *Don't notice any difference – she is not as bored.*
- *She is happier, more content and her mind is active.*
- *He is better behaved, more disciplined.*
- *Social skills, interaction with other children – talks about story time all the time, and carries the things she receives from the program.*
- *She is listening better and playing soccer may be part of that.*
- *He is more relaxed when he has been playing street hockey. [Child has ADHD and is not in any organized sports.]*
- *I think without activities, we would have a lot of problems with our oldest son. He quit all his extra curricular activities because he was angry over the [marital break-up].*
- *Yes, they have something to look forward to, they are not bored and they do not fight.*
- *Yes, it helps my son get rid of his energy and he is mellow and gets a good sleep. One of my sons has lost 30 pounds at the Y.*
- *Learning how to be independent away from her mother.*
- *We live in an apartment and so activities helps him to burn off energy. He is willing to do anything.*

Changes in Children's Attitudes

Mothers' Comments:

- *Because he is with his peers, he is happier.*
- *Behaves the same, but there is more cooperation because he really wanted to go to the practice.*
- *Yes, because she is happy – she is not bored.*
- *She practiced at home, She seemed happier. That was five years ago. Christmas came and there was no money for registration in the New Year. I tried to get her involved in sports at school but she was not interested.*
- *They do better, they try harder.*

- *Yes, they get along better. Their all around attitude is better, they are not whiny.*
- *He would be happier, because he was able to do something.*
- *The kids are happier, but they are well behaved in general.*

Changes in Children's Self-esteem

Mothers' Comments:

- *My daughter's increased confidence and skills have rubbed off on other children / they are all doing art now.*
- *Greater pride in themselves, they are tidier and their rooms are cleaner. It gives them hope. They feel like they are a member of a community.*
- *She was able to compare herself to her peers and to see how she was doing. She could see how practice time pays off in new skills / her coordination improved.*
- *I believe so, they are happier, they have better esteem.*
- *Yes, it builds their self-esteem. He comes home and talks about what he learned.*

Section 5: Access to Programs for Children and Women’s Health

In order to test the hypothesis that the health of low-income mothers is affected when they experience difficulty finding accessible programming for their children, the following question was asked; “If you could not, or if you cannot get your child/ children into programs, how does this affect you?” The mothers explained how they were being psychologically or physically affected by their difficulties in accessing programs for their children. Although the women came from a wide variety of cultural and social-economic backgrounds, 47 (96%) of the participants experienced alterations in their psychological or physical well being when they attempted to find recreation activities in which their children might participate. The responses to this question have been broken down into four descriptive categories. (Two women did not respond to this question.)

Effects	Participant Responses by Category
1. Anger/ frustration	19
2. Decreased self-esteem	12
3. Stress	11
4. Depression / despair	4
Total	49

Nineteen (39%) of the mothers said they were frustrated, angry or disappointed. As one participant said, “*I am frustrated, it is every parent’s dream to get your child to grow and develop skills [through the experiences they get by participating in activities].*” Twelve (24%) of the participants said that their self-esteem was badly affected. One mother described her feelings with these words, “*I feel that I am a bad mother and it is my fault; I feel that I am not doing my part.*” Eleven (22%) of the participants found getting their children into activities or their inability to do so was very stressful. One mother stated:

It is very stressful, and I have an increased number of SVT (sinus ventricular tachycardia) attacks when I am trying to get my children into programs. For example, buying them the things that they require to go to camp. I wonder if it is worth it.

Four women who were having a great deal of difficulty finding affordable activities for their children stated that it was causing them to feel the following emotions: hopelessness, despair,

depression and devastation. A mother of four stated, “*I get depressed when the children are around all the time, I was so stressed [last year] I got an ulcer.*”

5.1 Stress, Access and Mother’s Health

The participants were asked if they had felt stressed over the problems they were experiencing in getting their children into activities. Two women did not respond to this question. Three of the participants said ‘no’; two of these women stated that they were dealing with so many issues that they could not separate the stress they felt over finding activities for their children from the stress caused by other concerns. For example, one mother said that she was in constant pain from her teeth and had no money with which to see a dentist. Her constant pain occupied her thoughts, and she had not been able to put any energy towards getting her children into programs, although she wanted her children in programs. Forty-four (90%) of the respondents replied that they had been stressed over the difficulties of finding programs for their children. These women were asked how stress affected them. Their answers dealt with both the emotional and physiological effects of the stress they were experiencing. Their responses were placed into the following categories or groups:

Descriptive Categories	Participant Responses by Category
1. Temper / anger (Emotional Volatility)	18
2. Sleep disorders, fatigue, changes in appetite, headaches	14
3. Depression, Unhappy	12
	Total 49

Each participant response is included in only one descriptive category, although some responses may contain elements of another category. Physiological responses to stress are in bold print and appear throughout the three groups. Nine (18%) of the women attributed the physical change in their well being to be at least partially caused by the stress they experienced when they were struggling to get their children into activities.

Changes in Emotional Volatility

Eighteen of the participants listed a change in their emotional ‘volatility’ as the primary

way in which stress affects them. Three women in this group listed physiological changes in their health that they believed were due to stress: asthma, sore muscles and eczema.

Responses:

- *More disagreements with my partner, he knows what buttons to push, I lose my temper with my children more easily than I normally do.*
- *Get 'snappy' and things do not get done around the house – kids notice. I lose my appetite.*
- *I am not stressed, I am annoyed because I have to pay so much for programs, I could come up with it, but I should have not have to give up on important things for myself such as a new pair of jeans. When I feel this way, I lose my temper and I lack patience.*
- *I become irritable, lose my temper or have disagreements with my children, I have **more problems with my asthma**, and I get sick more often.*
- *I become short tempered and I feel tired; I have more disagreements with my child because she is restless.*
- *I feel angry.*
- *I feel irritable, not as energetic, I need to apologize to my daughter more often.*
- *I get very **sore neck muscles**, and I lose my temper with my children more easily than I normally would.*
- *I have a lack of patience with my kids because they want to do things for which we have no money, feel angry.*
- *Less patient with kids, worry, suffer from guilt.*
- *Short tempered feel like pulling out my hair.*
- *Sometimes, I have more difficulty sleeping and I lose my temper easier.*
- *The atmosphere at home is affected because the kids think that I am angry with them because they have asked for money.*
- *I feel that I am at the bottom of society and that I cannot reach for it; If I do not let it go, it just sits there; I am more grumpy. – It happens whenever I feel the financial crunch of bills coming.*
- *Feel inadequate and have more disagreements.*
- *I lose my temper more easily, and **my eczema breaks out**, crave chocolate, have difficulty sleeping, become tired and more emotional.*
- *Get angry and frustrated, have difficulty sleeping, go for walks more often.*
- *Yes, I become annoyed easier, I don't sleep and I stay up and eat.*

Sleep disorders, Fatigue, Appetite, Headaches

Fourteen of the respondents emphasized fatigue in their response as to how they felt they were being affected by stress. Four of these women listed headaches as an outcome of the stress they experienced when searching out affordable activities for their children.

Responses:

- *I have humungous **headaches**, and I am totally exhausted. I feel better when he is in activities.*
- *I have problems with my appetite, difficulty sleeping, lose my temper.*
- *It builds for a while and then I cry, I clean the house, I lose my appetite.*
- *I feel burdened, I wonder where I will get the money when a deadline is coming; it makes me feel impatient, tired.*
- *I get tired and I feel burnt out, I have **headaches**, difficulty sleeping and I lose my appetite.*
- *I lose my temper more easily. I feel anger, depressed and will not move, my health was worse until*

we moved close to the Y, I slept more prior to the move. There is no way that I could pay hundreds of dollars to go to a community club.

- *It affects my health, I feel tired and I have problems sleeping and eating.*
- *Stress causes me to feel tired, it affects my weight and I find it hard to focus.*
- *I feel stressed just buying food for my child's lunch, never mind when I have to pay for a program, I become tired, don't eat, I cry after my child goes to bed.*
- *I am depressed, have **headaches** and medication for sleeping.*
- *It is not specifically registration fees that cause me stress because I have bigger fish to fry. – I lose weight.*
- *Work harder, lose sleep, and suffer from exhaustion.*
- *Have difficulty sleeping (Will buy Nital), Have disagreements with my partner, problems with appetite.*
- *Yes, especially if they really want to do something; it wears me down, I have **headaches**.*

Depression, Unhappiness

Twelve of the mothers identified depression or unhappiness as one of the difficulties they had to deal with when attempting to get their children into recreational or enrichment programs. Two of the twelve woman stated that they had suffered physical illnesses due to stress. One of these woman explained that she caught colds, and the second mother stated that she got an ulcer when she had no money to get her children into programs.

Responses:

- *Just be depressed about myself and angry for not giving her opportunities.*
- *It is hard on him [her son] and me, I feel discouraged and grouchy.*
- *I feel discouraged and frustrated.*
- *Difficulty sleeping, become angry more easily, I am depressed and I am getting treatment for that.*
- *It is stressful to have to depend on someone else to provide programs for your children. Have difficulty sleeping, I am overtired, **get sick (colds)**, can't think, get depressed, feel overwhelmed, my house is not looked after as well.*
- *At times, we can not always do stuff because we do not always have money; I get mildly depressed and I have difficulty sleeping. Because I do not have money to do other things, I eat more.*
- *Can't eat, can't sleep. I take anti-depressives, but I feel more depressed when I think about school coming and the expenses that will come with it.*
- *Yes, it really affects me, I have been suicidal off and on for the past 8 or 9 years, I would say that some of my depression is directly linked to my inability to get my kids into programs. How – I sleep a lot, and I feel depressed and so I do not do anything with my kids.*
- *Last year, I got depressed and developed an **ulcer**, I lose my temper.*
- *I become depressed, more tired and lack motivation, it is hard to get things done. [This mom always has her children in a program, 2 kids]. Cubs Activity fee has been a major stress when I need money for the bus to get to work.*
- *I find evening activities a stress because of the distance we have to travel to get to an activity. Because of the traveling time to and from an activity, the children do not have time to do their homework and this is very stressful for me. I am unhappy with the situation, I have to wait for the future to have a life.*
- *Yes, I get depressed, I feel angry and I forget to do things; I do not function as well.*

5.2 Limited Finances and How the Mothers Budgeted for their Children's Activities

Ninety-six percent of the women in this study stated that they had suffered adverse physiological and psychological changes in their well being, and that these changes were at least partly due to the duress they experienced when searching for affordable programs for their children. Each of the women in this study reacted to their situation in a different way. The participants were asked if they had made changes in their life, or in their budget in order that their children could participate in an activity. Forty-seven women responded to this question, and 36 of these women were or had made changes to their lives in order to get their children into activities.

Eleven of the participants said that they were not making changes in their lives in order to get their children into an organized activity. As one of these women explained,

We are already cutting every corner, I am forced to go to relatives to ask for them to cover expenses on health related things. I cannot see out of my glasses and so an Aunt has agreed to cover the cost of my getting my eyes checked.

Eight of the eleven women, who stated that they were not making changes in their lives or budgets, were on social assistance and the following response exemplifies the despair they felt about their situation:

No, we stopped going to the Y because I had to take money out of the food budget. There is no help.

Of the three women who were not on social assistance and making no changes in their budget, two of them were receiving counseling.

It has been hypothesized that women who feel a greater sense of control over their lives are better able to make changes in order to attain what they want. In a 1992, American study, Kathleen A. Lawler and Lori A. Schmied examined prospectively the relationships of hardiness, locus of control, Type A behaviour, and physiological reactivity to stress-related illness in a group of female clerical workers. This is a female dominated occupation in which women are ill more often than in other job categories. Individuals employed as clerical workers are characterized by a lack of control and autonomy. In this study, it was found that “women who perceive themselves as having more control over events in their lives are

healthier than women who place others or fate in charge.”²⁵ Lawler and Schmied’s results support the hypotheses that ‘when a woman has a feeling of control over her life, this sense of control acts as a buffer on the effects of stress on health.’²⁶ In this study, we did not attempt to measure locus of control, and we had no means for correlating an individual’s health with their perceived locus of control. It was noted that, at the time of the interview, the women who stated they had no control over their financial situation were not making changes in their lives in order to find the money necessary to pay for a child’s program registration, or to assist with their transportation costs.

