

# Raising the Village

Measuring the Well-being of  
Children and Families in Toronto



## PART 1: DEVELOPING SHARED OUTCOMES

The Toronto Child & Family Network

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## Measuring the Well-being of Children and Families in Toronto

### Part 1: Developing Shared Outcomes

November 2013



Toronto  
Child & Family  
Network

# ABOUT

## About this report

*Raising the Village: Measuring the Well-being of Children and Families in Toronto (Part 1)* is a report by the Toronto Child and Family Network. It outlines five child and five family outcomes that will be monitored in order to understand the well-being of children and families in Toronto. The development of these outcomes was a collaborative effort between the Toronto Child & Family Network, the City of Toronto, and the broader community.

## About the Toronto Child & Family Network

The Toronto Child and Family Network plans, coordinates and promotes the broad range of services for children up to 12 years of age and their families. It is a partnership between a cross-section of agencies and organizations who share the same goal of promoting positive outcomes for new and expectant parents, children, and families in Toronto. The Network includes representatives from municipal and provincial governments, school boards, hospitals, service providers, non-profit organizations, and advocacy groups. It is guided by a Steering Committee and six advisory and planning committees: Family Support, Early Learning & Identification, Early Learning and Care, Health, Aboriginal Advisory, and French Language Advisory. For more information, visit [toronto.ca/childandfamilynetwork](http://toronto.ca/childandfamilynetwork).

## How to cite this report

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# FOREWORD

The Toronto Child & Family Network is pleased to release this report, *Raising the Village: Measuring the Well-being of Children and Families in Toronto*. This report is one important piece of a larger goal to transform the child and family sector in Toronto in order to improve child and family wellbeing, and plan services that are responsive to communities.

That goal was furthered by the creation of the Toronto Child & Family Network in early 2011, with the mandate to plan, coordinate and promote the broad range of services for children and their families. It is an exciting network of organizations where each brings a wealth of knowledge and experience from across the sector.

In mid-2012, the Network's Steering Committee established an Outcomes Work Group, tasked with developing a set of shared outcomes that would guide service system planning and measurement. While many years of work by many organizations have informed it, this report is an important step forward in shared measurement and goal setting.

On behalf of the entire Toronto Child & Family Network, we hope you enjoy this report. We look forward to continued community collaboration on the important task ahead: building an inclusive, integrated and accessible community service system for all of Toronto's children and families.

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# INTRODUCTION

The Toronto Child & Family Network has developed shared outcomes in order to monitor the well-being of children and families, which will help inform service system planning.

## Raising the Village

Most people are familiar with the popular proverb “it takes a village to raise a child,” which stresses the important role that the whole community plays in the well-being of children. This begs the question: What support and infrastructure do communities require in order to fulfill this role?

It is within this community context that the well-being of children and families must be understood. *Raising the Village* is a report by the Toronto Child & Family Network and its title emphasizes the importance of supporting communities so they can in turn support the best possible outcomes for children and their families.

This report, part one of *Raising the Village*, outlines ten outcomes for children and families in Toronto. Measuring them will provide important information to help plan, support and coordinate services for communities. Part two of *Raising the Village*, available in 2014, will identify indicators to measure each outcome.

## What are shared outcomes?

The term “outcome” simply describes a goal or end-result. The term can be used in many contexts. For the purpose of this report, outcomes describe desired improvements in the well-being of children and families in Toronto.

They are called “shared outcomes” because they provide a common language to guide the work of the entire child and family sector, which is made up of many different service providers and funders. Shared outcomes help focus the many organizations and institutions across the sector towards a set of common goals.



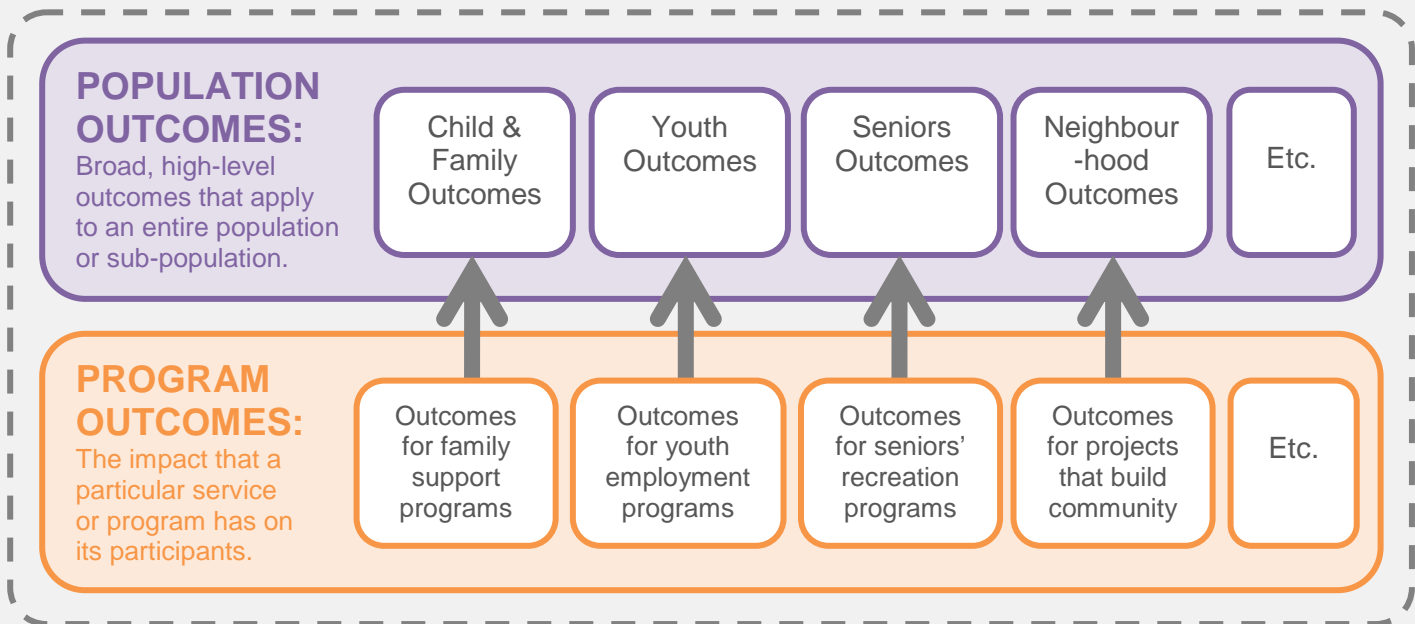
## Shared outcomes are measured at the population level

The outcomes in this report are considered *population* outcomes. This means they apply to the entire population of children and families in Toronto, and are analyzed at the population level rather than the individual level. While this report focuses on children and families, outcomes can be developed for any population group, including youth, seniors, newcomers, or the residents of a particular neighbourhood.

Population outcomes can be distinguished from *program* outcomes, which focus on the impact that a particular program has on its participants. Figure 1 illustrates the relationship between them – assessing program outcomes helps one understand how a program is contributing to broader population outcomes.

This report focuses on population outcomes for two reasons. Firstly, measuring only program outcomes would miss a large percentage of children and families who are not using formal services or who cannot access those services. Secondly, individual service providers are in the best position to evaluate their own programs. With that said, the Network hopes the shared outcomes contained in this report will be helpful for agencies in evaluating their program outcomes.

**Figure 1:** Service providers use program outcomes to evaluate whether their programs and services are contributing to higher-level population outcomes. While this report focuses on the outcomes of child and family well-being, outcomes could be developed for any population or group, such as youth, seniors, newcomers, or the residents of a neighbourhood.



## How will shared outcomes be used?

### 1 Measuring child and family well-being

In the next phase of this project, indicators will be selected to measure each outcome. Information collected from the selected indicators will help monitor the well-being of the child and family population in Toronto. This data will be reported in two ways: it will be gathered into a public report card that will be produced on a regular basis, and some information will be reported on the Wellbeing Toronto website ([toronto.ca/wellbeing](http://toronto.ca/wellbeing)).

### 2 Planning the service system

The role of the Toronto Child and Family Network is to plan and coordinate the child and family service system by bringing together the many agencies, stakeholders and interests that make up the sector. Understanding the well-being of the population will help the Network plan and coordinate services to better meet the needs of children and families by using what is called "evidence-based decision making," drawing on research and data to identify priorities, to direct funding and resources, and to guide strategic planning.

### 3 Understanding vulnerability

One important reason for measuring well-being is to help policy makers, funders and service providers better understand vulnerability and identify vulnerable populations. This could include identifying particular neighbourhoods that require more support, or understanding the ways in which certain groups are vulnerable to poor outcomes. This information can help direct resources towards interventions that are known to improve outcomes and reduce vulnerability.

