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Lethbridge FCSS

Research Brief

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For: Community & Social Development Committee

## I. Purpose

The purpose of this research brief and program overview is to provide Lethbridge FCSS with a brief overview of key research in each of FCSS's three priority areas. It accompanies the framework document, *New Investment Framework and Priorities for FCSS Lethbridge, 2012*. The aim of this brief is to provide information to agencies in terms of program best practices and relevant research within the three priority areas.

This document is organized around the five outcome areas identified by FCSS. The research within each area is not intended to provide comprehensive coverage but rather act as an overview of key studies and best practices. The information provided in this document is broader than FCSS funding parameters; thus includes details on programs that are not eligible for FCSS funding. It is hoped that the inclusion of additional information will support agencies in program development in areas outside FCSS funding and inform future work.

The information provided here draws heavily from research briefs developed by Merrill Cooper of Guyn Cooper Research Associates, Ltd. for FCSS Calgary in the areas of: Positive child and youth development; Positive parenting and family functioning; Adult personal capacity and individual and family economic self-sufficiency; Positive social ties and vulnerable populations; Strong neighbourhoods; Aboriginal people, decreasing social exclusion and increasing social ties. Rather than duplicate the comprehensive research work that FCSS Calgary has completed, this document synthesizes research from those documents that is relevant to the priorities of Lethbridge FCSS. For further information and to see the extensive research bibliography used for this work, we recommend you access the individual research briefs on FCSS Calgary's website.<sup>1</sup> In addition to synthesizing material from FCSS Calgary, focused research related to Lethbridge FCSS's priority areas was carried out to identify 'best practices' and key characteristics of successful programs and interventions in other jurisdictions.

This document is organised into two main sections. The first outlines and briefly discusses Lethbridge FCSS's three priority areas. It also provides a general overview of the risk factors and protective factors associated with each area. The second section presents important research on each of the five outcomes associated with the three priority areas. This section begins with a general discussion of each of the outcomes, including an overview of the important components of programs that are associated with meeting the outcomes and examples of best practices drawn from North American municipalities. As such, this section briefly provides both macro-level (system level) information and micro-level (more specific) details about programs that have a proven track record. The bibliography lists all the sources consulted in this research.

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<sup>1</sup> FCSS Calgary, "Research Briefs," FCSS City of Calgary, <http://www.calgary.ca/CSPS/CNS/Pages/FCSS/Research-Briefs.aspx> (accessed May 2012).

Although issues associated with each outcome area are discussed separately, it is important to remember that there is significant overlap between the priority areas and therefore between program responses. For example, challenges facing those living with disabilities are linked both to outcome four (individuals and families have positive social ties) and to outcome five (communities are welcoming and inclusive). Thus, program responses and other interventions might be specific to one priority area, but also serve to advance program goals in more than one outcome areas.

## **2. Overview of Lethbridge FCSS Priorities**

Lethbridge FCSS will work towards creating strong healthy families and a welcoming, inclusive community by focusing on three priority areas:

- ▶ Well-being and resilience
- ▶ Social inclusion and cohesion
- ▶ Access to effective community services

Each of these priority areas are discussed below and general information regarding risk and protective factors are presented.

### **2.1 Priority Area One: Well-being and Resilience**

FCSS will fund programs and initiatives that support well-being and resilience in individuals, families and communities. The Canadian Index of Well-Being describes well-being as “the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture”<sup>2</sup>

Along with supporting programs that build well-being, FCSS is interested in building resilience. Resiliency is the capability of individuals, families, groups and communities to cope with and overcome adversity or stress in healthy and productive ways and to build their ability to respond to future challenges.<sup>3</sup>

The ultimate goal of FCSS funding is to help individuals, groups and communities achieve comprehensive well-being. As such, the focus of FCSS activities is on the promotion of the skills and knowledge required for individuals and families to build on their strengths, address challenges, cope with adversity, and increase their capacity to care for themselves and others.

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<sup>2</sup> Canadian Index of Wellbeing, “What is Wellbeing,” Canadian Index of Wellbeing, <http://ciw.ca/en/WellbeingInCanada/WhatIsWellbeing.html> (accessed May 2012).