5.2.1 Lifestyle and Budget Changes

The interviewer recorded how the women altered their budgets or made changes in their lives in order to get their children into programs. Participants may have been saving money in a number of different ways, and so the number of responses is greater than the number of women who said they were making changes in their lives or budgets. Thirty-six (73%) of the participants were making lifestyle and budget changes in an effort to find the money necessary to provide recreation for their children, or to learn more about recreation opportunities in their communities. Their responses have been put into the following categories:

Lifestyle and Budget Changes	No. of Participants
- Take money out of food budget	15
- Doing without personal items	6
- Cut down on own recreational activities	7
- Borrow money or put off paying bills	11
- Earn extra money	3
- Transportation cutback	4
- Increase knowledge of recreation programs	1

Money Cut-Out of Food Budget

In this study, 15 participants or 31% of the women were taking money out of their food budgets in order to find the money necessary for their children to participate in enrichment or

²⁵ Lawler, K., Schmied, L. “A Prospective Study of Women’s Health: The Effects of Stress, Hardiness, Locus of Control, Type A Behaviour, and Physiological Reactivity.” *Women and Health* 19, 1 (1992): 39.

²⁶ *Ibid.*, 27.

recreation programs. Of these 15 mothers, six used a food bank as one means of securing enough food to feed their families. A recent article in the *Winnipeg Free Press* stated that the number of working families using food banks has increased in the last five years. In 1995, 18% of the families using Winnipeg Harvest had a work-related source of income compared to 32% in 1999. It is not possible to know how much, if any, of the increase in numbers at Winnipeg food banks is due to the cost of raising children in this city. It is known that there has been an increase in the number of children using food banks, and that the same children have been using the food banks over a series of years.²⁷ The presence of these children at a food bank suggests that there is very little money in their household for registering a child in a recreation activity.

Responses:

- *Eat one meal a day, and cut food budget in order that my child could go on a school outing.*
- *We were taking money out of the food budget in order to go to the Y, and so we stopped going to the Y.*
- *It is only \$32.00 for all of us to go to the Y and so we can take that out of the food budget. But there is no way we could take hundreds of dollars out to do things at the community club.*
- *Siphon off grocery budget.*
- *The swimming lessons came out my groceries, I buy milk and bread first, and then work from there.*
- *Take money out of food budget.*
- *Reduced the amount of food we eat.*
- *Use food banks at Christmas time.*
- *We do not buy meat.*
- *Use food bank. [6 participants]*

Borrow Money or Put Off Paying Bills

Eleven (22%) women stated that they budgeted, borrowed money, put off paying bills or turned their heat down in order to pay registration fees for their children's activities.

Responses:

- *Put registration fees on credit because we do not have any money.*
- *We borrow money from the kids' grandparents.*
- *I asked someone to pay a registration fee for my son, instead of getting me a birthday present.*
- *I would not pay my bills right away. I would be a month behind if there is something he really wants to do.*

²⁷ Deasy, S. "More Families Turning to Food Banks." *Winnipeg Free Press*, May 27, 2000: A12.

- *Delay paying the utility bills. [5 responses]*
- *Turn heat down.*
- *I budget over a long time when I know an expense is coming...The [City of Winnipeg's] Leisure Guide does not give enough notice for people who have to budget.*

Personal Items

Six women listed ways in which they were cutting back on personal items in order that their children could participate in an activity or program.

Response:

- *I give up on clothing.*
- *I wait a couple of months to get my haircut.*
- *I do not buy clothes until my clothes fall apart.*
- *I do not get my hair done or buy clothes for myself because I use the money for registration fees.*
- *We don't buy clothes, my son did not have any pants without holes to start school in.*
- *I buy second hand clothes. I have never been able to buy my children new winter snowsuit or coat. The ones they have are always worn and not as warm as they should be.*

Cut Down On Own Recreational Activities

It is recognized that very few low-income women enjoy the benefits of being physically active only 15% of Canadian women engage in physical activity frequently enough to improve fitness levels, the majority of whom are white and middle or upper class.²⁸ In this study, seven women spoke about how they gave up on their own recreation activities in order to facilitate their children participating in activities.

Responses:

- *Cut down on recreation activities for myself. [2 responses]*
- *We do not do anything recreational for ourselves.*
- *If we go to a movie, we take food with us.*
- *We cut back on any extras, for example, we rent fewer videos.*
- *We do not have cable T.V. [2 responses]*

Earn Extra Money

Three women earned extra money that they could use to pay a registration fee.

Responses:

- *Babysat in order to earn the money to pay for the registration fees and program costs.*

²⁸ Frisby. *Leisure Access*, 14.

- *Delivered flyers in order to make some extra money for kids activities.*
- *I try to get extra hours at work.*

Transportation Cutbacks

Four women either limited the amount they drove their car or did not drive at all in order to have money that they could put towards paying a registration fee.

Responses:

- *We do not have a car because I put our money into education for the children.*
- *We do not drive a car in order to have money for our children to participate in programs.*
- *We do not drive in the summer.*
- *I am very careful to do all of my errands when I drive the car so as to reduce trips and save on gas.*

Increase Knowledge of Recreation Programming

All of the women in this study were continually looking for recreation programs that their children might participate in, but woman's interest had caused her to take a course on community programs. She did this so that it would be easier for her to be involved in her community, and better able to find affordable programs for her child.

Response:

- *I took a course, Introduction to Education Assistance Programs in order to be more involved in community planning and because I would like to find employment in that area.*

Section 6: Participation in Winnipeg's Leading Cultural and Enrichment Attractions

In this section of the report, the information received from the women about their attendance at some of Winnipeg's leading cultural and enrichment attractions is combined with information about the fee structures of these same organizations. The admission fee information from local venues has also been combined and compared to information about a select number of similar attractions in other cities across Canada.

Table 13: Admission Fees at Winnipeg's Cultural Attractions

Venue	Daily Admission Fees (\$)			Free or Discounted Day /Time Period		
	Adult	Child	Family			
Assiniboine Park Zoo ⁽¹⁾	3.00	1.00 child 1.50 youth	7.50	No		
Manitoba Children's Museum ⁽²⁾	4.50 + GST	4.95 + GST (2 – 17)	20.00 + GST	No		
Manitoba Museum of Man and Nature ⁽³⁾	10.99	7.99	4.99	3.99 (3-17)	None	Manitoba Day
Planetarium			3.99	2.99	None	No
Science Centre			3.99	2.99	None	No
Winnipeg Art Gallery ⁽⁴⁾	4.00	3.00 (12 – 17)	6.00	Wednesday		
Fort Whyte Centre ⁽⁵⁾	5.00	3.00 (3 – 17)	15.00 for a carload. There is no family admission fee	Adult and Child admissions are reduced by \$1.00 on those evenings when there is "Gooseflight" viewing		

- Sources:**
1. Assiniboine Park Zoo Telephone Message, Oct. 25, 2000
 2. Phone conversation with Children's Museum on Sept. 21, 2000. Prices increased in January of 2000 and the age for an admission charge was lowered to include children 2 years of age. (Some evening hours)
 3. Manitoba Museum of Man and Nature phone message on Sept. 21, 2000 (No evening hours, Family Memberships are available for \$60.00.)
 4. Winnipeg Art Gallery phone message on Sept. 21, 2000. (The WAG is open until 9:00 P.M. on Wednesday.)
 5. Fort Whyte phone message on Sept. 21, 2000. Fort Whyte offers a full family membership for \$5.00 per month. (Evening hours for special events only)

6.1 Attendance at Winnipeg’s Cultural Attractions

Although all of the study participants were concerned about their ability to attend cultural venues and activities with their children, not every family was able to do so. In order to find out what activities the families in our study had used for recreation, each mother was asked if her family had attended the following cultural / enrichment attractions within the previous year: a public library, the Winnipeg Art Gallery, Manitoba Museum of Man and Nature, Manitoba Children’s Museum, Winnipeg Symphony Orchestra, the Royal Winnipeg Ballet, Fort Whyte or the Assiniboine Park Zoo. All of the participants responded to this section of the questionnaire. Seven (14%) of the participants had not attended any activity that required an admission fee (See Table: 17). The women in this study stated that admission fees limited their access to cultural attractions as “*Cost was a problem.*”

Table 14: Attendance at Winnipeg’s Cultural Attractions

Venue	Attendance	Coupon, Pass or Admission Paid by Third Party	Paid Regular Admission to Attend
Total No.	49		49
Libraries	35	71%	35
Assiniboine Park Zoo	31	63%	26
Manitoba Children’s Museum	26	53%	15
Museum of Man and Nature	16	33%	9
Winnipeg Art Gallery	11	22%	7
Fort Whyte Centre	6	12%	3
Planetarium	2	4%	1
Winnipeg Symphony	1	2%	0
Royal Winnipeg Ballet	0	0	0

6.1.1 Winnipeg Public Library

The Public Library was the only venue in our study that was not confined to a specific neighbourhood; there are 20 branches located throughout the city. Multiple access points make visits to the library much easier for families that rely on public transit, than visits to a venue with a single location. Cost and/or transportation were the two barriers that were most likely to prevent a child from participating in an activity according to the women in this

project. For example, only one family went to the Living Prairie Museum, and that family went several times because it was free²⁹ and within walking distance of their home. On the other hand, 35 (71%) families attended a City library because there is no cost attached to the services offered for children, and the libraries themselves were situated at locations that were convenient for those participants who used them.

Issues of Library Access as Identified by the Project Participants

Not every participant felt, however, that they had easy access to a library or its services. The use of Winnipeg's public library was made difficult for the women in this study in a number of different ways. First, the location of the libraries and the hours in which they were open functioned to restrict attendance for some families. Four women stated that they had not gone to a library because there was none in their area. Three of these families lived in a Manitoba Housing complex in which it was necessary to have transportation to access the nearest conveniences (i.e., large grocery stores, community centres and libraries). One mother stated that she was unable to go to the library because she had an ADHD child that was both active and noisy. These four mothers encouraged the library to have a book/video bus that went out to high-density low-income housing complexes in order to increase the access of low-income families to library services. Several other women noted that the libraries closest to them had limited hours, and that in the summer the libraries were closed on weekends. This was a time when they would have been the most likely to walk to the library with their children. One other participant, a mother of small children, mentioned that access to the Cornish library, in particular, was made more difficult for her (especially in the winter) because books could not be returned after hours, as the book-return slot at the Library is too small to accept most children's books. During the daytime, this woman was at home alone with several small children and it was very difficult for her to get out to the library.

Library Access and Children's Videos

At the time that the interviews for this study were being conducted, three parents were concerned that their neighbourhood libraries did not have children's videos because the

²⁹ Living Prairie Museum website: <http://www.city.winnipeg.mb.ca/cms-prod/parks/envserv/interp/living.html>

libraries had been deemed too small. This situation existed in the older libraries located in Wolseley, Point Douglas, the West End, Fort Rouge and Windsor Park (See Figure: 4). All these community areas have a high number of low-income families and children, but the children in these areas could only access videos by requesting them from another library. In

Figure 4: City of Winnipeg Libraries



1. Sir William Stephenson	8. St. Boniface	15. River Heights
2. West Kildonan	9. Transcona	16. St. Vital
3. Henderson	10. Westwood	17. Windsor Park
4. St. John's	11. St. James-Assiniboia	18. Fort Garry
5. Munroe	12. Cornish	19. Louis Riel
6. West End	13. Charleswood	20. Pembina Trail
7. Centennial (Main)	14. Osborne	

Source: City of Winnipeg, Winnipeg Public Library Website:
<http://wpl.city.winnipeg.mb.ca/branches/branches.html>

August 1999, the City placed a ‘wear and tear’ fee on all library videos³⁰ (See Appendix D). Subsequently, the fee on children’s videos was removed, with a fee remaining on educational and other videos. The imposition of the fee for children’s videos, if only temporary, has still had a negative impact. Three women stated they stopped going to the library after the fees had been imposed and they had not returned to the library. (It is not known if they found out about the reversal of the decision to charge a fee for children’s videos, and resumed their use of the library.)