### 4 Supporting community-based planning

Local or community-based planning is important because every community is unique and may have different needs. Population data analyzed at the neighbourhood level can support communities and neighbourhoods to identify priority areas for action within their community.

Many of Toronto's families are struggling, and the system of services for children is complex and fragmented. Inequalities in health and socio-economic status highlight the need for new approaches to public policy.

## The early years matter

Research highlights the importance of the early years in later life: "the biological pathways developed in early childhood influence health, well-being, learning, and behaviour across the life course. The science strongly indicates that if managed properly, a public policy commitment to improving children's development will have transformative social and economic effects" (Pascal, 2009, p. 10).

Experiences in the early years set the foundations for brain chemistry, because it is a time of rapid development. Disruptions, trauma or other negative events experienced in the early years during sensitive development periods can become "biologically embedded," which can compound health challenges over time, and impact one's achievement of a broad range of abilities and capacities (Center on the Developing Child at Harvard University, 2010).

Children who grow up in social and economic disadvantage "appear to be particularly vulnerable to the biological embedding of disease risk" (Ibid., p. 7). This is likely due to a complex interaction of factors that disadvantaged people are more likely to experience, such as increased stress, exposure to crime, poor or crowded housing conditions, or a lack of support services (UNICEF, 2012).

Public investments in early education and care programs are integral to promoting positive child and family outcomes, as long as those investments promote high quality experiences and equitable access (Hertzman, Kershaw, Anderson, & Warburton, 2009; UNICEF, 2013; UCL Institute of Health Equity, 2012).

## Health inequalities contribute to poor outcomes

Research in the field of health has highlighted that good health is unequally distributed across society (Marmot, 2008; Public Health Agency of Canada, 2008). That is to say, people who have higher socio-economic status, on average experience better levels of health. As socio-economic status decreases, one is more likely to experience poor health outcomes such as chronic disease (Toronto Public Health, 2008).

These health inequalities are often avoidable. Health inequalities arise from a range of social and demographic inequalities: “The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience” (Mikkonen & Raphael, 2010, p. 7).

Knowing the causes of disparities in well-being is important for understanding what makes some children and families vulnerable to poor outcomes. Furthermore, policies and interventions that help address and reduce “inequalities” will improve the overall well-being of the population and society (Marmot, 2008).

## Low-income, and income polarization in Toronto

In 2010, 19% of Toronto’s population was considered low-income (based on Statistics Canada’s after-tax Low Income Measure), which is significantly greater than in all of Canada (14.9%); Ontario (13.9%); and the rest of the Greater Toronto and Hamilton Area or GTHA (11.5%); (City of Toronto, 2013). Meanwhile, only 60% of working people in the GTHA are in secure, permanent jobs: the remaining 40% of people are in some form of precarious employment (PEPSO, 2013).

Furthermore, in the past 40 years Toronto has seen a dramatic growth in income polarization. The number of middle income neighbourhoods in Toronto has decreased dramatically since 1970, while the number of low-income neighbourhoods increased from 19% to 53% between 1970 and 2005, mostly in the inner suburbs of North York, Scarborough and Etobicoke (Hulchanski, 2007).

These trends have a significant impact on children. Child poverty is higher in Toronto than in the rest of Ontario (Children’s Aid Society of Toronto, 2008). According to Statistics Canada (2011), low-income affects 26% of Toronto children under six years of age, based on the after-tax Low Income Measure.

## Many families are struggling

Since the mid-1970’s household incomes for young Canadian couples across Canada have remained static, after adjusting for inflation. Perhaps more staggering, household incomes have stagnated even though far more women earn employment income today (Hertzman, Kershaw, Anderson, & Warburton, 2009). Meanwhile, average housing prices in Canada have increased by 76% (Kershaw & Anderson, 2011).

In Toronto, housing affordability is of great concern. About 43.5% of Toronto renter households and 19.8% of all households experienced affordability issues in 2010, which is higher than the rest of the GTHA, Ontario and Canada (City of Toronto, 2013). Furthermore, the cost of living in Toronto is consistently among the highest in Canada (Toronto Board of Trade, 2010; Canada Mortgage and Housing Corporation, 2012).

With rising housing costs and stagnant incomes, the generation raising children today is forced to work more hours. In 2009, approximately two-thirds of women in Canada with children under age 6 were employed, up from less than one-third in 1976 (Statistics Canada, 2012). These families often rely on child care and other services to help balance the demands of successfully raising a family with earning a living.

However, child care is often prohibitively expensive for most families. While a child care fee subsidy helps some families with the cost of child care, available funding provides enough subsidies to support only 28% of Toronto's *low-income* children. As of July 2013, approximately 18,750 children were on the wait list for fee subsidy (City of Toronto, 2013). Therefore many families in Toronto are not able to access the fee subsidy program.

Today, families are squeezed for time, income, and services like child care. Furthermore, UNICEF ranks Canada among the very worst industrialized countries when it comes to investing in families with preschool-aged children (UNICEF, 2008).

## The service system is complex and fragmented

Together, the many programs and services available to children and their families make up what is called "the child and family service system," which can be divided into four groups:

- Early learning and care services, which include child care and education;
- Family support programs, which include parent programs but also other community and social services such as housing or employment;
- Health services, which include the health care system and public health programs; and
- Early identification and intervention services for children and families with special needs.

The child and family service system in Toronto is complex and fragmented, consisting of a patchwork of different funders and operators, including all levels of government, non-profit organizations and the private sector. This web of services is often difficult for families to navigate (Pascal, 2009). Figure 2 outlines some of the different kinds of services and sectors that make up the child and family system. It is only meant to provide examples, and is not an exhaustive list.

**Figure 2:** A complex web of some of the many programs and sectors that make up the child and family service system.



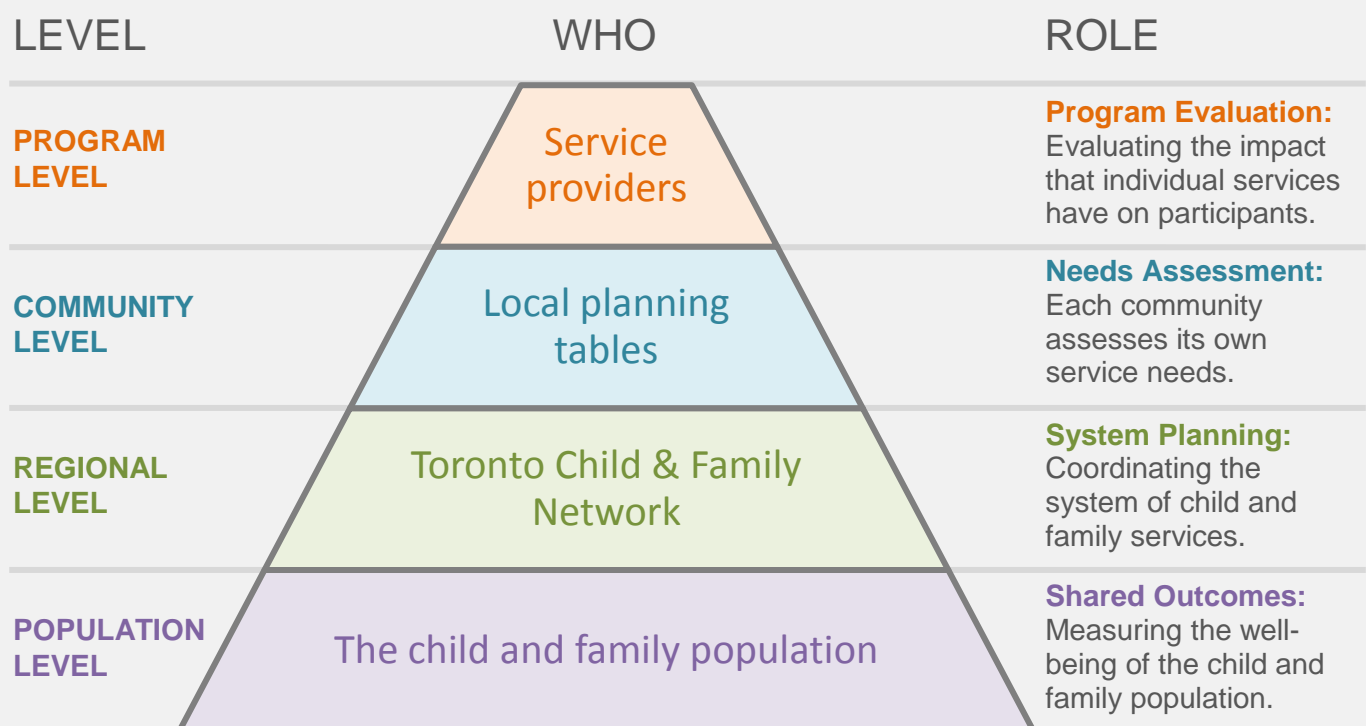
## Service planning should occur at all levels of the system

These are major challenges facing Toronto's families. Building a service system that is responsive to their needs, and the needs of their communities requires research and evidence to support service planning at all levels of the system: the level of individual programs and services, the community or neighbourhood level, the municipal or regional level, and the population level (see Figure 3).