<sup>3</sup> For more information on Resiliency, see [www.ResiliencyCanada.ca](http://www.ResiliencyCanada.ca).

Capacity building is the enhancement of skills, resources, knowledge and abilities to address both immediate needs and support the achievement of long-term change.

**Capacity can be built at four levels:**

1. **Individual capacity:** skills, abilities, resources and knowledge to enhance wellbeing, participation in society and self-sufficiency across the lifespan.
2. **Family capacity:** skills, abilities, resources and knowledge to enhance parenting, family management and support cohesion.
3. **Organizational capacity:** the ability of non-profit organizations to effectively address client needs and respond positively to complex social issues. Organizational capacity includes both organizational and leadership development.
4. **Community capacity:** collective ability of community members to engage in decision making, find solutions to community problems, and collectively influence higher-level change.

Building the capacity of individuals, families, and communities to care for themselves and meet their needs is critical to building sustainable social change and individual, family and community well-being. FCSS is committed to a prevention approach that builds individual and family capacity by increasing ‘protective factors’ and decreasing ‘risk factors’. This approach – what France and Utting (2005) call the ‘Risk and Protection Paradigm’ of prevention – defines prevention as initiatives that create conditions or personal attributes that strengthen the healthy development, well-being and safety of children, families, individuals and/or communities (protective factors) and prevent the development of problems in each of these domains (risk factors).

The tables below provide some examples of risk and protective factors for families, children and youth, and individuals and Older Adults.<sup>4</sup>

**Table One: Risk and Protective Factors for Families**

Risk factors for families	Protective factors for families
<ul style="list-style-type: none"> <li>▪ Parental lack of education, job skills</li> <li>▪ Family isolation/frequent moves</li> <li>▪ Parental separation/divorce</li> <li>▪ Teen parenting, lone parenting</li> <li>▪ Inadequate parental knowledge about caring for selves/children (e.g., nutrition, health, education)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parental employment in full-time jobs with benefits</li> <li>▪ Access to social assistance and other concrete economic supports in times of need</li> <li>▪ Affordable, quality housing, childcare, transportation</li> <li>▪ Participation in recreation, leisure and</li> </ul>

<sup>4</sup> FCSS Calgary, *What Makes a Socially Sustainable City?* (Calgary, AB: FCSS City of Calgary, N.D.).

<ul style="list-style-type: none"> <li>▪ Lack of child supervision, poor discipline practices</li> <li>▪ Poor parental mental/physical health, addictions, criminal involvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ cultural facilities/programs</li> <li>▪ Parental resilience</li> <li>▪ Positive social and family connections and networks</li> <li>▪ Ethno-cultural pride</li> <li>▪ Achievement orientation</li> <li>▪ Positive parenting practices</li> </ul>
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**Table Two: Risk and Protective Factors for Children and Youth**

Risk factors for children & youth	Protective factors for children & youth
<ul style="list-style-type: none"> <li>▪ Living in a stressed family with multiple challenges</li> <li>▪ Living in persistent low income</li> <li>▪ Experience of abuse/neglect, experience with the child welfare system</li> <li>▪ Early experimentation with drugs, alcohol, sexual activity</li> <li>▪ Low parental expectations/low personal aspirations</li> <li>▪ Experience of racism, discrimination, trauma</li> <li>▪ Negative peer influence</li> <li>▪ Excessive unstructured or unsupervised use of time</li> <li>▪ Working more than 20 hours a week</li> <li>▪ Poor academic performance, cognitive deficits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Living in a high functioning family</li> <li>▪ Secure emotional bonds/attachment with parents/caregivers</li> <li>▪ Positive peer relationships and friendships</li> <li>▪ Positive adult mentors and role models</li> <li>▪ High social competence and sense of identity, leadership skills</li> <li>▪ Engagement in school and community</li> <li>▪ Quality and culturally-responsive early childhood education</li> <li>▪ Participation in extracurricular activities, particularly with a positive child/youth development focus</li> </ul>