The women who did take their children on visits to the library thought the library would be easier to use if it catalogued all of its books. Many children’s and young adult soft-cover books are not recorded in the library’s catalogue; these books are given a unique identification number and a generic bar code, but no information on the book is entered into the catalogue. As a result, library users cannot search the collection to find out what the library owns, or to put a soft-cover book on hold. When seeking a specific book, the only option is to go the library and look for it, without ever knowing whether or not the library owns it. For families who did not have easy access to a library, the use of generic bar codes for soft-cover books had a negative impact on library use in two ways. First, children who wanted to read a particular book, could not find out if the library owned it or not, and this discouraged some children from using their library. Second, under the current system, if a child misplaces a book, the library notifies the household that there is an overdue book, but they cannot tell the cardholder what book is missing. This creates stress for the mother who must try to locate a child’s book, without knowing the title or author of it.

³⁰ In Winnipeg, each card-holder may take out a maximum of three videos from the public library. In 1999, the library was spending \$125,000 annually to purchase videos. It was proposed that a \$1.00 Wear and Tear fee be imposed on each video rental. “The video wear and tear fee was proposed by the Library Services Division during the 1999 budget to a) alleviate the problems associated with billing library users for damaged videos and b) raise revenue for the system to help offset the budget reductions required to achieve our budget targets.” It was expected that this fee would result in a 50% reduction in video rentals. “The Library anticipated raising \$300,000 for both children’s and adult videos. The Library would therefore reduce its revenues by \$135,000, if it charged for adult videos” and children’s videos were exempt from a fee. In the Fall of 1999, the decision to apply the wear and tear fee to children’s video was reversed. It still applies to most educational videos (e.g., National Geographic videos) as they are classified as an adult video. See City of Winnipeg Library Services Division. “Wear and Tear Video Fees at Winnipeg Public Library.” Reports prepared for the Community Services Department, April 12, 1999 / May 10, 1999 / June 18, 1999.

Table 15: Total Expenditures on Children’s Materials by City Libraries and Amount Spent per Child Under 15 Years-Of-Age

		% of Total Materials Expenditure Spent on Children’s Materials**	Total Expenditure On Children’s Materials (\$)**	Child Poverty Rate *	Amount spent per child (\$)
1	Greater Victoria Public Library	16.47	233,102	33.1	28.78
2	Halifax Regional Library	28.76	341,790	31.9	20.59
3	Saskatoon Public Library	21.23	300,000	29.0	7.04
4	Calgary Public Library	23.69	1,004,713	23.7	6.21
5	Ottawa Public Library	17.45	273,812	39.6	5.27
6	Edmonton Public Library	19.08	550,000	32.1	4.37
7	Winnipeg Public Library	20.37	471,608	30.4	3.87
8	London Public Library	17.03	250,000	24.3	3.78
9	Hamilton Public Library	13.25	222,041	35.6	3.61

Sources: * Lee, *Urban Poverty in Canada*, 29.

** Mississauga Library System. *Canadian Public Library Statistics 1999 - Canadian Libraries Serving Populations of 50,000 and Over*. A Project of the Council of Administrators of Large Urban Public Libraries (CALUPL), 2000.

Library Expenditures on Children’s Materials in Winnipeg

Data provided by the Council of Administrators of Large Urban Public Libraries (CALUPL), in its most recent compilation of Canadian public library statistics³¹, shows that in 1999, the Winnipeg Public Library ranked seventh out of the nine cities examined in this study in spending on children’s materials (See Table: 18). According to the CALUPL data supplied by the Winnipeg Public Library, the Library expends 20.37% of its budget on children’s materials, which amounts to \$3.87 spent per child. Of large prairie cities, the Winnipeg Library spends the least per child. Moreover, other problems have been identified: “Winnipeg’s 20 libraries are so lightly staffed that some new materials gather dust in boxes for up to six months before they are uncrated and placed on the shelves.”³²

³¹ Mississauga Library System. *Canadian Public Library Statistics 1999 - Canadian Libraries Serving Populations of 50,000 and Over*. A Project of the Council of Administrators of Large Urban Public Libraries (CALUPL), 2000.

³² O’Brien, D. “Library System in Poor Shape: Stats.” *Winnipeg Free Press*, December 6, 2000: A5.

6.1.2 Assiniboine Park Zoo

The Assiniboine Park Zoo was the venue, with an admission fee, that was attended by the largest number of participants, 31 (63%). Of these 31 families, 21 had been to the zoo only once within the previous year. Eighteen of the women remarked on how the canceling of free days had negatively affected their families. One woman stated, “*We went three times a week when it was free, and now we go once a year,*” while another mother said, “*We would go on the spur of the movement when it was free, but now it needs to be planned and budgeted for.*” Two of the participants stated that since the cancellation of the free day, they have not gone to the zoo with their families. One of these women explained why her family had not gone, “*Because it is no longer free, and we have no money for the transportation and then an admission fee.*” When an admission fee was imposed on all but one day at the zoo, it adversely affected the low-income families in this study, but with planning they could still go to the zoo. When the free day was eliminated, access for the low-income families in this study was reduced or eliminated.

6.1.3 Manitoba Museum of Man and Nature

The Manitoba Museum of Man and Nature is one of Canada’s leading museums, but only 9 (16%) of the study’s participants had attended the museum within the past year without a pass or coupon. None of the families interviewed from the surrounding Point Douglas neighbourhood had been to the museum, but not because they did not want to go. A participant from Point Douglas said, “*We like it the best, but it is too expensive.*” Fourteen women said that they would like to take their families to the museum but it is too expensive, and two of the participants mentioned other cities in which the museums had days or selected hours with reduced admission fees/no fees in order to make these ‘public treasures’ accessible to low-income persons (See Table: 19). The Manitoba Museum of Man and Nature is divided into three areas: the Museum of Man and Nature, the Planetarium and the Science Museum. Each of these sections has an admission fee, and this fee structure functions to create a museum that is out of the financial reach of almost all of the study participants. Several of the women in this study also commented on the museum’s hours; it is never open in the evening and it closes at 4:00 P.M. during the week. The hours in which the museum is open limits

access for families in which there are children who are in school.

6.1.4 Manitoba Children's Museum

Twenty-six (53%) of the women had taken their children to visit the Manitoba Children's Museum within the previous year, but 42% of these families had done so because they had a pass, coupon or a third party paid. Three of the families interviewed will not be going to this museum next year because of an increase in the admittance fee, and a lowering of the age for which there is an admission fee. All of the families interviewed found the imposition of additional fees for specific attractions inside the museum to be prohibitive.

Until 1998, it was a Winnipeg tradition for parents to take their young children to see Eaton's Christmas Village. In 1999, after the closure of the downtown Eaton's store, the Village was moved to the Manitoba Children's Museum. For some families, the admission fee to the Museum caused them to end what had been a family tradition. As one participant said, *"Too bad about Santa's Village, it is now out of reach for many people, it would cost my family of seven \$28.00 to see it."*

6.1.5 Winnipeg Art Gallery

The Winnipeg Art Gallery (WAG) was visited by 11 (22%) of the study participants. Four of these families went on the 'free' day, while four families went specifically to see the recent Van Gogh Exhibition. When asked about visits to the Art Gallery, very few of the women were aware that there was a day in which they could take their families, and not pay an admission fee. Moreover, the study participants were not aware of the Gallery's evening hours. The WAG is a valuable community resource, but the majority of families in our study were not aware that there is no admission fee on Wednesdays each week, or that it is open in the evening. They were also uncertain as to how welcome children would be in an art gallery. A number of mothers expressed the desire to see more information about the WAG distributed to low-income families through the schools and at programs directed towards low-income mothers.

6.1.6 Fort Whyte Centre

In this study, only a few of the women and their families had visited Fort Whyte, primarily because of transportation problems. For families without access to a car, there was no bus service to Fort Whyte, and no walking or easily accessible bike path.

6.2 Admission Fees for Selected Museums Across Canada

It is acknowledged that it is difficult to do a comparison of admission fees for museums across Canada because of the many variables involved. For example, museum size, age of museum, attendance, and public funding all vary from museum to museum. It was not within the scope of this study to gather information on any of these variables. Still, it was felt that the information would be useful for creating a context within which to examine the fee structures of museums found in Winnipeg. Also, the women in this study were concerned about the high cost of children's activities in Winnipeg and, in particular, the cost of museums in the city. For this reason, admission fees from two local museums are compared in the following table with several well-known museums across Canada (See Table: 19).

It was found that out of the children's museums included in this study, the Manitoba Children's Museum had the highest admission fee for a child. Two of the four museums outside of Winnipeg had a free or pay-what-you-can day. Of the museums geared to individuals of all ages, the Manitoba Museum of Man and Nature had the most restrictive hours, the second highest admission fees and no regularly scheduled day in which the admission fee was reduced or waived.

Table 16: Canadian Museums, Admission Fees and Reduced Rates

Museum	Location	Admission	Reduced Rate
Children's Own Museum (1)	Toronto	Adult/ Child – 4.75 for everyone over 1 year of age	- Museum is open 1000 to 1700 hrs every day. On Fridays, 1300 to 1700 hrs it is “pay what you can.”
Manitoba Children's Museum (2)	Winnipeg	Adult – 4.50 Youth - --- Child – 4.95 (2-17) Family – 20.00	- None - Annual membership for family is \$53.00
London Regional Children's Museum (3)	London	Adult - 4.00 Children (3-17) - 4.00	-May apply for a subsidized membership, but not for a day pass - 8000 passes are sent out with Christmas hampers
Hamilton Children's Museum (4)	Hamilton	Children - 2.75 Adults - free	- The museum is free on its birthday - A family membership is \$20.00
Royal Ontario Museum (5)	Toronto	Adult -12.00 Students –8.00 Child - 6.00 (5 – 14) Family - 30.00	-Free from 1630 to 2130 hrs on Fri. -Free 1 hr before closing every day
Canadian Museum of Civilization (6)	Ottawa	Adult –8.00 Youth – 6.00 (13-17) Child – 4.00 (2 – 12) Family – 20.00	-Free every Thurs. from 1600 to 2100 hrs -Free on some special holidays -Half-price on Sundays
Canadian Museum of Nature (7)	Ottawa	Adult - 5.00 Youth – 4.00 Child - 2.00 (3-12) Family- 12.00	-Thurs. – Half-price until 1700 hrs -Free from 1700 to 2000 hrs
Manitoba Museum of Man and Nature, Science Centre and Planetarium (8)	Winnipeg	Adult- 10.99 Youth – nil Child – 7.99 (2 – 17) Family - ---	- Museum of Man and Nature on Manitoba Day in 2000.
Royal Tyrrell Museum (9)	Drumheller	Adult – 7.50 Youth – 3.00 (7-17) Child – free under 7 Family – 19.00	- Half-price Tuesdays during winter hours

Source: 1 Phone Call, Children's' Own Museum, Sept. 2000

2 Phone Message, Manitoba's Children Museum, Sept. 2000

3 Phone call, London Regional Children's Museum, Sept. 2000.

4 Phone call, Hamilton Children's Museum, Sept. 2000

5 Web Site: <http://www.rom.on.ca/visitors/>

6 Web Site: <http://www.civilization.ca/>

7 Web Site: <http://www.nature.ca/>

8 Web Site: <http://www.manitobamuseum.mb.ca/muse.htm>

9 Web Site: <http://www.tyrrellmuseum.com/visitorinfo/admission.html>

SECTION 7: Publicly Owned Recreation Facilities

“The time is now,’ he said, ‘not a year from now, or the year after that. Children do not wait for slow decisions. They grow up, learn good or bad habits, work and have their being, whether the surroundings are suitable or not.’ Charles Barbour, Winnipeg’s First Recreation Director, 1946¹

The women who participated in this study understood what Barbour meant in the above statement. They all wanted their children exposed to recreation opportunities in order for them to gain the benefits that come from participating in community activities. In this section of the report, we will briefly look at the women’s concerns regarding the provision of recreation opportunities for the children of low-income families in Winnipeg. This information will be combined and compared to the responses received from the Urban Centres Survey; no response was received from Quebec City, therefore information on that city was omitted. Survey responses were supplemented with information taken from each city’s website, and written information contained in each community’s recreation guides or other publications that were submitted to the project.