Research and evidence gathered through shared outcomes can be used to assess the well-being of children and families at the population level. This information is in turn important for both system-wide planning (a responsibility of the City of Toronto and the Toronto Child & Family Network), and community-based planning (conducted by individual communities, but supported by the City and the Network). At the program level, service providers can evaluate their programs to measure whether they are contributing to broader outcomes.

Policy responses must work at all four levels, and must use the evidence gathered through shared outcomes and indicators to strategically direct resources toward the interventions and policies that will have the greatest impact.

**Figure 3:** The four levels of the child and family sector.









# FRAMEWORK

This framework describes the approach that was taken to developing shared outcomes. It emphasizes that there are many different factors that affect child and family well-being.

## What is a framework?

A framework is used to describe the context in which child and family outcomes occur. Outcomes cannot be understood entirely on their own, and must be placed within a broader social and political context because they are influenced by many different factors. Our framework emphasizes the important role that the service system and broader community determinants play in affecting child and family well-being.

Our framework is outlined in greater detail in this section. To begin, each part of the framework is treated separately. Figure 7 (on page 21), represents the overall framework, made up of these individual parts, and how they relate to and interact with each other.

Six principles guided the development of the framework, each outlining an approach that was taken to understanding child and family well-being. The development of this framework was also guided by the Toronto Child & Family Network's vision:

“Every child has the right to high quality, meaningful childhood experiences that respect diversity, are rooted in communities, and support engagement in life-long learning and healthy development. An inclusive, integrated and accessible community service system places children at the centre, appreciates their unique potential, is responsive to families and promotes positive outcomes.”

## Guiding Principles

The following six principles guided the development of the framework, and outline the approaches that were taken to help understand and measure child and family outcomes:

### **1 Holistic Approach**

Child and family outcomes focus on well-being. A holistic approach to well-being captures the many aspects of a positive and fulfilling life, including but not limited to health and development. It also defines "family" broadly to include all arrangements and cultural definitions.

### **2 Self-Actualization Approach**

Every child and family is unique. Self-actualization emphasizes the importance of reaching one's individual potential, rather than standardized benchmarks of development.

### **3 Life-Course Approach**

Experiences early in life shape a person's foundation for future well-being. A life-course approach highlights how child and family outcomes will be different at each stage in life, and will build on each other over the life-course into adulthood.

### **4 Community Approach**

Children and families are embedded in communities, both residential and relational. A community approach to child and family well-being emphasizes the important role that communities can play in shaping and improving outcomes, as well as the importance of community-based planning.

### **5 Systems Approach**

There are many programs and services that exist to help improve child and family outcomes. A systems approach recognizes that child and family well-being is a complex social issue that requires many different services working together to improve outcomes.

### **6 Equity Approach**

Disparities in child and family outcomes exist across the population. An equity approach attempts to both understand the root causes of those disparities, and to reduce inequities within the population.

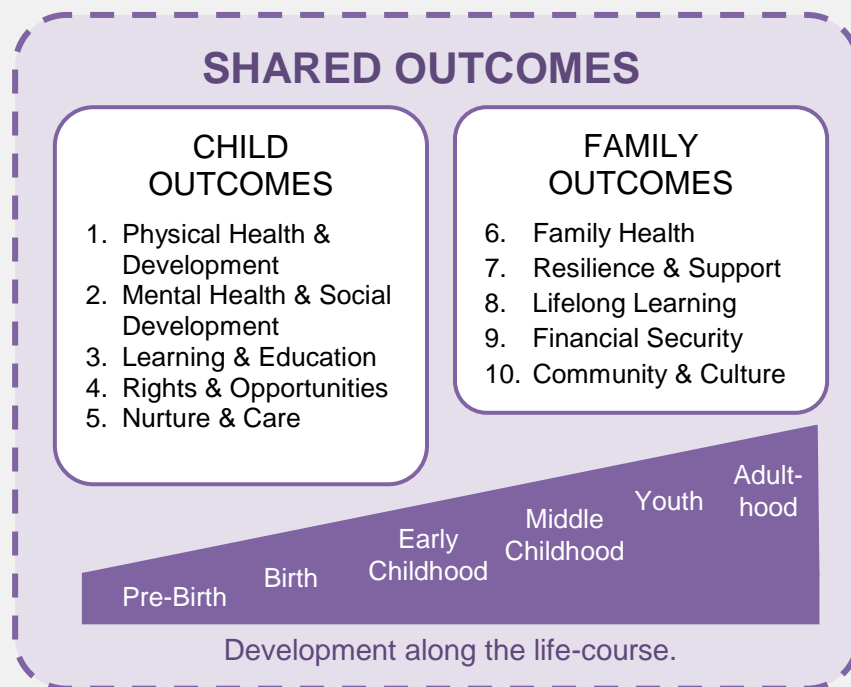
## Shared Outcomes

At the heart of this framework are the five child and five family outcomes that were developed through a collaborative, community-based process. When taken together, these outcomes define child and family well-being.

Figure 4 provides only the heading of each outcome. The next section of this report provides a full description of all ten outcomes and their significance to child and family well-being.

There are two things to note about the shared outcomes. Firstly, while child outcomes are treated separately from family outcomes, it is recognized that they are intrinsically connected, and strongly impact each other. Secondly, research has shown that outcomes develop and build over one's life-course from pre-birth, through childhood and into adulthood.

**Figure 4:** Child and family outcomes are inter-related, and build over the life-course.



## Service System

The service system refers to all the many public policies, services and programs that support children and their families (Figure 5). Many different stakeholders make up the service system, including from all levels of government, as well as the non-profit and private sectors. The framework emphasizes the important role that the service system plays in improving outcomes for children and families. The following are some major components of that system. For a more comprehensive definition of each, please refer to Appendix B.

- **Community Services** – There are many different kinds of services, ranging from child care to health care. They are offered by the public, private and non-profit sectors and can have a variety of funding sources.
- **Policies & Funding** – A policy is a planned course of action. Funding a service or program can be understood as a type of policy. Policies set the direction for the service system and set regulations for particular services.
- **Advocacy** – Advocacy refers to public support for a particular cause or policy change, which is promoted to policy-makers and politicians by an interest group.
- **Evaluation** – Evaluation involves using information to assess the effectiveness and efficiency of programs, services or policies in meeting their goals.
- **System Planning** – System planning involves co-ordination among stakeholders to change a system and solve identified problems.
- **Community Planning** – Community planning is when a community is involved in shaping the services that are used by that community.

**Figure 5:** The service system includes all of the many policies, services and programs that support children and their families.



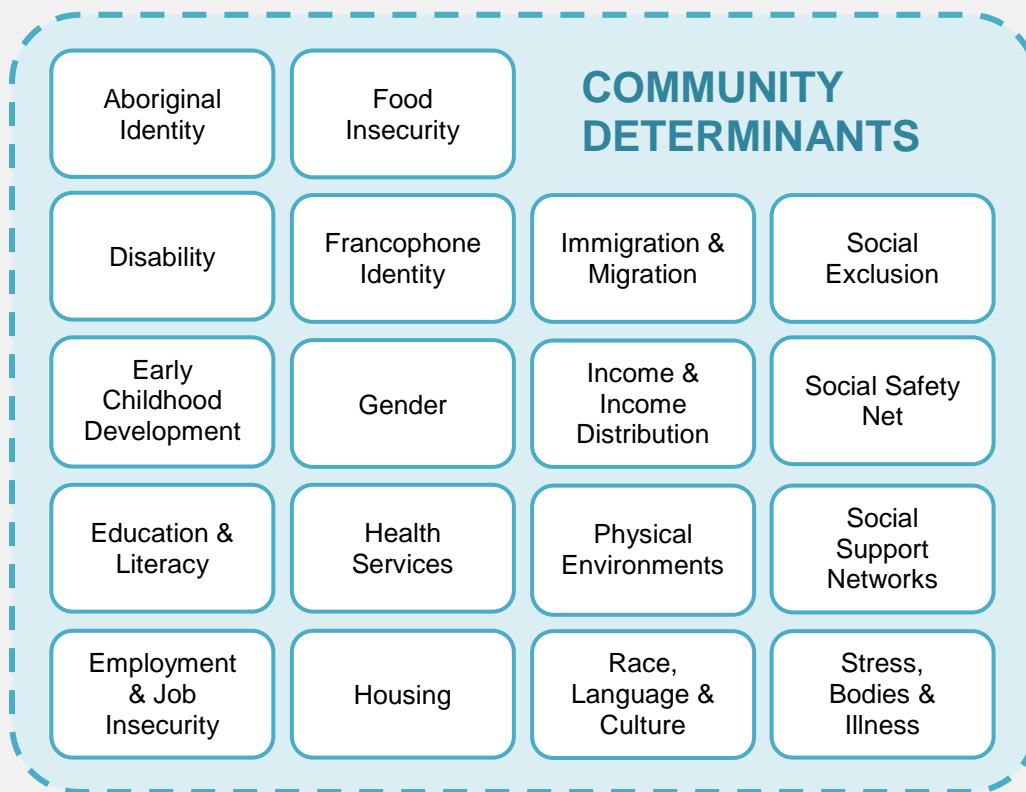
## Community Determinants

There are many structural factors that can affect child and family outcomes, most of which are beyond a person's individual control. At a community level, the 18 factors listed in Figure 6 often impact the outcomes of children and families. We call them the "community determinants." Although this list is not exhaustive, the determinants have been chosen to reflect the particular context of Toronto, as well as the feedback that was received through consultations. For a full definition of each community determinant, please see Appendix B.