**Table Three: Risk and Protective Factors for Individuals and Older Adults**

Risk factors for individuals & older adults	Protective factors for individuals & older adults
<ul style="list-style-type: none"> <li>▪ High school drop out</li> <li>▪ Low literacy/numeracy skills</li> <li>▪ Lack of relevant employment skills; low income</li> <li>▪ Lack of personal and community life skills</li> <li>▪ Lack of Canadian work experience, English language skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post-secondary education</li> <li>▪ Adequate literacy and numeracy skills</li> <li>▪ Lifelong learning</li> <li>▪ Access to social assistance and other economic/personal supports</li> <li>▪ Family and social support networks</li> <li>▪ Being married or in a secure relationship</li> <li>▪ High social competence/interpersonal</li> </ul>

<ul style="list-style-type: none"> <li>▪ Marriage/family breakdown; death of a spouse</li> <li>▪ Low self-esteem; sense of belonging</li> <li>▪ Poor physical health</li> <li>▪ Living alone</li> <li>▪ Experience of racism, discrimination, trauma</li> </ul>	<ul style="list-style-type: none"> <li>skills/life skills</li> <li>▪ Sense of belonging and engagement in the community</li> </ul>
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## 2.2 Priority Area Two: Social Inclusion and Cohesion

Social isolation is a growing problem in many communities, and it is especially prevalent with more marginalized individuals and families – those individuals and families that do not have the connections, resources and/or capacity to actively engage with others and with their communities. Social isolation is defined as the absence of social interactions, contacts, and relationships with family and friends, neighbours, and the broader society.<sup>5</sup> Social isolation contributes to a range of challenges, including mental health issues, poor overall health outcomes, and family dysfunction. Social isolation can also contribute to poverty and poor economic well-being. Individuals must become engaged with others in order to overcome or reduce address social isolation. FCSS will support programs and initiatives that build connections between people and ultimately work toward creating a socially inclusive society. A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity.<sup>6</sup>

The first step to creating a socially inclusive community is to increase social ties/connections. Increasing social ties requires fostering connections between people, communities and resources that support successful individual, family and community development. The Government of Canada’s Policy Research Initiative notes that “people with extensive social connections linking them to people with diverse resources tend to be more ‘hired, housed, healthy and happy.’”<sup>7</sup> People who do not have these social connections tend to be more socially isolated and at increased risk of health problems, poverty and social exclusion. It is possible to prevent, and in cases where exclusion already exists, to reduce social exclusion by increasing connections between people.

In short, research demonstrates that much can be done over time to increase social inclusion and to prevent the negative effects of social exclusion, isolation and

<sup>5</sup> R.L. Berg and J.S. Cassells, *The Second Fifty Years: Promoting Health and Preventing Disability* (Washington, D.C.: National Academy Press, 1992), 243.

<sup>6</sup> Victoria Health, *Research Summary 2 Social inclusion as a determinant of mental health & wellbeing*, (Victoria, B.C.: Victoria Health, 2005).

<sup>7</sup> Canada, Policy Research Initiative, *Social Capital: A Tool for Public Policy, Social Capital Briefing Note* (Ottawa, ON: Government of Canada, 2005).

marginalization that contribute to vulnerable groups' entrenchment in poverty. The tables below provide some examples of risk and protective factors for social inclusion/exclusion.<sup>8</sup>

**Table Four: Risk and Protective Factors for Social Inclusion**

Risk factors for social inclusion	Protective factors for social inclusion
<ul style="list-style-type: none"> <li>▪ Lack of transportation</li> <li>▪ Lack of amenities (e.g., schools, banks, grocery stores, parks)</li> <li>▪ Lack of economic opportunities/chronic unemployment, underemployment</li> <li>▪ Working multiple jobs, and/ or having unstable or uncertain employment<sup>9</sup></li> <li>▪ Poor neighbourhood design, poor housing conditions</li> <li>▪ Lack of safe, accessible community spaces</li> <li>▪ Racism, discrimination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community economic development opportunities and places for social interaction throughout the community</li> <li>▪ Sense of community</li> <li>▪ Arts, cultural and community activities</li> <li>▪ Community organizations/networks</li> <li>▪ Access to parks and recreation</li> <li>▪ Programs that meet community needs and desires and that have community input</li> <li>▪ Opportunities and places for social interaction</li> <li>▪ Community organizations and networks with high participation</li> <li>▪ Community leaders who share power and seek to include everyone</li> <li>▪ Stable, secure employment at a living wage</li> </ul>