7.1 Winnipeg’s Community Centres

For the women in this project, their first contact with Winnipeg’s recreation services was often made through a community centre. Winnipeg has 72 community centres spread throughout the city. Community centres provide recreation programs and services to area residents through a cooperative partnership between the centres’ volunteers and city administration.² A community centres’ facilities and inventories are assets of the City, but “the centres are volunteer driven, and not staffed by City of Winnipeg employees... Winnipeg is the only Canadian city that operates its community centres with volunteers and not paid employees.”³ A City of Winnipeg Operating Grant is provided to each centre’s volunteers for the purpose of managing it. The Board of each Centre is accountable to the community in which it operates and to the City of Winnipeg.

¹ Macdonald, C., *A City at Leisure; An Illustrated History of Parks and Recreation Services in Winnipeg, 1893–1993*. Winnipeg: City of Winnipeg, 1995: 67.

² “Community Centres,” Winnipeg: City of Winnipeg, 2000: website <http://www.city.winnipeg.mb.ca/cms%2Dprod/pdfs/fall2000/communitycentres.pdf>

³ Interview with Marlene Amell, Executive Director, General Council Winnipeg Community Centres (GCWCC), Winnipeg, September, 2000.

Mother's Health and Access to Recreation Activities for Children

It is the mandate of the City to ensure “the availability and accessibility of parks, open space, recreation facilities, recreation programs and leisure services to the public. Community Centres assist in fulfilling this mandate by providing recreation programs and services to their membership through a co-operative partnership between centre volunteers, General Council Winnipeg Community Centres (GCWCC) and City administration.”⁴

The City does not set registration fees for programs that are administered by a community centre. Nor does the City or the GCWCC prohibit the use of ‘booster fees’ by the Community Centres as a means of raising revenue. A booster fee is an annual cost added on to the registration fee for the first program of the year in which a family registers. During the course of this study, our participants reported fees ranging from zero to \$40.00. It is not known how many of Winnipeg’s community centres have a booster fee as this information is not tracked by the GCWCC.⁵ The addition of this fee on top of program costs was prohibitive for the families in this study. These fees can function to keep low-income families out of recreation activities offered by the community centres.

Each mother was asked about programs with a registration fee in which their children had participated, and where the program was located. Twenty-three (47%) of the families had at least one member participate in a program at a community centre within a year of the survey. The reasons why more families were not using their community centre were many and varied. The participants in this study had the perception that programs at community centres were too expensive. This feeling was enhanced when a community centre had a membership or Booster Fee. Any fee for a family without disposable income, acts as a barrier between those families that can afford to participate and those who cannot afford the fees. Some community centres will waive the Booster Fee and/or reduce the program registration fee in order to enable a child to participate. Other community centres require that the parent volunteer at the Centre in order to get a registration fee waived or reduced, but this is not always a workable solution. A single mother of four small children who lived directly across the street from a community centre explained that the programs in which her children wanted to participate were not offered. If the programs had been offered, she could get the fees reduced if she volunteered at Bingo for four hours, or for 16 hours in total if she wanted each child in a program. Unfortunately, that

⁴ Financial Accountability Review Task Force. “Standardized Financial Reporting for Community Centres.” Winnipeg: City of Winnipeg, April 24, 1999:4.

⁵ Interview with Marlene Amell, Executive Director, General Council Winnipeg Community Centres (GCWCC), Winnipeg, September, 2000.

would mean that she would have to hire a babysitter in order to go out and volunteer. As Wendy Frisby and Jennifer Fenton wrote in their report, *Leisure Access; Enhancing Recreation Opportunities For Those Living In Poverty*:

Offering volunteer hours as a trade-off for reduced fees, and as a way to avoid abuse of the system is often not appropriate for low-income people. As the statistics indicate, the highest rate of poverty remains with single mothers who, in most instances, will have the least time to spare and no access to child-care while they do their volunteering.⁶

The low-income parents in this survey had increased difficulties with the programming at community centres if they had several children. A mother of five children explained that she could not afford the hundreds of dollars that it would cost them to participate in activities at a community centre. Then they moved close to the YMCA and obtained a subsidized family membership, and now her children are active and losing weight. (One son had lost 30 pounds by the time of the interview.) Another mother, who lived next door to a community centre, had never been through the doors. She was afraid that her children would want to do an activity that she could not afford.

Other women found that they could not do the traveling required of them, if their child participated in a sport at a community centre. This is becoming an increasingly greater problem in Winnipeg, where fewer and fewer children are participating in sports at some centres. When there are not enough children at one centre to form a team, the individuals who want to be involved are required to travel to the closest centre that has room for them on their team. The need for increased travel can help to exclude families that depend on public transit to get them to the games and practices. Also, if there were several children in a family, it was not possible to have them all in activities that required additional travel.

7.2 Fee Waivers and Community Centres

In Winnipeg, it is possible to request a subsidy or fee waiver from a community club if you do not have money for the registration fee and / or booster fee. In 1999 – 2000, 968 children received \$124,000.00 in fee waivers.⁷ In this study, four families had received a fee waiver from a community centre for one of their children within the previous year. Eighteen or 37% of the mothers were not aware that they could have applied for a fee subsidy or waiver.

⁶ Frisby. *Leisure Access*, 20.

⁷ Interview with Marlene Amell, Executive Director, General Council Winnipeg Community Centres (GCWCC), Winnipeg, September, 2000.

Other mothers were afraid of the stigma attached to someone who asked for a fee subsidy. At this time, each community centre establishes its own guidelines as to what information is required to obtain a fee waiver. Some centres ask for very little information, and others want to see the applicant's income tax return. There are no written guidelines which are, consistently, made available to the applicant that outline the criteria used to decide who receives the fee waiver / subsidy and who does not, or that state all information will be kept confidential.

Several mothers expressed concern that their children would be teased at school if they asked for a subsidy, because they were aware of other children to whom this had happened. In order to protect their children from being humiliated, they felt it was better for their children not to participate. Although, the City and community centres have guidelines that required staff and volunteers to keep the identification of those individuals who receive fee waivers confidential, the women in this study were concerned that fee waiver information was not always kept confidential. The mothers in this study were unaware that the City had confidentiality guidelines or eligibility criteria for its Fee Subsidy Program, and they believed that if income information is required from some families, the same information should be required of all applicants. For reasons of confidentiality, the women who participated in this project did not believe that applications for fee waivers should be collected at the community level.

7.3 City Operated Recreation Facilities

At the time of this report, the City operated 10 Leisure Centres, 16 indoor ice arenas and 13 indoor pools; its Community Services Department is responsible for the programs offered in these venues. The City also establishes the fee schedule for its 'core' recreation services such as aquatics and skating programs. In these programs, the registration fees are governed by City By-Laws, and listed annually in the City's *Fees and Charges Manual*. A booster fee may be imposed on top of the registration fee if that is the policy of a particular Community Centre. In 1992, the City adjusted its method for establishing program fees; it moved towards a cost-recovery model.⁸ Under the City's new policy, "All civic departments were to adjust their fees annually to keep pace with the rate of inflation." In some cases this

⁸ Interview, City of Winnipeg, June, 1999

Mother's Health and Access to Recreation Activities for Children

would mean that the cost of an activity could go up as much as 8%⁹ (See Appendix E). The new method for establishing fees has had a much greater effect on children's and family programs than it has had on adult programs because, prior to this policy, children had been subsidized to a greater extent than adults. For example, a child's admission for public skating went up 80% between 1994 to year 2000, while an adult admission went up only 12% for the same time period (See Table: 21, Figure: 6). The same pattern is seen in the admission fees for public swimming. A child's admission fee went up 64%, while an adult's went up 1% (See Table: 22, Figure: 7).

The effect of the new policy on the cost of children's and family programming can be seen in the following tables and graphs. Moreover, it is easy to see why adults without children have not noticed the rapidly increasing cost of Winnipeg's recreation programs; it is children and families who have been targeted to bear the burden of the increases. For example, if it had been possible to purchase a five-ticket strip (5 admission tickets purchased at the same time for a discount) from 1994 to 1999¹⁰, the cost for a child's tickets would have increased by 92%, while the cost of adult tickets would have increased by 21% (See Table: 20, Figure: 5). It is no longer possible to purchase a five-ticket strip, because the City has increased the number of tickets in a strip from five to ten tickets. This change to a larger number of tickets in a strip works against low-income mothers who may have wanted the discount available to the purchaser of strip tickets, because as one participant explained: *"In order to get a discount, you need to buy a greater number of tickets. This is difficult in a household that has little or no disposable income."*

⁹ Hreno, John, Director, Parks and Recreation, City of Winnipeg, Memo, "Fees and Charges Inflationary Increase," April 1997.

¹⁰ The City moved to ten-ticket strips from five-ticket strips in 1997. For our analysis, the cost of the ten-ticket strips was divided in half for 1997 to 1999.

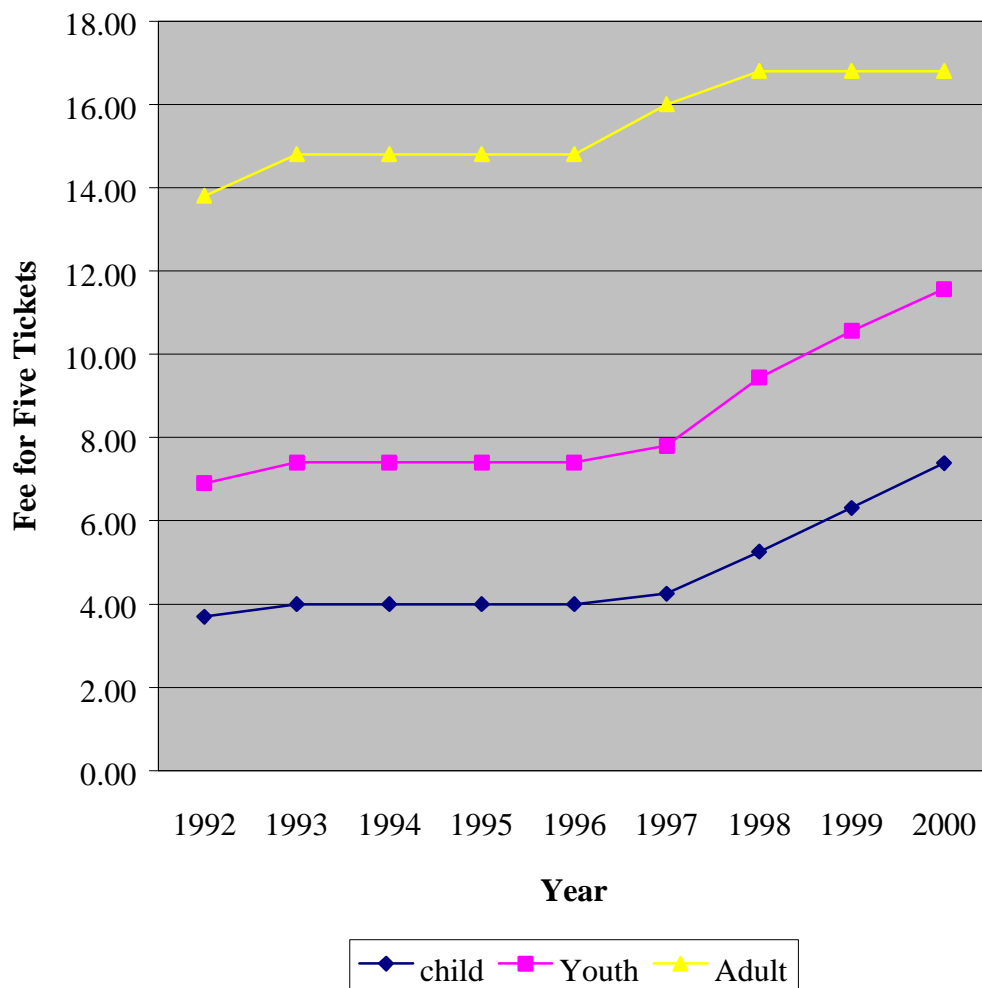
Table 1: Cost of Five-Tickets Strips for Public Swimming