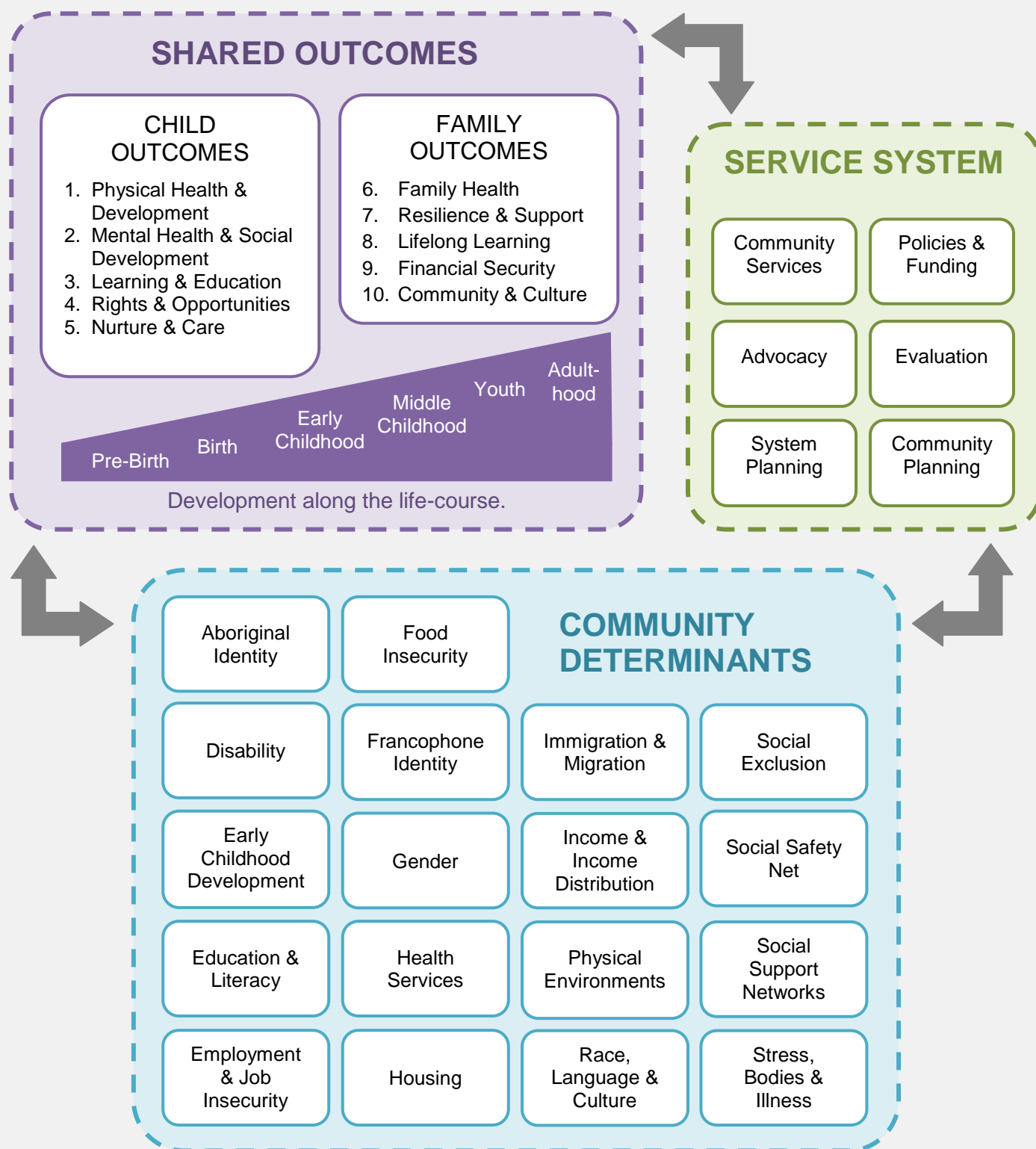
These factors are rooted in the social determinants of health, which describe the ways in which health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. They have been adapted from two reports on the social determinants of health:

- ***What Determines Health?*** by the Public Health Agency of Canada ([www.phac-aspc.gc.ca/ph-sp/determinants/](http://www.phac-aspc.gc.ca/ph-sp/determinants/)).
- ***Social Determinants of Health: the Canadian Facts*** by Juha Mikkonen and Dennis Raphael ([www.thecanadianfacts.org](http://www.thecanadianfacts.org)).

**Figure 6:** The following 18 community determinants illustrate the complex ways that broader social, economic and environmental factors impact child and family well-being.



**Figure 7:** This diagram brings together all the pieces of the framework, and shows how they influence each other.



# SHARED OUTCOMES

## Child Outcomes

- 1 Physical Health & Development**  
Children are born healthy, and reach their optimal physical health and development.
- 2 Mental Health & Social Development**  
Children have the social, emotional, mental and spiritual well-being to reach their potential.
- 3 Learning & Education**  
Children are engaged and curious learners, gain knowledge and skills, and have educational success.
- 4 Rights & Opportunities**  
Children's rights are fulfilled: they have opportunities for personal development and participate in decisions about their lives.
- 5 Nurture & Care**  
Children have safe, nurturing and positive environments that encourage learning and development.

## Family Outcomes

- 6 Family Health**  
Families experience optimal individual physical and mental health, and contribute to the growth and development of each family member.
- 7 Resilience & Support**  
Families are able to cope with challenges, and have consistent support through social networks and appropriate services.
- 8 Lifelong Learning**  
Families have equitable access to learning and training, and are active in their children's education.
- 9 Financial Security**  
Families have material well-being and an equitable standard of living.
- 10 Community & Culture**  
Families belong to communities, and have the freedom to express, and opportunities to foster, their culture and identity.

Each outcome has been carefully developed through research, community and expert input, and in-depth discussion. The following section provides definitions and reasoning behind each outcome.

## **All aspects of well-being are connected**

Before looking at each individual outcome, there are some general points that apply to all of the shared outcomes.

Firstly, it is important to stress that all aspects of well-being are connected. For example, research shows that health and development are intrinsically linked, especially in the early years when children are developing rapidly – positive development promotes good health and vice versa (Toronto Public Health, 2006b). This makes it challenging to develop a set of outcomes that divide up the elements of well-being into measurable parts. While we have developed ten separate outcomes, we recognize that they all influence each other.

## **Optimal well-being: reaching one's potential**

Many of our outcomes use the language of reaching one's potential, or achieving "optimal" well-being. This follows our second guiding principle, the self-actualization approach: "Each child is unique. Self-actualization emphasizes the importance of reaching one's individual potential, rather than standardized benchmarks of development."

While we have developed population outcomes that broadly apply to every child and family, things are not always so clear at the individual level. Think, for example, about someone who has been diagnosed with a special need or an illness. Within that reality, there are many ways for that person to optimize their well-being, and set goals that fit their circumstances. The important thing is to support that person in reaching the best level of well-being that they can achieve.

## **Access and equity**

Access is an important aspect of our understanding of child and family outcomes. However, the mere fact that a service exists is not sufficient if the children and families who need that service cannot access it. This is why equity is important – public resources and benefits should be fairly distributed across society so that everyone can access them. Some people may be more disadvantaged and therefore require more support in order to achieve the same level of access.







Child Outcome

## PHYSICAL HEALTH & DEVELOPMENT

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**Children are born healthy, and reach their optimal physical health and development.**

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### Defining health

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946). The Ottawa Charter for Health Promotion states that, in order to be healthy, “an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (Public Health Agency of Canada, 2008). In this way, health is seen as a resource or an asset that helps us lead our everyday lives.