### 2.3 Priority Area Three: Access to Effective Community Services

An accessible network of effective services for people who require support is critical to ensuring that individuals and families are strong and healthy. Accessible services refer to services that are: 1) physically accessible, 2) culturally and age appropriate, 3) welcoming, 4) non-discriminatory, and 5) affordable. Effective services are services that have a proven ability to meet client needs (this is usually demonstrated by outcome evaluation or other program evaluation), and that are provided in a timely and cost effective manner.

**FCSS will work to support access to effective services through three strategies:**

- **Strengthening the capacity of agencies to provide effective services:** FCSS will provide support to agencies to build their own capacity to deliver accessible and effective services. FCSS will provide leadership in the development and understanding of best and promising practices, and support evaluations and program enhancement.

<sup>8</sup> FCSS Calgary, *What Makes a Socially Sustainable City?*, (Calgary, AB: FCSS City of Calgary, N.D.).

<sup>9</sup> Wayne Lewchuk, Marlea Clarke and Alice de Wolff, *Working without Commitments: The Health Effects of Precarious Employment* (Kingston, ON: McGill-Queens University Press, 2011).

- **Strengthening networks and integration of services:** FCSS will also ensure that there is a comprehensive network of services and supports for those who require them. FCSS will also help to minimize gaps in services (through support for partnerships and collaboration).
- **Strengthening services and information access:** FCSS will work to ensure access to information and referrals so that those most in need of services and supports know about what is available and are able to access what they need in a timely manner.

These strategies are informed by research about the risk and protection factors for effective services. See table five below for a brief overview of these factors.

**Table Five: Risk and Protective Factors for Effective Services**

Risk factors for effective services	Protective factors for effective services
<ul style="list-style-type: none"> <li>▪ Competition for funding among service providers</li> <li>▪ Government focus on fiscal restraint</li> <li>▪ Punitive public attitudes towards the poor</li> <li>▪ Limited internal capacity of agencies to engage in research and evaluation</li> <li>▪ Insufficient services to meet needs</li> <li>▪ Lack of service coordination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordinated, integrated system of non-profit service delivery</li> <li>▪ Strong government health and social services</li> <li>▪ Sufficient funding for non-profit organizations</li> <li>▪ Recognition of root causes of social problems</li> <li>▪ Access to sufficient capacity supports for agencies</li> </ul>

### 3. FCSS Outcomes

Working within the broader prevention framework and in alignment with FCSS eligibility criteria, the following outcomes have been developed and approved by the Community and Social Development Group, City of Lethbridge. Overtime, FCSS funded agencies will be expected to deliver programs and services that are aligned with and contribute to one or more of these five outcomes.

1. Individuals and families have the capacity to care for and nurture themselves and others
2. Children and youth have healthy relationships and engage with their community
3. Successful aging in place
4. Individuals and families have positive social ties
5. Communities are welcoming and inclusive

This section provides a short discussion on each of the five outcomes, followed by brief macro information related to the outcomes (such as additional information on risk factors) and some core components of successful programs in the outcome area. The section also presents some examples of concrete programs and information from best and promising practices (micro-level information).

## **Outcome One: Individuals and Families Have the Capacity to Care For and Nurture Themselves and Others.**

Overall, FCSS is committed to supporting programs and services that strengthen individual and families' ability and capacity to care for and nurture themselves and others, and thus, to increase the prevalence of strong families. In particular, FCSS is interested in funding programs/services that build positive parenting skills, increase individual and family coping skills, and strengthen the capacity of families to manage crisis. The following information is intended to support service providers and other interested stakeholders to understand how to build individual and family capacity to care for and nurture themselves and others. These are broken down into three main areas: positive parenting, building strong and stable families; good parenting and family support programs.