	1994		1996	1997	1998	1999	2000	% Increase
Child	4.00	4.00	4.00	4.25	5.26	6.31	7.39	92%
Adult	14.80	14.80	14.80	16.00	16.80	16.80	16.80	21%

Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 – 1999

* 5 ticket strips were discontinued in 1995 and replaced with 10 ticket strips

Figure 1: Cost of Five-Ticket Strips for Public Swimming



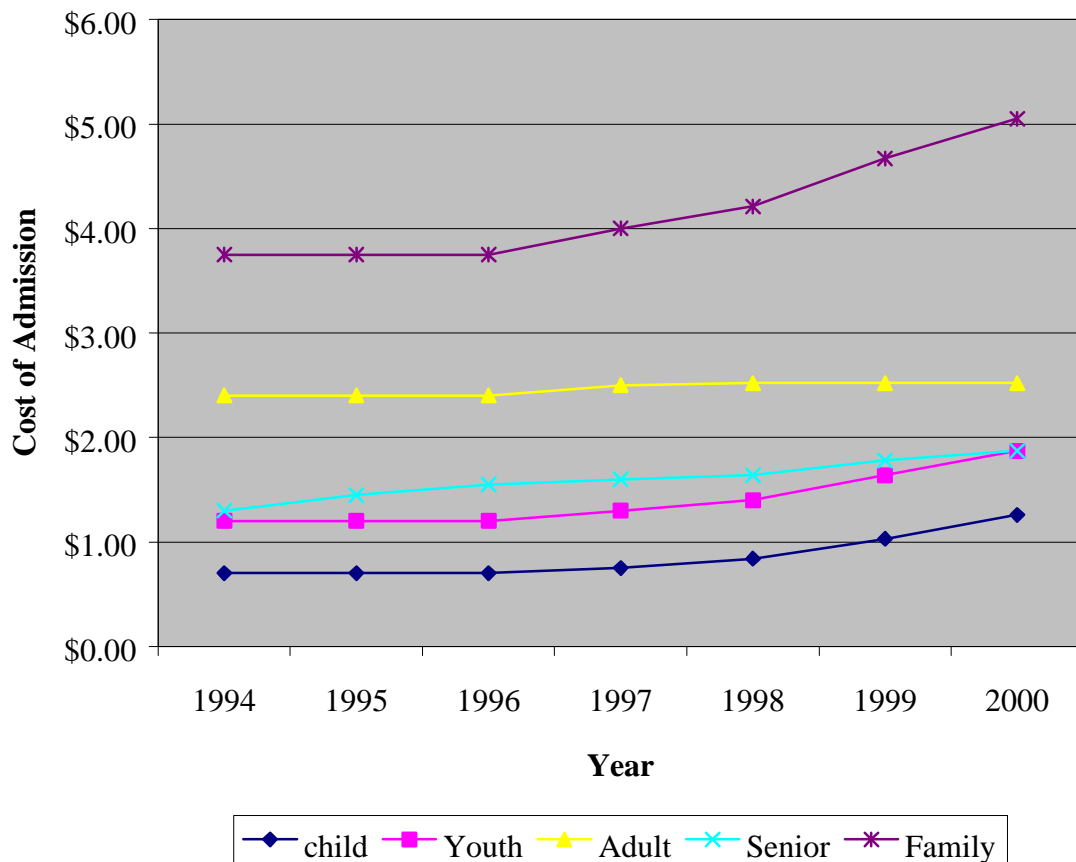
Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 – 1999

Table 2: Cost of a Single Admission for Public Skating

	1994	1995	1996	1997	1998	1999	2000	% Increase
Child	\$0.70	\$0.70	0.70	\$0.75	\$0.84	\$1.03	\$1.26	80
Youth	\$1.20	\$1.20	1.20	\$1.30	\$1.40	\$1.64	\$1.87	67
Adult	\$2.40	\$2.40	2.40	\$2.50	\$2.52	\$2.52	\$2.52	12
Senior	\$1.30	\$1.45	1.55	\$1.60	\$1.64	\$1.78	\$1.87	42
Family	\$3.75	\$3.75	3.75	\$4.00	\$4.21	\$4.67	\$5.05	35

Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 - 1999

Figure 2: Cost of a Single Admission for Public Skating



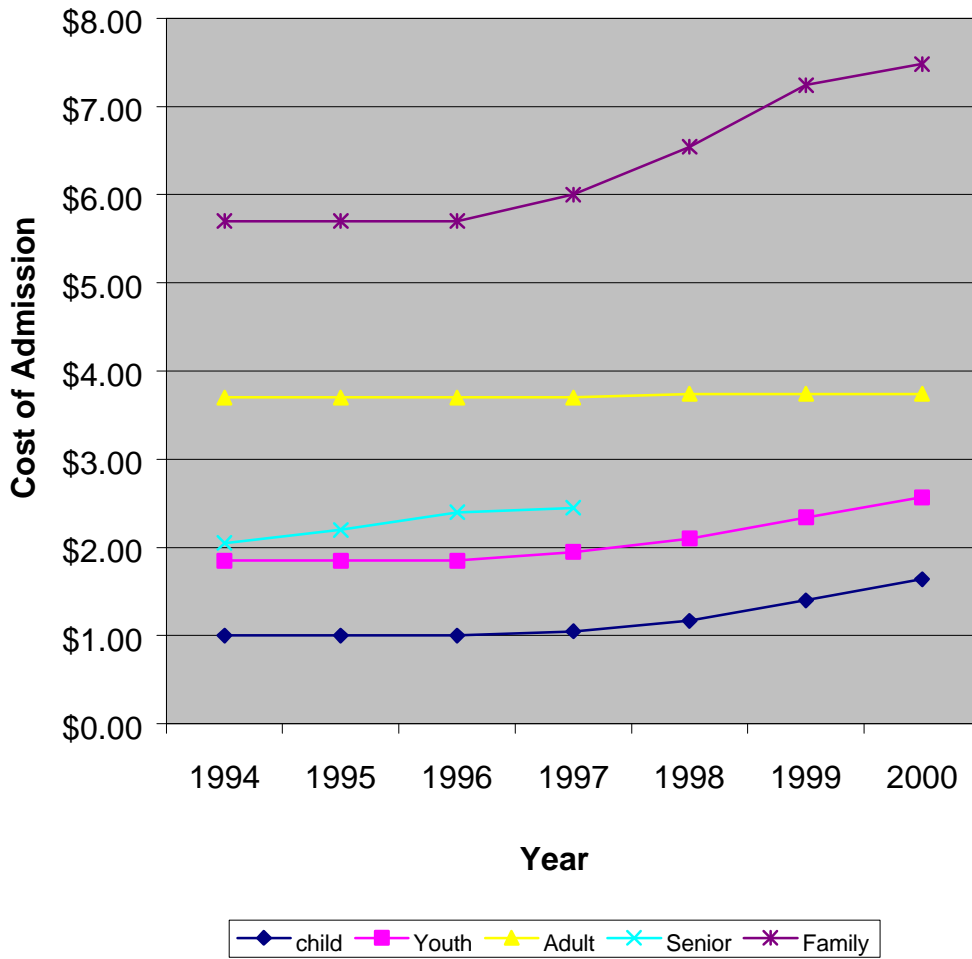
Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 – 1999

Table 3: Cost of a Single Admission for Public Swimming (Indoors)

	1994	1995	1996	1997	1998	1999	2000	% Increase
Child	\$1.00	\$1.00	1.00	\$1.05	\$1.17	\$1.40	\$1.64	64
Youth	\$1.85	\$1.85	1.85	\$1.95	\$2.10	\$2.34	\$2.57	37
Adult	\$3.70	\$3.70	3.70	\$3.70	\$3.74	\$3.74	\$3.74	1
Senior	\$2.05	\$2.20	2.40	\$2.45	None-	None	None	-
Family	\$5.70	\$5.70	5.70	\$6.00	\$6.54	\$7.24	\$7.48	31

Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 - 1999

Figure 7: Cost of a Single Admission for Public Swimming (Indoors)



Source: City of Winnipeg, *Fee and Charges Manuals*; 1992 - 1999

7.4 Fee Waivers, Subsidy Programs and the Importance of Access

The Community Services Department believes that recreation is an essential service in our community. Recreation is a ‘fundamental human need, essential to everyone’s psychological, social, physical and spiritual well-being and happiness.’ City of Saskatoon,¹¹

The City of Winnipeg will provide low-income families with partial or full fee waivers for a child’s program. Unfortunately, the City does not publicize its program, and it does not have written criteria posted in community centres that outlines who is eligible for a subsidy. The majority of children in our study had never been in a subsidized spot in a City of Winnipeg recreation activity (See Table 23).

Table 4: Children That Participated in a Program with a Registration Fee by Age

Age of Child	Number of children in age category	Participated in a program in 1999, prior to Jan. 1 st , 2000		Number and % of children sponsored by a third party or whose fee was waived or reduced*	
0 – 2	21	5	20%	2	40%
3 - 4	20	9	45%	3	33%
5 – 6	21	11	52%	4	36%
7 – 8	18	10	55%	4	40%
9 – 10	14	9	64%	2	22%
11 - 12	14	11	78%	8	72%
TOTAL	108	55	51%	21	

*Sponsored by third party; this would include fee waivers from the city of Winnipeg or a community centre

A second difficulty, encountered by the women in this project, was the fact that the fee waiver or subsidy was only available for children’s programs and not for family programs. For example, a single-parent mother wanted to do Decorative Dough-Making with her two pre-school children, and she requested a subsidy or fee waiver in order that they might participate in the program. Her request was denied on the grounds that fee waivers were not available for adults, only children. As such, the mother was barred from applying for any program in which she, an adult, would benefit from the fee waiver or subsidy. This restriction on access for fee waivers and subsidies applied to both City of Winnipeg and community centre activities, and it effectively limited the programs in which this family was able to

¹¹ City of Saskatoon, February 2001; www.city.saskatoon.sk.ca/org/leisure/general_info/benefits.asp

participate; it also increased the level of stress that this mother was experiencing as she searched for programs in which her children could participate.