### Healthy births

A healthy birth for every child in Toronto is an important goal because a healthy birth is a significant predictor of future health, development and overall well-being (Center on the Developing Child at Harvard University, 2010). A healthy birth is closely linked to the health of the mother (starting from before conception), which is affected by many social and material factors (Toronto Public Health, 2006b).

### Physical health and development

Physical health and development, mental health, and social and emotional development are all intrinsically linked (Toronto Public Health, 2006a; Piaget, 1971; Kygotsky, 1978). The exercise of breaking well-being into separate outcomes poses inherent challenges because all aspects of well-being are so connected. Separating the physical aspects of health and development in Outcome 1 from mental health and social development in Outcome 2 ensures that each outcome can be measured in a manageable and appropriate way.



## MENTAL HEALTH & SOCIAL DEVELOPMENT

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**Children have the social, emotional, mental and spiritual well-being to reach their potential.**

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### **The positive aspects of mental health**

Mental health is not merely the absence of mental illness: it also includes the positive aspects of mental health, which are inherently tied to other aspects of well-being, particularly social and emotional development (Boyle & Lipman, 2008). The Canadian Mental Health Association suggests that the following factors are key characteristics of positive mental health: the ability to enjoy life, to be resilient and bounce back from hard times, balance, self-actualization, and the ability to be flexible and adapt to change (Canadian Mental Health Association, 2013).

### **Childhood as an important life stage in itself**

Many approaches to child well-being take a developmental approach that focuses on children as future adults. However, conceptions of child well-being should consider childhood as an important life stage in itself and not merely a stage towards adulthood. As such, measuring child well-being requires hearing from children themselves about their own experiences (Ben-Arieh, 2006).

### **Spiritual well-being**

While not the case for everyone, many people place personal value on spiritual well-being as an important aspect of overall well-being. Approximately 79% of residents in the Greater Toronto Area identified with some sort of religious association or spiritual tradition (Statistics Canada, 2011). In our consultations, we heard from the Aboriginal community that this was an important aspect of well-being for their community. In this outcome, spiritual well-being is meant to remain broad, and is not limited to religion.



## LEARNING & EDUCATION

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**Children are engaged and curious learners, gain knowledge and skills, and have educational success.**

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### Early learning and the transition to school

All children are born ready to learn, meaning their brains are programmed to develop new skills (Center on the Developing Child at Harvard University, 2010). The foundations set in the early years, even before children enter school, lay the course for later education and learning outcomes (Hertzman, Irwin, Kershaw, & Trafford, 2005). Furthermore, children enter school having had different early experiences and care arrangements. The school system must be ready to meet the different needs and circumstances of all children.

### Educational success

Research supports the correlation between education and well-being (Canadian Index of Wellbeing, 2012). However, each child and family defines educational success differently, based on their values. These differences should be taken into account when measuring educational success. Education gives children the tools and skills to meet their own goals (Sen, 1999). Furthermore, the degree to which children can reach those educational goals is often affected by other social and economic conditions.

### Attitudes toward learning

One important aspect of education is the content learned: another is the attitude that a person has towards learning, which is often more difficult to define and measure. While attitudes toward learning may or may not correlate directly to educational success (Gorard, 2012), they tend to differ based on socio-economic status (Goodman & Gregg, 2010). Ideally, children are engaged and curious learners because they enjoy learning, and it is relevant to their values and goals.



## RIGHTS & OPPORTUNITIES

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**Children's rights are fulfilled: they have opportunities for personal development and participate in decisions about their lives.**

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### **Children's rights are fundamental**

Canada is a signatory to the United Nations (UN) Convention on the Rights of the Child, a legally binding international treaty that recognizes children's rights as fundamental (UN General Assembly, 1989). The City of Toronto also adopted a Children's Charter, which reflects the provisions of the UN Convention in a local context (City of Toronto, 1999). Children's rights apply not only to basic needs, and protection from neglect and abuse, but also to developing their potential.

### **Opportunity requires access**

Developing one's potential requires opportunities to make it possible (Nussbaum M. C., 2011). However, it is not enough for opportunities to be available: they must also be accessible. Therefore, barriers that prevent access to opportunities such as cost, transit, language, and cultural appropriateness, must be considered when measuring opportunity.

### **Participation**

Participation is a key component of the Convention on the Rights of the Child (UN General Assembly, 1989). On matters that directly impact their lives, children have the right to say what they think should happen and have their opinions taken into account. Furthermore, children have the right to participate in society, and have a say on matters affecting their social, cultural, religious, economic and political life (Ben-Arieh, 2006).



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## **Children have safe, nurturing and positive environments that encourage learning and development.**

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### **Healthy child development requires nurturing**

Child well-being is strongly influenced by the many environments in which children grow, live, and learn, particularly by the nurturing qualities of those environments (Bronfenbrenner, 1979; Hertzman, Irwin, & Siddiqi, 2007). Nurturing refers to caring for and encouraging one's development (Dodici, Draper, & Peterson, 2003; Fewell & Deutscher, 2004).

### **Positive environments**

Parents and caregivers are not solely responsible for providing nurturing environments for children because the home is not the only environment in which children grow up – school, child care, the neighbourhood, the broader community and other environments also influence child well-being. Even within the home environment, how well caregivers are supported by governments and civil society must be considered, as well as the resources that are available to them in order to provide nurturing environments for children (Lapointe, Ford, & Zumbo, 2007).

### **Safety and protection**

Despite an important focus on the positive aspects of child well-being like nurturing and development, there are still many children that face abuse, neglect, poor housing conditions, hunger, or that are taken into the child welfare system. Children in the welfare system are more likely to be diagnosed with a special need, and are less likely to graduate from high school (Ontario Association of Children's Aid Societies, 2011). Policies directed towards protection and basic needs can take many forms, for example: quality standards of care, family support, as well as addressing poverty and inequality.







## Family Outcome

# FAMILY HEALTH

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**Families experience optimal individual physical and mental health, and contribute to the growth and development of each family member.**

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### Health at the family level

The health of each family member impacts, and is impacted by, the health of other family members. For this reason, the outcome for family health has two inter-related goals – optimal health for each individual, and a healthy family dynamic that supports individual health. While these two goals are each important individually, our emphasis is on the relationship between them – how the family dynamic impacts the health of each family member and vice versa.

### Optimal individual health

Much like the child outcomes, we emphasize each individual's *optimal* health, and the resources and abilities they have at their disposal to achieve it. Unlike the child outcomes, however, this family outcome includes all aspects of health and development together – physical, emotional, social, mental and spiritual.

### Healthy family dynamic

The relationship between family members is an important aspect of family health. In a positive sense, each family member can support one-another in making healthy choices and engaging in healthy behaviours. In a negative sense, a strained family dynamic can become a source of poor health. For example, increased fighting or negative communication can contribute to higher levels of stress and therefore impact the health of individual family members (Evans & Fuller-Rowell, 2013).





## RESILIENCE & SUPPORT

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**Families are able to cope with challenges, and have consistent support through social networks and appropriate services.**

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### **Chronic stress and resilience**

Major hardships or transitions in life can lead to chronic stress, which can have long-term impacts on well-being at both the physical and psychological level (Mikkonen & Raphael, 2010). Such challenges arise from situations that are often beyond one's control, such as coping with conditions of low income, poor quality housing, food insecurity, inadequate working conditions, insecure employment, and various forms of discrimination.

Resilience refers to one's ability to bounce back from hardships: to cope in a healthy way that minimizes negative impacts (National Children's Home Charity, 2007). While not all factors that contribute to family resilience are known, we do know that support is an important protective factor (Kalil, 2003; VanBreda, 2001).

### **Families get support from different sources**

Some families rely more on support from extended family or friends, and some families may reach out to community or public services for support. As income can provide a buffer against risk factors that can lead to chronic stress, often extra support resources must be targeted to low-income families and those at highest risk (Dunst & Trivette, 2001; Sen, 1992). Families must be able to rely on support mechanisms – inconsistent support could exacerbate the problem. Furthermore, the services that families rely on must be appropriate for their needs, as they should be culturally and age appropriate, and available at the time needed.



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## **Families have equitable access to learning and training, and are active in their children's education.**

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### **There are many types of learning**

Learning can happen through formal education, such as certificate or degree programs from recognized institutions or through non-formal learning such as workshops, conferences, community courses, or recreation programs. It can also occur informally, through self-directed or tacit learning (for example, socialization or on-the-job learning).

### **The importance of lifelong learning**

Lifelong learning can improve one's socio-economic circumstances, such as improving one's level of education, or supporting a career move (OECD, 1996). Participation in lifelong learning can also be important for an individual's personal development – to give someone a sense of control over their life, and a sense of purpose and accomplishment (Peters, 1965). For many, lifelong learning should be seen as a public good which contributes to effective and informed participation in social and political life (Smethurst, 1995).