The mothers in this study believed that participating in organized recreation opportunities would be good for their children. The findings of American researchers on the effects of extracurricular activities on the likelihood of a teenager remaining in school support the views of these women. McNeal used longitudinal data to study participation in extracurricular activities such as athletics and fine arts. It was found that a student's likelihood of dropping out of school was significantly reduced when they participated in extracurricular activities, whereas participation in academic or vocational clubs had no effect.¹²

7.5 Program Costs in Urban Centres Across Canada

Seventeen percent of Winnipeg's population is below 15 years-of-age. This percentage is lower than any of the other cities located in Western Canada that were in our study, with the exception of Edmonton. (See Table: 24) Of the 17% who are below 15 years-

Table 5: Total Children, Percentage of Children in Population and Poverty Rate for Children under 15 by Urban Centre

City	Pop	Incidence of Low Income in 1995*	Total Children under 15**	% of Children under 15 in Population	Poverty Rate for Children under 15**
Saskatoon	215,420	22.8	42,600	20	29.0
Calgary	811,535	20.6	161,000	20	23.7
London	392,680	18.8	66,200	20	24.3
Thunder Bay	111,800	15.3	21,700	19	20.7
Winnipeg	654,195	24.3	121,900	17	30.4
Edmonton	847,555	26.0	125,000	15	32.1
Hamilton	616,015	27.6	61,000	10	35.6
Ottawa	993,360	28.3	52,000	5	39.6
Halifax	327,605	24.5	16,600	5	31.9
Victoria	294,375	25.1	8,000	3	33.1

Source: Lee. *Urban Poverty in Canada*.

¹² Fields, J.M., Smith, K.E. *Poverty, Family Structure, and Child Well-Being: Indicators From the SIPP*. Population Division Working Paper No. 23, Washington, D.C.: Population Division, U.S. Bureau of the Census, April 1998; 4.

<http://www.census.gov/population/www/documentation/twps0023.html>

Mother's Health and Access to Recreation Activities for Children

of-age, 30.4% are living under the LICO, and the results of this study would suggest that many of these children do not have the resources necessary to become active participants in the recreation programs offered in Winnipeg. As well as high levels of child poverty, Winnipeg has one of the highest percentages of single-parent families living below the LICO in Canada. For this reason, the researchers wanted to see how Winnipeg's costs would compare to the other cities included in this survey.

This is a large task because there a huge variation amongst the cities and a full assessment is not within the financial means or the scope of this study. The decision was made to select one core program that was common to every city surveyed for this study. Aqua Quest 3 (preschool) was chosen because it is a popular program for children to take in every region of the country. It was found that there was wide variation between registration costs for this program in different urban centres across Canada. These variations are shown in Table: 25. Moreover, from information received for this project, it would appear that Winnipeg's program was one of the more expensive Aqua Quest 3 (preschool) programs.

Table 6: Cost of Swimming Lessons for a Child in an Aqua Quest 3 Preschool Program in Nine Urban Centres in 2000

City	30 min. AquaQuest 3 Program Cost	Additional Costs	No. of Classes in a Session	Length of Class
Hamilton	25.00***	Membership	10	30 min
Victoria	31.50	None known	10	30 min
London	34.25	None known	10	30 min
Edmonton	34.00/28.00*	None known	8	30 min
Calgary	32.00	None known	8	30 min
Ottawa	37.50	None known	9	30 min
Winnipeg	40.72	None known	10	30 min
Saskatoon	34.50	None known	8	35 min
Halifax	46.00**	See below**	10	30 min

* - If you take the lessons on a weekend, they are \$10.00 cheaper

** -The first child is \$42.00, the second child is \$32.00, and the each child thereafter is \$22.00.

*** -The swimming lessons are subsidized for everyone who registers, but to register, you need to have a membership at a recreation centre. A family membership is \$96.00 for a year or \$8.00/month.

7.5.1 Programs to Ease Financial Barriers

Contact was made with an employee in each urban centre's community service's department and the following question was asked, "Do you have a program to assist low-

income people to access programs and facilities which are owned or administered by your City?" The responses to this question came as a surprise to the investigators. (See Table: 27)

Table 7: Does your City have a Program or Policy to Assist Low-Income People to Access City Run Programs and Facilities

City	Population	Low Income in 1995	Publicized Program in 2000	Program Name
Ottawa	993,360	187,755	Yes	- Financial Assistance Policy
Edmonton	847,555	180,455	Yes	- Fee Reduction Program
Calgary	811,535	160,545	Yes	- Hero Fund - Fee Assistance 2000
Winnipeg	654,195	150,600	No	- Fee Waiver Program (Not advertised) - Community Centres also offer fee subsidies (not advertised)
Hamilton	616,015	117,140	Yes	- None
London	392,680	68,050	Yes	- Financial Assistance
Halifax	327,605	58,345	Yes	- Fee Waiver Policy
Victoria	294,375	45,240	Yes	- Recreation and Access Leisure Program
Saskatoon	215,420	46,125	Yes	- City of Saskatoon Accessibility Subsidy Program
Thunder Bay*	111,800	17,100	yes	- P.R.O. Kids

* Thunder Bay was contacted because it is one of the closest urban centres to Winnipeg website at: <http://www.prokidstbay.com/>

All of the urban centres contacted had a publicized program or fee waiver policy with the exception of Hamilton and Winnipeg. (Examples of promotional literature for 'assistance programs' and low-cost programs are included in Appendix F.) While Hamilton did not have a fee waiver policy, it was the only urban centre to subsidize all of its recreation programs for all of its residents. For example, Hamilton's swimming lessons cost the least of any lessons offered in the nine cities investigated for this research and, as a result, it has a waiting list of families who want to take lessons, and each individual is limited in the number of lessons they can take a year. Hamilton's Culture and Recreation department's commitment to providing assessable recreation to all of its residents could also be seen in some of its community outreach efforts that stood out as unique, when compared to the information received from other urban centres. For example, Dale Wood, Recreation Manager, outlined how Hamilton is

providing women and children in shelters with recreation opportunities:

We have a number of shelters that we allow to purchase one family membership; then we issue a number of support cards registered to the shelter for use by the people who are short-term residents in those shelters. Generally they will get 10 - 20 cards to use as they see fit. The people who use the cards are treated like family members by the facility staff and given all of the privileges of full members.¹³

Another surprise for the investigators in this project was that all of the other urban centres included in this study offered fee subsidies or waivers to all low-income residents, and not just children. The low-income women in our project who wanted to do activities with their children outside of the home, but could not afford to do so, would be able to apply for a fee waiver for the whole family in any of the cities in our study, with the exception of Winnipeg and Hamilton.

7.6 Access and Low-Income Families

As the baby boomers age, the imperative to have Winnipeg's youth well educated and active grows. Today's youth is tomorrow's workforce. Governments need to have policies and procedures that will ensure families are able to participate in recreation and enrichment programs. Furthermore, care must be taken to avoid the false assumption that a high employment rate will decrease the number of low-income families in Winnipeg, and thereby decrease the need for a program to assist low-income people access recreation programs. Social Assistance transfers as a percentage of total community income are lower in Winnipeg than the National Average (See table: 26). Yet, Winnipeg has one of the highest levels of child poverty in Western Canada. The level of poverty in Winnipeg does not come from the number of families on social assistance; it is a combination of many factors among which is a low minimum wage. Winnipeg has one of the lowest median incomes of the cities examined in this study. "Most poor families in Manitoba live in homes with at least one member in the workforce,"¹⁴ and the only way to make recreation programs affordable for these families is to have lower registration fees or to have a publicized access program for recreation and leisure activities.

¹³ Wood, Dale, Recreation Manager, Culture and Recreation, City of Hamilton. Personal correspondence, October 10, 2000.

¹⁴ Frankel, S. "Letter to the Editor: Minimum Wage Just One Step." *Winnipeg Free Press*, December 8, 2000: A15.

Table 8: Employment Income and Government Transfer Income as a Percentage of Total Community Income

City	Median Hourly Wage By Both Sexes 15 – 39 years in 1997	Employment Income as a Percent of Total Income in 1996	Old Age Security / Net Federal Supplements as a % of Total Community Income	Social Assistance as a % of Total Community Income
Canada	11.65	71.6	3.6	2.0
Hamilton	14.00	69.9	3.7	2.9
London	12.57	69.9	3.2	2.7
Ottawa	13.35	71.8	2.4	2.3
Saskatoon	10.00	73.02	3.4	2.1
Edmonton	11.54	71.9	3.1	1.8
Winnipeg	11.00	70.5	4.1	1.8
Halifax	10.21	71.5	2.9	1.7
Calgary	12.00	78.4	2.0	0.8
Victoria	-	-	-	-

Source: The Federation of Canadian Municipalities (FCM), *Quality of Life Report*; p.40

7.7 Conclusions

The results of this study suggest that lack of access to recreational activities for children in low-income families will adversely affect the health of their mothers. Forty-seven (96%) of the study participants experienced negative psychological or physical changes in their usual state of health when they attempted to find recreation activities for their children. Ten or 20% of the women linked the strain of getting their children into programs with an adverse physiological event. In a two year study, Browne, et al. found that when the children of women on social assistance were provided with subsidized childcare and recreation services, the women experienced measurable gains in mental health, economic adjustment, and expenditures on their health and social services. In Browne's study, the \$1,000 per person per annum immediate saving from the parents reduced use of total direct services was far in excess of the annual cost of the subsidized recreation in Hamilton, Ontario.¹⁵ At this time, in Winnipeg, there is no city-wide or province-wide program that will assist in providing

¹⁵ Browne. *Benefiting all the beneficiaries of social assistance*, 29.

Table 9: Responses to Urban Centre Survey on 'Fee Waiver Programs' in 2000

City	Program Information and where advertised	Program Benefits	Qualifications
Winnipeg	Word of mouth	1. Full or partial fee waiver for children	Family's ability to pay
Saskatoon	Advertised in local papers / internet	1. Applications are available for Courtesy Passes for any drop- in programs. (May apply 3 times a year in Jan. May and Sept.) 2. Funding is provided for individuals to attend one free Community Services Department Registered program / year as advertised in the Leisure Guide each season. 3. Transportation Program	Low-income residents of Saskatoon and groups who act on behalf of individuals who meet the low-income criteria.
Calgary	Brochure / Contributing Agencies / Calgary Recreation Guide	- Fee assistance for one program / session for children. One program / yr. for adults. (A minimum payment of 10% of the registration fee is required.) -40 admissions at fee assistance rate -Good used swimsuits and towels are available for free from the Interfaith Thrift Stores Association -Other miscellaneous benefits	Residents of Calgary who show financial need
Edmonton	Advertised / brochure/	Fee Reduction Card entitles a participant in the program to a 75% reduction in the price of admission or cost of a program. The participants can redeem their card for 12 admissions and three programs annually (only one of these programs may be an aquatic program.)	Residents of Edmonton
Hamilton	Not Advertised	It is the City's policy to subsidize all programs for all residents	Must be a resident of Hamilton
Ottawa	Usually in Leisure Guide	-\$75 maximum per person / year -The applicant must pay a minimum of 20% of the total program fee.	Must be a resident of Ottawa
Halifax	Leisure Guide	Payment Plans and fee discounts -	Residents
London	Leisure Guide	Assistance may cover the registration and material costs, depending on financial need.	Resident of London; Document of Income
Victoria	Leisure Guide/ brochure / internet	Credit System. Each adult gets 40 credits and children get 60 credits. The family may use these credits as they wish. For example a child could take 2 aquatics programs for \$30.00 each and then use their parent's credits for other activities, or the purchase of strip tickets. (Credits cannot be used for single admissions or drop-ins.)	Must be a resident of the City of Victoria Must apply each year Must complete the application form and forward it along with a copy of your Household Revenue Canada Assessment

Mother's Health and Access to Recreation Activities for Children

recreation activities for the children of low-income families.¹⁶ The results of this study and the research done in Hamilton indicate that the lack of an 'access' program adversely affects the health of low-income women, and it costs the healthcare system more money than would a program to assist low-income families to access recreation opportunities.