### **Participation in their children's education**

Every family member will place their own value on learning, and may value certain forms of learning over others. That said, family members can play an important role in supporting each other's individual learning goals. For example, research shows that children do better in school when parents or caregivers are involved in their education and learning (Mitchell, 2008; Jeynes, 2009). Parental involvement can include many things, such as: reading to their children, helping with homework, or volunteering with school committees and activities.



## Family Outcome

# FINANCIAL SECURITY

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## Families have material well-being and an equitable standard of living.

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### Low-income impacts well-being

Income is one of the strongest predictors of well-being (Boyle & Lipman, 2008; Toronto Public Health, 2008; UNICEF, 2012). Level of income shapes overall living conditions, including health-related behaviours such as quality of diet, physical activity, and substance use, as well as other factors such as: food security, housing, and other basic prerequisites of well-being (Mikkonen & Raphael, 2010, p. 12).

### Financial security is an important outcome

The antidote to low-income is financial security (Stapleton, Xing, & Murphy, 2012). Financial security refers to “an assured and stable standard of living that provides individuals and families with a level of resources and benefits necessary to participate economically, politically, socially, culturally, and with dignity in their community’s activities” (Jackson, Buckland, Sylvain, & Tsoukalas, 2002, p. 7). Financial security is an important outcome in itself because it supports and affects all other aspects of well-being.

### Two aspects of financial security

This outcome attempts to capture both aspects of financial security – the material aspect and the relative aspect. “Material well-being” focuses on material needs that all people require to sustain a decent standard of living, such as food, clothes, shelter and transportation. An “equitable standard of living” focuses on the relative aspect of financial security, and the impact that inequality has on the well-being of individuals and society as a whole (Marmot, 2008; UNICEF, 2009).



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**Families belong to communities, and have the freedom to express, and opportunities to foster, their culture and identity.**

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### **Community belonging contributes to well-being**

Strong communities are built on strong social bonds, which help create social stability and cohesion, and contribute to individual well-being (Public Health Agency of Canada, 2013). Community belonging can provide protection against social isolation (a pervasive lack of social interaction), social exclusion (being denied the opportunity to participate in social life), and can contribute to resilience (Mikkonen & Raphael, 2010).

### **Defining community can be difficult**

The term "community" holds different meanings for different people. Community can refer to: a neighbourhood; a cultural, religious or other identity group; or an extended social network of family and friends. Each family and child will identify to a greater or lesser extent with each form of community, which may change over the course of their lives.

### **Fostering culture and identity**

Some communities, especially cultural minority groups, may face marginalization, stigmatization, and loss or devaluation of language and culture. For those communities, the ability to practice, express, foster and develop their cultural traditions and language is an important aspect of their well-being, and the opportunities to do so must be available and accessible to children and families, including through services and programs.



# PROCESS

This report is the result of the first phase of the shared outcomes project. It is based on research and extensive engagement with the Network and the broader community.

## This is a multi-phase project

The shared outcomes project has been divided into five phases (Figure 8). It is important to note that this is an ongoing project that will continue long after the five initial phases. This report represents the culmination of Phase 1, which saw the development of the framework and ten shared outcomes. Phase 2 will involve selecting indicators that measure each outcome. In Phase 3, the Network will begin collecting data and establishing baseline measures. In Phase 4, a public report card on the well-being of children and families will be produced, and integrated with the Wellbeing Toronto website. Phase 5 will involve re-evaluating the outcomes and indicators, and making any necessary changes.

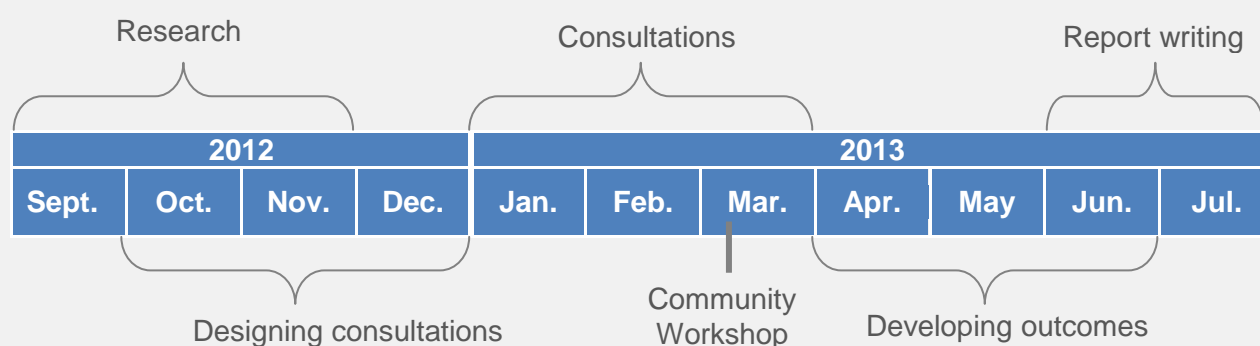
**Figure 8:** The five phases of the shared outcomes project.

	Summer / Fall 2012	Winter / Spring 2013	Summer / Fall 2013	Winter / Spring 2014	Summer / Fall 2014	Winter / Spring 2015
<b>Phase 1:</b> Develop outcomes						
<b>Phase 2:</b> Select indicators						
<b>Phase 3:</b> Collect baseline data						
<b>Phase 4:</b> Public report card						
<b>Phase 5:</b> Re-evaluation						

## Phase 1 was overseen by the Outcomes Work Group

Phase 1 was overseen by the Outcomes Work Group, a subcommittee of the Toronto Child & Family Network that included membership from community service providers, community and academic researchers, United Way Toronto, Toronto Public Health, Toronto Parks Forestry & Recreation, Toronto Children's Services, the Toronto Public Library, and the Ontario Ministry of Children & Youth Services. Between fall 2012 and spring 2013, the Outcomes Work Group designed and implemented consultation sessions, processed feedback, provided advice, and helped develop the framework and outcomes outlined in this report. Figure 9 shows the timeline of Phase 1.

**Figure 9:** A timeline for Phase 1 of the shared outcomes project.



## Previous work on shared outcomes provided a starting point for this project

In 2011, Toronto Children's Services released a report called *The Child and Family Outcomes Framework*, which was adopted by the City Council in July 2011. The research for that report involved conducting a review of key documents, policies and reports on child and family outcomes from both within the City of Toronto, as well as within the Province of Ontario and other jurisdictions across North America. Experts and other key informants, City staff and leaders in the child and family sector were also interviewed. That report proposed a framework for child and family outcomes that was used as a starting point for this project (see Appendix A).

In the late 1990's, Toronto Children's Services partnered with school boards and children's aid societies to produce a *Report Card on Children*. Several volumes of the Report Card were produced until 2005, when the format was put online. The Report Card is regularly updated and is available on the Toronto Children's Services' website.

## Network and community engagement

Throughout the fall of 2012, the Outcomes Work Group planned and designed consultations, and met with each advisory and planning committee of the Network to introduce the outcomes project. In January 2013, an in-depth consultation was facilitated with each committee, focusing on the strategic approach and goals of the project.

Feedback from those consultations was used by the Outcomes Work Group to draft a framework and a number of outcome statements, which were presented at a community workshop held in March 2013. This workshop provided an opportunity to solicit feedback from the broader community. The workshop had many participants representing the broader child and family sector. Small-group discussions were facilitated by members of the Outcomes Work Group and the information gathered was used to finalize the framework and outcomes contained in this report.



# FEEDBACK

The following key themes emerged from consultations within the Network and with the broader community, and were used to develop the framework and outcomes outlined in this report.

## Focus on children and families

During consultations with the Network, the Outcomes Work Group was asked to limit the scope of the project in some way. While many participants expressed the importance of being comprehensive, there was also a shared concern that having too many outcomes and indicators could become difficult to measure and analyze.

For this reason, the scope of this project was limited to child and family outcomes. While that means community *outcomes* will not be measured as such, *community* still plays an integral role in how child and family outcomes are understood and approached in this report (see the framework on page 16).

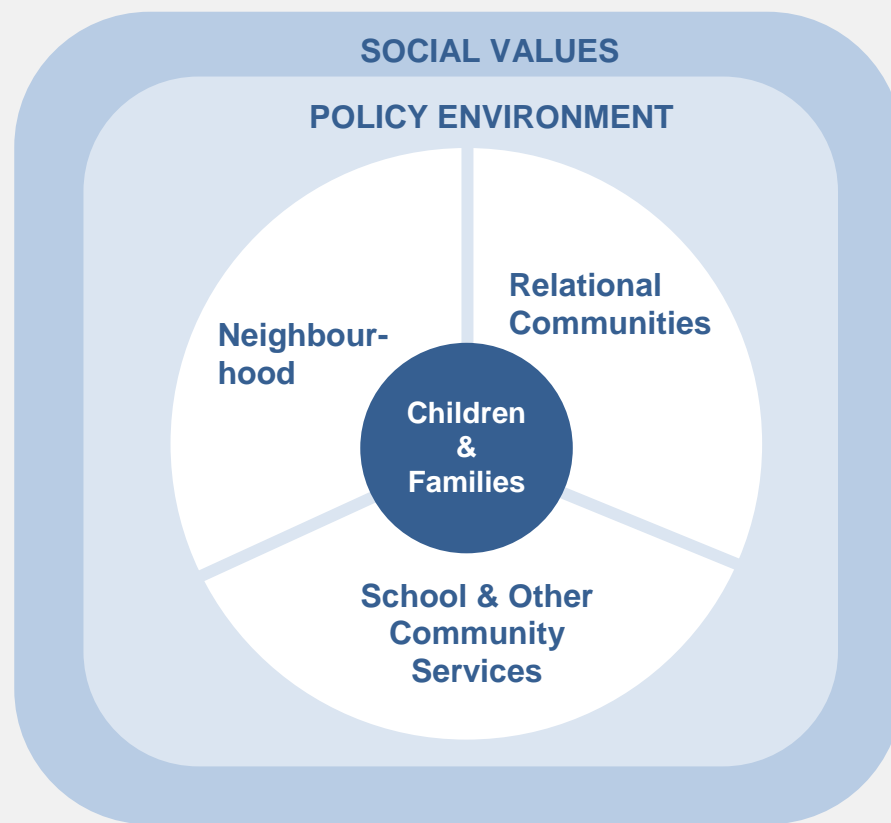
Efforts were made to ensure that the child and family outcomes align with other initiatives that will measure community well-being. For example, the United Way and the City of Toronto are working on the Toronto Strong Neighbourhoods Strategy 2020, which will identify indicators that assess the health of all neighbourhoods in Toronto (City of Toronto, 2012).

## Many environments influence child and family well-being

Many participants in the consultations expressed the importance of community-based services for promoting positive child and family outcomes. However, they also expressed that such services should be well supported by the policy, funding and regulatory environment. Efforts were made to reflect this in the framework and outcomes.

The Outcomes Work Group also heard that community-based services are only one of many important sources of support for children and families. Figure 10 shows several environments that influence child and family well-being. This includes community services, but also relational communities (such as extended family, or cultural/religious communities), as well as one's residential community or neighbourhood (Toronto Public Health, 2011; Centre for Research on Inner City Health, n.d.). These communities are embedded in a policy environment, which is in turn influenced by the dominant social and political values of society at any given time (Bronfenbrenner, 1979; Hertzman, Irwin, & Siddiqi, 2007).

**Figure 10:** Children and families are embedded within different communities of support.



## Well-being is holistic and develops over the life-course

Traditional approaches to child well-being have tended to focus on health and development. For example, a great deal of attention has been given to the Early Development Instrument, which measures how prepared kindergarten children are to enter grade one based on five domains of child development: physical, social, emotional, linguistic, and cognitive (see City of Toronto, 2013; or Hertzman, Irwin, Kershaw, & Trafford, 2005).

While health and development are integral aspects of child well-being, we heard that it is important to be comprehensive and holistic in defining well-being, looking at all the various aspects that make a meaningful and fulfilling life. It was important to ensure that all sectors that provide services for children and families could see themselves and their work in the shared outcomes, and that they would be inclusive of all children and families in Toronto. Therefore, other aspects of well-being, in addition to health and development, have been included.

We also heard that it is important to depict the life course in our conception of child and family well-being. The life course examines an individual's life history, and emphasizes how earlier events often impact later stages or decisions in life. A life course perspective emphasizes how outcomes build on each other over time through conception, birth, childhood, adolescence, adulthood and old age.

## **The Aboriginal community has unique outcomes**

The well-being of Aboriginal children and families must be understood within the context of colonization, where policies of assimilation, violence and discrimination have had devastating effects on Aboriginal people, their cultures and their communities (McCaskill, FitzMaurice, & Cidro, 2011). These legacies get passed down from one generation to the next (Best Start Resource Centre, 2006).

The Network's Aboriginal Advisory Committee was consulted in the early stages of this project. While they supported the development of shared outcomes, they also stated that there are additional outcomes specific to the Aboriginal community that must be developed. We also heard that although Aboriginal outcomes should be developed through a separate process designed by the Aboriginal community, the two processes should align.

In the longer term, it is important that the Aboriginal community is involved in any process of collecting and analyzing data or information about their own communities. Future initiatives under the shared outcomes project should be sensitive to the extra demands placed on Aboriginal organizations for data collection.

While the outcomes contained in this report tend to be founded in Western conceptions of child and family well-being, efforts were made to develop a framework and shared outcomes that are inclusive of Aboriginal communities and their needs.

"Aboriginal identity" has been included as one of the community determinants of child and family well-being (see page 20), which recognizes that many Aboriginal communities face higher rates of poverty, food insecurity and poor housing conditions due to a legacy of oppression (Best Start Resource Centre, 2012; Wellesley Institute, 2010). Furthermore, we have defined family broadly, so as to include non-Western definitions. Lastly, one of the family outcomes focuses on the importance of community and cultural identity in defining well-being.

## A starting point for developing Aboriginal outcomes

We also heard that in many cases, Aboriginal communities in Toronto have already developed the equivalent of well-being outcomes for Aboriginal children and families. These initiatives should be reviewed and provide the basis for a process designed by the Aboriginal community to develop additional Aboriginal outcomes.

For example, a *First Nation, Inuit and Métis Report* was released in 2012 as part of a provincially-funded grant on service integration (see Johnston Research Inc., 2012). Commissioned by the City of Toronto, the research focused on culturally-responsive programming and Aboriginal outcomes. Through that project, interviews were conducted with 95 respondents, including: parents/caregivers, frontline staff, City staff, and other integrated-service partners.

Two primary Aboriginal outcomes were identified in that report, which provide broad, population-based goals for Aboriginal children and families and could become the basis for developing Aboriginal outcomes:

- Affirmation within self of one's rights to good and whole living, and the internal belief that this is true for all Aboriginal people
- Confidence and strength within the family.

# NEXT STEPS

The next phase involves selecting indicators. However, the long-term success of this project will require building both partnerships to collect and share data, and processes for using data to inform public policy.

## Strategies for moving forward

### 1 Selecting indicators

An Indicators Work Group has been created to guide the selection of indicators that will be used to measure each outcome. They will develop a long list of indicators for each outcome, as well as indicators for the community determinants. Then a set of criteria will be used to create a short list of indicators, which will be sent to other researchers and experts for review.

As indicator selection is a somewhat technical exercise, the Indicators Work Group consists of academic, public sector and community researchers with knowledge and experience in measuring child and family well-being. The Indicators Work Group will not be limited to selecting indicators that are currently collected or available, but will focus on selecting the best possible indicators, which may include identifying new data that should be collected in the future.

### 2 Data management and collection strategy

A critical success factor of this project will be the ability to obtain the right data. This will require building partnerships and collaborations between many different organizations – academic, governmental, and non-profit – across many different fields and sectors. The Outcomes Work Group, in coordination with the Network's Steering Committee, will create a data management and collection strategy. This will include a strategy for how to fund the collection and analysis of all the data, which could take significant resources.

### **3 Using data to support service system planning and policy**

There is already a lot of information available about child and family well-being, and many reports and initiatives have looked at this issue. What will make this project both unique and value-added will be the extent to which all the data and information collected informs public policy and decision-making.

Once collected, data will be accompanied with an in-depth analysis and synthesis of the information that was revealed. A theory of change approach to data collection can inform this process by identifying all the building blocks required to bring about an identified policy change. Furthermore, the Toronto Child & Family Network will develop a strategy for using this information to support planning and decision-making. This may include something like building shared outcomes into annual plans and reports.

### **4 Developing Aboriginal outcomes and indicators**

The Aboriginal community made it clear that there are additional outcomes that are specific to their needs, values and worldviews. The Toronto Child & Family Network commits to supporting the Aboriginal community in identifying outcomes and indicators, and to collecting data in a process that is integrated and parallel to the rest of the shared outcomes project. The Network recognizes that such a process will require consultation and involvement from the broader Aboriginal community.



# GLOSSARY

**Child** – The Toronto Child & Family Network defines childhood as zero to 12 years of age, inclusive.

**Community Determinants** – Based on the social determinants of health, community determinants are social, economic and environmental factors that affect child and family well-being. They are structural factors that are often beyond the control of individuals, and are measured at the community or population level (not the individual level). They will be used to understand vulnerability and inequity in child and family outcomes.