The healthy development of Winnipeg's children is vital to its future, and to the future of Manitoba. The City and the province need to develop a strategic plan that will address the health of its next generation. Within this plan, there must be a private or publicly financed program that will assist low-income families to access recreation programs. Of the 108 children in our study, only 55 had participated in a program within the previous year. In order to have a larger number of low-income families participate in recreation activities on a regular basis, a program needs to be developed to facilitate low-income people's participation in recreational activities. This program should be well advertised, confidential, administered by a central office, and have as many access points as possible. This said, it is recognized that there are some mothers who would not apply for a fee waiver and, therefore, programs need to be priced so that they are accessible to all members of a community. Five participants in our study said that they would be reluctant to apply for a fee waiver. One of these women made the following statement:

"I do not want to be treated as a special person. I want my child to know that we have the money and not to be stigmatized as poor." [The mother who said this was 50% below the low income cut off level, and had very little furniture or food in her apartment, but her child was in three programs.]

¹⁶ KidSport is a program that provides support for registration fees and equipment for amateur sport for individuals 18 years-of-age and under. Unfortunately, there is no city-wide program that will assist children with registration fees and supplies for activities and programs that part of a sport. Sport Manitoba, March 4, 2001; <http://www.sport.mb.ca/kidsport.htm>

Appendices

Mother's Health and Access to Recreation Activities for Children in Low-Income Families

If children who are given a chance to develop their skills at an early age, they are more likely to participate in school, community arts and recreation programs as they get older. Moreover, involvement in activities such as sports, recreation and arts can help to protect children from emotional and social problems. This is particularly important as “we know that the risk for many chronic diseases, such as adult depression, are set, at least in part, in early life.”¹ Chris Power and Clyde Hetzman, 1997

Appendix A: Recommendations

- 1. It is recommended that** the Province of Manitoba recognize the importance of accessible recreation programs to the well being of its residents and as a determinant of health. There needs to be links between the Department of Health and the Department of Culture and Heritage in which access to recreation activities can be discussed as a determinant of health when developing policy.
- 2.** Although, the City of Winnipeg recognizes the importance of recreation to the health of a community in Section 5D, Promoting Vitality and Culture of the *Draft; Plan Winnipeg 2020 Vision*, this section would be enhanced by a more detailed description of its vision. (City of Winnipeg, 1999) **It is recommended that** the City of Winnipeg develop a long-term strategic plan for providing recreation opportunities to its citizens, and that the planning process involve all levels of government and the citizens of Winnipeg.
- 3.** Although conclusions cannot be drawn from the limited amount of data gathered in this study, **it is recommended that** that there be further research to explore the relationship between individuals on social assistance, and psychological and behavioral characteristics such as levels of self-esteem, decision-making ability, and use of the health care system. A long-term study should be designed that measures the use of health care and / or social services by low-income parents when they are provided with financial support through social assistance or an alternative government agency such as Revenue Canada.
- 4. It is recommended that** that the province establish a comprehensive health benefits program that meets the needs of low-income families. The government should initiate a group health plan for those individuals whose workplace may not offer drug or dental plans; in particular, low-income persons.
- 5. It is recommended that** a publicly or privately funded program be developed in which parents could apply for the program or transportation funds necessary to keep their children involved in recreational activities.
- 6. It is recommended that** there be more free or low-cost days / time-slots at recreation or cultural institutions reliant on public funding. All three levels of government need to consider how to make these venues accessible to low-income people.

7. **It is recommended that** that there be programs developed in which children with behaviour problems can participate. These programs need to be developed in cooperation with the schools and a Community Advisory Group, and they need to be directed at all children three years of age and older. The City of Winnipeg and the Province of Manitoba need to work together in order to enhance the comprehensiveness of such programming.
8. According to Statistics Canada's National Longitudinal Survey of Children and Youth (NLSCY), Manitoba's children are involved in unorganized recreation activities less often than children in other parts of Canada. **It is recommended that** there be further investigation into these statistics and their long-term implications for the health of Manitoba's residents.

City Services Recommendations:

1. **It is recommended that the City of Winnipeg develop a comprehensive Recreation Access Policy** that takes into account the transportation and childcare needs of low-income families. Such policy developed should consider the history of recreation in Winnipeg and the low levels of participation amongst not only low-income families, but all families in Manitoba.
2. **It is recommended that the City have a confidential Fee Subsidy/ Waiver Program** as part of any Access Policy developed by the City, and that this program be available to all citizens, regardless of age. If at all possible, income information should not be required in order to qualify for the program. If income information is required, the same requirements should need to be met by all applicants. This information must be kept confidential and it should not be collected at the community level. Subsidy programs should have written guidelines and rules, with the opportunity to appeal, and they should be well advertised.
3. **It is recommended that the Winnipeg Libraries** catalogue their books, including those with soft covers. This would enable young readers to know what books the library owns and allow them to place soft-cover books on hold. It would also make it easier for mothers to keep track of what books their children have out from a library and to return these books on time.
4. **It is recommended that the Community Libraries** open on Saturdays during the summer and that the libraries have a summer program that could include activities such as science days, or gardening programs.
5. **It is recommended that Community Centres** not have 'booster fees' as they function to exclude low-income families from participating in programs at their community centre. There needs to be ways of supporting activities at a community centre that does not involve volunteering at a Bingo or in any activity for which child care is not provided.

6. **It is recommended that all City employees, and volunteers at community centres** receive training on the importance of including low-income children in their programs. Moreover, it is more important that staff and volunteers know it is better for the long-term health of the community to have active children than to be concerned about verifying the parent's ability to pay.
7. **It is recommended that** there is more outreach by staff and volunteers at the community centres. Volunteers and employees need to be trained on how to welcome new comers to the centre.

Infrastructure Recommendations:

1. **It is recommended that** all city pools have Family change rooms. Young children should be expected to go into a change room alone because they do not have a parent of the same sex with them.
2. **It is recommended that** a program be developed that would facilitate low-income families using public transportation to attend attractions such as the Fort Whyte Centre.
3. **It is recommended that** there be wading pools throughout the City and that new housing complexes not be build without providing access to a wading pool and play ground area.
4. **It is recommended that** child-care centres be located close to parks or **in** parks.
5. **It is recommended that** Manitoba Housing have names for its housing complexes. The absence of a name forces the occupants of Manitoba Housing to label themselves as low-income each time they tell someone where they live. Housing complexes need to have names that fit into the environment into which they are located.

Special Needs Recommendations:

1. **It is recommended that** that there be a school program developed to educate children about ADHD, FAS, depression and other health problems that have a behavioural aspect as well as physical disfigurements. The purpose of this program would be educate students of all ages in order to reduce the teasing that children with these afflictions are currently experiencing.
2. **It is recommended that** Handi-transit be available for individuals in recreation programs if that is their usual means of transportation.

Communication Recommendations:

1. **It is recommended that** information on the location of activities and fee subsidy programs be available through the schools, laundromats and grocery stores.
2. **It is recommended that** a Guide to Low-Cost and Free Activities could be sent out with

the Child Tax Credit, through the schools or advertised on channel 11. It would also need to be distributed in all Manitoba Apartment Complexes. Currently, some Manitoba Housing Complexes do not allow flyers or the Ad Bag into their building.\

3. **It is recommended that** the City of Winnipeg produce a Comprehensive Guide to Low-Cost and Free Activities. Similar Guides are produced in other urban centres and distributed with their Leisure Guide equivalents. The Guide should categorize the activity information by community characterization area. This same Guide could contain information or family fun tips for physical activities that families could do in their own homes; for example, how to exercise with a bicycle tube or make a 'hacky sack'.
4. **It is recommended that a** comprehensive directory of recreation programs for the children and youth in the City of Winnipeg be created. This Directory needs to be continuously updated and it would need to be available on the Internet and in hard copy at libraries, schools and community centres.
5. **It is recommended that** information on the importance of recreation and enrichment activities in the social and physical development of infants and young children be included in the information a mother receives when a child is born. Brochures may need to be developed for this purpose.

Transportation Recommendations:

1. **It is recommended that** there not be bus fares for children under six. When the age at which a child is required to have a ticket is lowered, it affects the whole family who needs to come up with the extra money. If a family uses public transit and has several children in day-care, the cost of those children's tickets add up to a lot of money by the end of the year. In some cases, it may cause a parent to leave their children at home when they go out because they do not have money for the extra ticket.
2. **It is recommended that** Winnipeg have a transportation program to provide bus tickets to low-income families who register for programs, and require bus tickets. Saskatoon has a transportation program as part of *their Accessibility Subsidy Program* and Winnipeg could use their program as a basis on which to develop their own program.
3. **It is recommended that** a program be developed where low-income families could access 2nd hand bikes, helmets and locks and that some type of maintenance program be created. A source for bikes might be the ones found by police. Several families said that they could travel by bike but their bikes are either broken or they have been stolen, and they had no money to replace them, or the expertise to repair them.
4. **It is recommended that** bike paths be plowed in the winter as this makes cycling much safer and cyclists are not forced to ride on busy, narrow streets.
5. **It is recommended that** bike paths and not wide cement curbs be put beside roadways wherever possible.

6. **It is recommended that** there needs be a shuttle service between large low-income housing complexes and the Y. (A version of the Golden Retriever Service that exists in St. Vital.)
7. **It is recommended that** car-pooling be facilitated for recreational programs at every opportunity. Ask people who would be willing to participate in a car pool at registration time or if they would be willing to give someone a ride.

Appendix B: Questionnaire

The information given on this questionnaire will be used to compile a report on how access to community programs for the children of low -income families affects the health of their mothers. Individual will not be named in this report and any information that could be used to identify an individual will not be part of the report. You do not need to answer any question with which you feel uncomfortable.

1. Name _____ Address _____
2. Residence (area of city) _____ 3. Ethnic Group _____

4. AGE	15 - 24	5. EDUCATION (highest level attained)	- < Grade 8
	25 - 34		- Gr. 9 – Gr. 12
	35 - 44		- diploma program or some university
	45 – 54		- university degree
	over 55		- graduate degree

6. Do you wish to be kept up to date on what is happening with the project? _____
Contact number _____

7. Where did you hear about this study? _____

8. Income Information

- i. What is your source of income? _____
- ii. Do you receive an income supplement? _____
- iii. Have you ever been on social assistance? yes___ no ___
- iv. If yes, how long ago? 0 - 1year ____ 1 – 2 years 2 – 5 years, > 5 years
- v. and for how long? < 1 year ____ ,1 – 2 years ____ > 2 years ____

9. Family size (Number of people living in household) _____

10. Are you a single parent? _____

11. Do you own a car? _____

12. Can you tell me what your household's annual income is? _____ or can you tell me what you or your partner's hourly wage is? _____

13. Number of children for which you are responsible _____. Number of children living in your household who are 12 yrs. of age and under _____ .

14. Child's name	15. Age	16. Gender

17. Has (child's name) participated in a sports, arts or other recreation program within the past year that had a registration fee? If so, were they sponsored by a third party?

Child's name (first name)	Program	Attend /Year	Program Sponsor or where program was located	If They are No Longer Participating, Why?
Child's name (first name)	Program	Attend /Year	Program Sponsor or where program was located	If They are No Longer Participating, Why?
Child's name (first name)	Program	Attend /Year	Program Sponsor or where program was located	If They are No Longer Participating, Why?

18. Have any of the children ever stopped a program or not entered into it due to cost, location, transportation problems, etc. (for example: soccer)?

PROGRAM	REASON

19. Are there appropriate programs for children in your area, and, if not, what programs would you want to see offered in your area.

Attractions Without Admission Fees

20. Do you and your children or child participate in any free programs or regularly scheduled activities for which there is no admission fee:

- Parent Tots _____
- Drop-In Centres _____
- Attend the local library _____
- Community Centres _____ e. g. wading pools
- Boys and Girls Clubs _____
- Assiniboine Down's Family Day _____
- Other / comments _____

Attractions with Admission Fees

21. Have you gone to the following venues?

Venue	How Often/Yr	On a day when there is a reduced fee or with a coupon or group	When last There	If you have not gone, is there a reason why?
Art Gallery				
Winnipeg Zoo				
Children's Museum				
Aviation Museum				
Museum of Man and Nature				
Planetarium or Science Centre				
Local YW & YMCA				
Outdoor Pool (City)				
Indoor Pool				
Fort Whyte Centre				
Children's Festival				
Tinker Town				
Other				

22. Have you ever asked to have a child's registration fee waived because of your income? _____ or have any of your children ever received special access to a program b/c of your income level? _____

23. If you have asked to have a registration fee waived for a City or Community Centre program, how did you know that you could do this, and how easy was it to do it? _____

24. Can you give me some examples of where prices have risen?

Program	How Much	When

25. Have you altered your child's activities because of these cost increases?

26. Where do you usually hear about the programs that your child is participating in?

27. What benefits has your child received out of participating in recreational activities or has your child gotten from attending a program?

28. Do your children behave better when they are engaged in recreational activities? If so, how?

MOTHER’S HEALTH

29. How has the fact that you cannot get your children into programs affected your life, or how would it be affected if you could not get your children into programs?

30. Have you felt stressed because of the cost of getting your children (child) into a program? _____

31. If the answer to the above question was yes, then ask, “How does stress effect you?”

32. Have you made changes in your life or budget in order that your children might participate in a recreational activity?

33. Did you participate in recreation programs as a child? _____ Do you believe that they are important to the mental and physical development of your child / children?

34. Do you have any comments on the cost of programs for children in the City of Winnipeg?

35. How would you improve programs in order to make them more accessible for the children of low-income families?

Appendix C: Newspaper Article and Project Poster

H. Moncrieff. "Study Looks at Recreation Link to Family Health." Community Review. *Winnipeg Free Press*, July 28, 1999; 4.

* The reference to single mothers in the first line of the article was incorrect. The investigators were interested in talking to all low-income mothers.

Appendix D: Library Memorandum

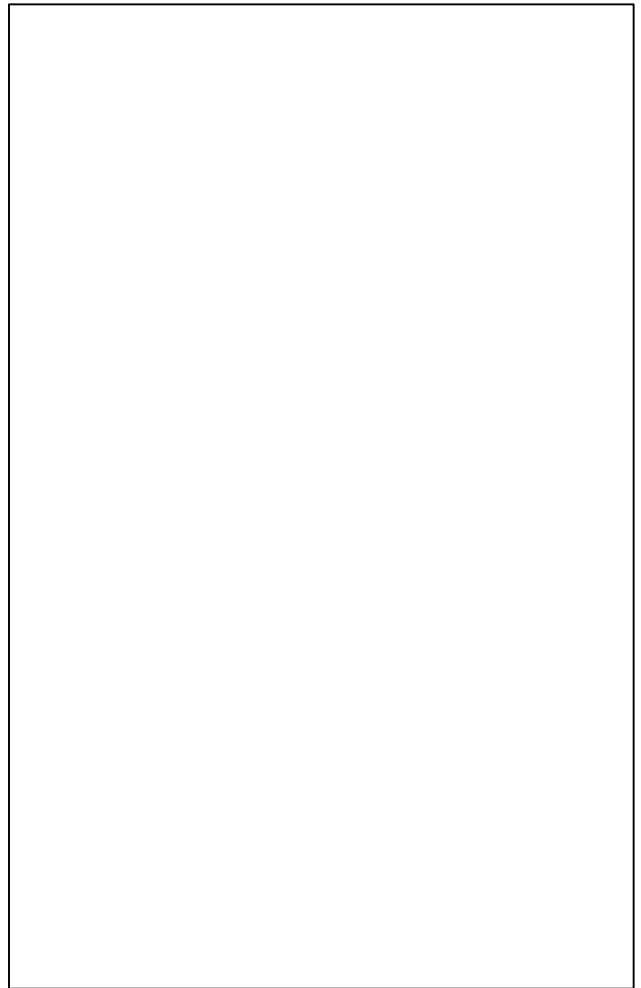
Appendix E: City of Winnipeg Fee Increase Memorandums

Appendix F: Advertising Materials for Fee Assistance Programs

Examples of Advertisements Used by Urban Governments For Community Recreation Programs

1. Victoria's L.I.F.E. Program

Each urban centre in our study had its own unique way of informing low-income people about programs to provide access to recreational activities in their city. Victoria's L.I.F.E. program is advertised directly below its Mayor's Greetings on the second page of their recreation guide, *City of Victoria Summer 2000 Recreation & Active Living Guide*, on its website, and in brochures. Information on Edmonton's Fee Reduction Program can be found on the City's website and on brochures. Some of the information on its website is contained below:



2. Edmonton's Fee Reduction Program appears in brochures and on its website.

Community Services offers the Fee Reduction Program to low income Edmontonians to give them the opportunity to participate in recreational opportunities across the city.

Individual Fee Reduction

The program gives each eligible family member a Fee Reduction card for admission to Community Services facilities, attractions and programs. Participants of the Fee Reduction Program receive a **75 per cent** reduction in the price of admission or cost of a program. Currently, participants can redeem their Fee Reduction card for 12 facility or attraction admissions and three program registrations annually. **Please note that of those three program registrations, only one per year can be an aquatic program. Also note that Fee Reduction spaces in some registered programs may be limited.**

To apply for a Fee Reduction card, please call the phone number in your service area. If you are eligible for the program and meet the required criteria, you will receive a card for yourself and each member of your immediate family. Students registered at the University of Alberta, Grant MacEwan or NAIT may apply for fee reduction cards for their family members but are exempt from the Fee Reduction program. People with an active ACT membership are also ineligible. Lost or stolen cards will not be replaced.

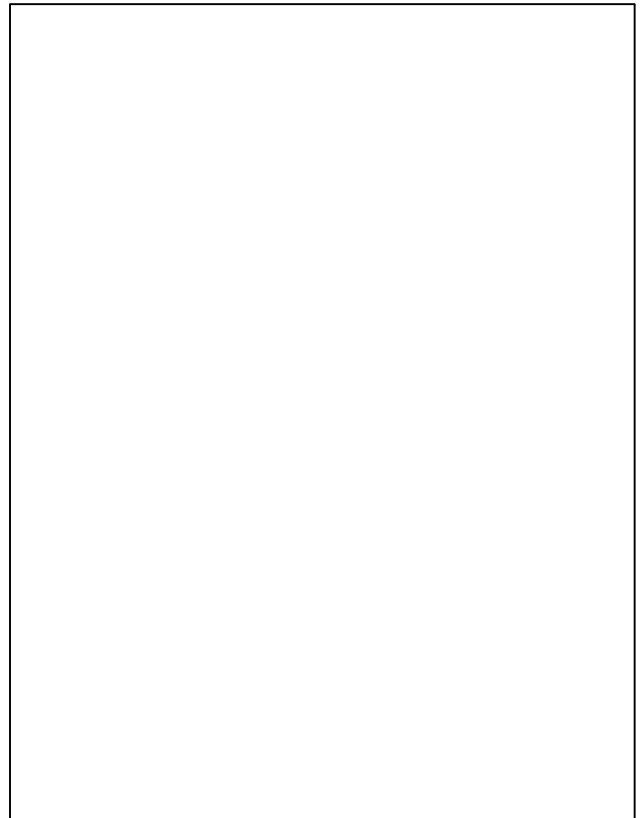
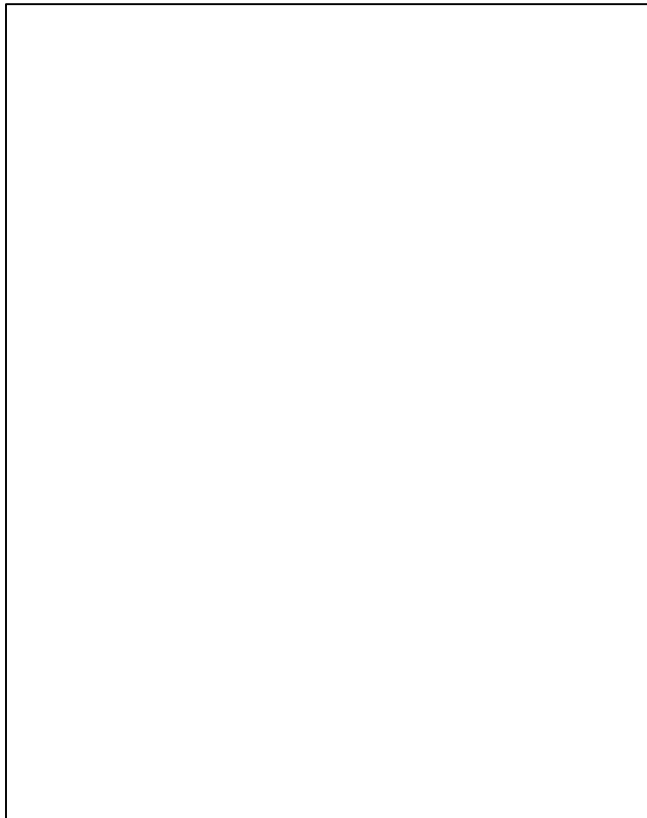
Group Fee Reduction

Group Fee Reduction is available for those individuals within a registered not-for-profit organization who otherwise could not afford to take part in recreation opportunities. Participants of the Group Fee Reduction Program receive a **75 per cent** reduction in the price of admission to Community Services facilities and attractions. Currently, participants can redeem their Fee Reduction card for 12 facility or attraction admissions per year.

For details or group applications forms, call 496-4918.

http://www.gov.edmonton.ab.ca/comm_services/neighbourhood_social_and_rec_services/fee_reduction_program.html

3. Calgary and London advertise their fee assistance programs inside their recreation guides.



4. Halifax was the only city, in our study, to have fee waiver information on their registration form.

5. Saskatoon and Calgary: Fee, Transportation and SwimSuit Assistance

Each city set up its access program differently, and the assistance offered was different from program to program. For example, Saskatoon will provide bus tickets to someone in order to facilitate that individual participating in a recreation program, while in Calgary it is possible to get a “good used swimsuit and towel for free from a thrift shop. Copies of Calgary’s brochure are on the following two pages.

6. The application process varied amongst cities

An example of Victoria's application form is shown here.

7. Each Cultural Attraction had it's Own Unique Way of Making Itself Accessible to Low-income People

Example of how The Royal Ontario Museum has set up their admission fees in order not to exclude low-income people from attending their institution.

Royal Ontario Museum
Main Building
100 Queen's Park
Toronto, Ontario
M5S 2C6
Hours

Main Building
 Monday to Thursday: 10 a.m. to 6 p.m.
 Friday: 10 a.m. to 9:30 p.m.
 Saturday: 10 a.m. to 6 p.m.
 Sunday: 11 a.m. to 6 p.m.
 December 24 and 31 closing at 4 p.m.
 Closed Christmas Day and New Year's Day
 One hour before closing every day, **admission is free**
 (with the exception of the *Legacy in Gold* exhibit).

ROM Individual Rate	Adults	Seniors (with valid senior's card)*	Students (with valid student's card)	Children (5 to 14 years)	Families (up to 2 adults plus up to 2 youths 17 years and under)
Current Prices	\$15.00	\$10.00	\$10.00	\$8.00	\$35.00

Friday Nights

FREE from 4:30pm till 9:30pm with the exception of the *Legacy in Gold* exhibit.

Prices are:

\$10 - Adults

\$5 - Seniors, Students and Children

\$25 - Family (Up to 2 adults and up to 2 children 17 yrs and under or 1 adult and up to 3 children 17 yrs and under)

Members: **Complimentary.**

Seniors admitted **discounted price** at all times.

Children four years and under admitted **free** at all times.

One hour before closing every day, **admission is free**

(with the exception of the *Legacy in Gold* exhibit).

<http://www.rom.on.ca/visitors/#admission>

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