**Family** – The Network defines family broadly to include all arrangements and cultural definitions. This can include parents, children, grandparents, aunts and uncles, foster parents, or other caregivers and guardians.

**Indicator** – A measure, often expressed in the form of statistical data, which captures one or several key dimensions of an outcome.

**Life-course** – A culturally-defined sequence of age categories that people are typically expected to pass through as they progress from birth to death. For our purposes, these stages generally include: pre-birth, birth, early childhood (zero to five years), middle childhood (six to 12), youth (13 to 18) and adulthood (19+).

**Outcome** – A desired change or improvement. We focus on improving the well-being of children and their families.

**Population Outcome** – these are high-level outcomes that can be monitored in order to assess the well-being of the entire population, or large groups within the population. It is difficult to show a causal link between any specific service intervention and population outcomes. Rather, they emphasize the cumulative impact of many social and economic factors over time on the well-being of the population.

**Program Outcome** – these outcomes describe a cause-and-effect relationship between the activities of a specific program or service, and changes in the lives of those who have participated in those programs.

**Rights of Children** – Our conception of children's rights is based on the Toronto Children's Charter. For more information, please visit [toronto.ca/children/agenda.htm](http://toronto.ca/children/agenda.htm)

**Service System** – The service system includes the many policies, services and programs that support families and their children, such as: family support programs, early learning and care, and special needs services. It also includes other service sectors such as: primary health care, public health, transportation, housing, parks and recreation, employment services, and other social and community services, as well as all the policies and legislation that regulate and fund them.



# APPENDIX A

The 2011 Child & Family Outcomes Framework included three domains (child & family outcomes; service outcomes; and community outcomes), and 14 themes. It was used as a starting point for this project through feedback from the Network planning and advisory committees.

<b>3 Domains:</b>  <b>14 Themes:</b>	<b>Child &amp; Family Outcomes</b> <ul style="list-style-type: none"><li>• Healthy Development</li><li>• Economic Security</li><li>• Safety</li><li>• Lifelong learning</li><li>• Positive Parenting &amp; Healthy Families</li><li>• Supported Parents</li></ul>	<b>Service Outcomes</b> <ul style="list-style-type: none"><li>• Equity &amp; Accessibility</li><li>• Accountability</li><li>• Integration</li><li>• Quality</li><li>• Community &amp; Family Engagement</li></ul>	<b>Community Outcomes</b> <ul style="list-style-type: none"><li>• Healthy Communities</li><li>• Social Inclusion</li><li>• Cultural Development</li></ul>
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# APPENDIX B

Definitions for each component of the framework (see pg. 21), are given below, including the service system and the 18 community determinants.

## Service System

### Community Services

Community services refer to all the programs and services that support families and children. This includes the child and family service sector, such as family support programs, early learning and care, and special needs services. It also includes other service sectors such as education, primary health care, public health, transportation, housing, parks and recreation, and employment services.

### Policies and Funding

Put simply, a policy is a course of action that is based on a set of principles or values. Funding can be understood as a type of policy, and is particularly important in the child and family service sector because of the fragmented way that services are funded.

### Advocacy

Advocacy is the support for, or recommendation of, a particular cause or policy. Many different groups advocate for the interests of their members, or the interests of marginalized groups, in an attempt to change the policy and funding environment.

### Evaluation

Evaluation involves systematically collecting, analyzing, and using information to answer questions about projects, policies and programs, particularly about their efficiency and effectiveness in meeting defined goals. At the system level, evaluation involves understanding how well the system is in meeting the needs of children and families, and finding service gaps or duplication.

### System Planning

System planning involves co-ordination among the many different stakeholders and actors to change system-wide factors by drawing on evaluation and other research to make policy recommendations that will help solve identified problems or concerns.

### Community Planning

Community planning is when a defined group of people are involved in shaping the services that they use, and the policies that affect them.

## Community Determinants

### Aboriginal Identity

Aboriginal peoples in Canada include First Nations, Métis and Inuit. They have faced a history of colonization and discrimination that has had long-term, generational impacts on the well-being of their communities and their cultures. This has meant that many Aboriginal communities face higher rates of poverty, food insecurity and poor housing conditions compared to the Canadian average (Best Start Resource Centre, 2012). Furthermore, urban Aboriginal people often face unique challenges related to isolation or loss of language, culture and identity (Lawrence, 2004).

### Disability

While disability is clearly related to physical and mental functions, the primary issue is whether society is willing to provide persons with disabilities with the supports and opportunities necessary to participate in society. A lack of these supports and benefits can often result in social isolation, discrimination, and exclusion, as well as a lack of control over one's circumstances.

### Early Childhood Development

Early childhood experiences have a lasting effect on brain development, as well as on social and emotional development, which can continue to impact one's well-being into adulthood. The experiences of children, and their individual health and development, are in turn affected by the other community determinants.

### Education & Literacy

People with higher education tend to be healthier than those with lower educational attainment. This is in part because higher levels of education often correlate with higher levels of income and job security. Education also equips people with knowledge and skills, and helps provide control and mastery over life circumstances.

### Employment & Job Insecurity

Employment not only provides income, but also a sense of identity and purpose. However, the conditions of employment such as: high-stress jobs, unsafe working conditions or having few opportunities for self-expression and development at work also impact well-being. Conversely, unemployment, underemployment or precarious work can also lead to social deprivation, stress, poverty and health-threatening coping behaviours.

### Food Insecurity

A person who is food secure has physical and economic access to a sufficient quantity of healthy, nutritious, safe and culturally-appropriate food in a dignified and socially-acceptable way. Food insecurity can also lead to psychological and emotional stress. Malnutrition and hunger can lead to many chronic diseases including diabetes, heart disease and obesity.

## **Francophone Identity**

French is an official language in Canada, and as such, Francophone communities have unique rights and needs related to maintaining their language and culture. These factors are related to accessing culturally-appropriate services, which impact the well-being of Francophone communities.

## **Gender**

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Many aspects of well-being are a function of gender-based social status or roles.

## **Health Services**

A universal health care system like Canada's contributes to the health of population and protects lower income citizens who would not be able to afford private health care insurance. However, many lower income families have limited or no access to certain health services that are not covered by the public health care system, such as: eye care, dentistry, mental health counseling, prescription drugs, and early identification services.

## **Housing**

Overcrowding, the presence of toxins or mold, and poor sanitation are just some examples of how housing conditions impact physical and mental health. A lack of affordable housing reduces the resources that a family has available to support other aspects of health and well-being. Being caught in a cycle of homelessness and precarious housing can have severe and direct health consequences.

## **Immigration & Migration**

Many newcomers and longer-term immigrants face barriers related to racial discrimination and language, but they can also have particular needs that are unique to being unfamiliar with a new community or country. Similarly, people who move within a region, for example from one province to another, can also experience challenges that have health consequences.

## **Income & Income Distribution**

The level of income that an individual or family receives affects their overall living conditions, which in turn affects their mental, physical or social well-being. Income is very closely tied to many of the other community determinants in this list, such as food security and housing. At a societal level, a more equal distribution of income across the population strongly predicts a more healthy society overall.

## **Physical Environments**

There are two major ways that the physical environment affects well-being. First, exposure to toxins and harmful chemicals can have a direct impact on one's health. Second, the built environment also influences well-being. For example, access to transportation, outdoor and park spaces, and recreation facilities all can affect one's physical and mental health.

## **Race, Language & Culture**

Visible and cultural minority groups can often experience a variety of adverse circumstances, including racism, which impact their health and well-being. Language is a very important aspect of culture, and a loss of one's traditional language or an inability to receive services in that language can affect one's sense of identity.

## **Social Exclusion**

Social exclusion refers to a person or group being denied the opportunity to participate fully in the social, political or economic life of a society. Socially excluded groups are more likely to suffer from unemployment and poverty, and often lack power to change the circumstances that affect their well-being.

## **Social Safety Net**

The social safety net refers to a range of benefits, programs and supports that protect children and families during various life changes that can affect their well-being, such as having an accident, experiencing family break-ups, moving, or becoming unemployed.

## **Social Support Networks**

Support from families, friends and communities is associated with well-being. Such support could be very important in helping people solve problems and deal with adversity, as well as provide satisfaction and well-being.

## **Stress, Bodies & Illness**

Stress can arise from many different situations and circumstances, and can have adverse affects on one's physiological and psychological health. Physiologically, prolonged stress weakens the body's resistance to diseases and disrupts the hormonal and metabolic systems. Psychologically, stress can raise levels of anxiety and feelings of hopelessness, which in turn can affect one's coping behaviours.

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