### **Positive Parenting**

Parenting plays an important role in both the healthy development of the child as well as the overall family. Positive parenting practices can work to prevent family instability, and child abuse. In contrast, the key risk factors that can contribute to family instability and poor parenting include:<sup>10</sup>

- Teen parenting, lone parenting, and unplanned parenting
- Parental isolation
- Marital conflict (and in extreme cases family violence)

The key risk factors for child abuse are:<sup>11</sup>

- Young parenting
- Maternal depression
- Mental health issues
- Drug or alcohol abuse
- Parental experience of abuse in childhood

The key dimensions of positive parenting include:<sup>12</sup>

- **Warmth and responsiveness:** parents express love and affection and are responsive to their child's needs and requests

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<sup>10</sup> FCSS Calgary, *Outcome: Positive parenting and family functioning*, Research Brief No. 2. (Calgary, AB: FCSS City of Calgary, June 2009), 3-4.

<sup>11</sup> *Ibid.*, 15.

<sup>12</sup> *Ibid.*, 15.

- **Control and discipline:** parents outline specific rules and expectations and enforce them consistently
- **Cognitive stimulation:** parents ensure that their child has materials (or access to materials or supplies) that are stimulating and they are actively engaged in their child's learning.
- **Modeling of attitudes, values, and behaviours:** parents discuss their values, and convey their attitudes and act in ways that they want their children to act.
- **Gatekeeping:** parents serve as links to the environment, influencing which family and friends their child interacts with and what outside activities and programs they become involved in.

Prevention programs should improve general parenting functioning (addictions, mental health issues, basic functional life skills) and prevent early and unplanned pregnancies. Programs that work to do this include:

- Home visitation programs (e.g. comprehensive, stand-alone programs and / or occasional, semi-structured visits to the home of program participants to supplement other programming)
- Parent education programs
- Child sexual abuse prevention programs
- School based abuse prevention programs – effective abuse programs have the following features: clear identification of risk factors in age appropriate ways; abuse-specific information; skills training through age appropriate role play and practice; parent involvement; and multiple sessions in which children learn skill and have concepts reinforced.
- Social and emotional well-being, positive peer and family relationships: specific factors, such as positive emotional development (especially for girls), and school attachment and success are seen to be crucial to help prevent teen pregnancy<sup>13</sup>.
- Curriculum-based sexual education programs.

### Strong and Stable Families

There are a range of factors which contribute to the development and maintenance of strong and stable families. Some of the key features of strong and well-functioning families include:<sup>14</sup>

- **Positive outlook:** confidence, optimism, sense of humour
- **Spirituality:** shared value system
- **Family member accord:** cohesion, and avoidance of hostile conflict
- **Flexibility:** stable family roles with situational and developmental adjustments
- **Family communication:** clarity, open emotional expression, and collaborative problem solving

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<sup>13</sup> Ibid. 12

<sup>14</sup> Ibid. 15

- **Financial management:** sound money management, family warmth despite financial problems
- **Family time:** making the most of togetherness with daily tasks, family meals
- **Shared recreation:** develops child social and cognitive skills; cohesion and adaptability
- **Routine and rituals:** embedded activities that promote close family relationships; maintenance even during family crisis
- **Support network:** individual, familial, and community networks to share resources. Support networks are especially important for families in poverty.

Programs that work to support strong families include:

- **Marriage and family therapy:** appropriate clinical interventions
- **Home visitation programs:** services and supports (ideally long-term and intense) are brought to the family via visits from a professional
- **Parenting programs:** focusing on building parenting skills and abilities to successfully parent

### Good Parenting and Family Support Programs

According to research, the following are some of the key characteristics and training strategies of both good parenting and family support programs:<sup>15</sup>

- **Strength-based focus:** family interventions and education programs that focus on family strengths and resilience instead of family weaknesses have been shown to be most effective. This approach reinforces existing protective factors to prevent the occurrence or reoccurrence of child abuse and neglect.
- **Family-centered practice:** family-centered parent training programs which include family skills training and family activities to help children and parents communicate effectively and take advantage of concrete social supports have demonstrated outcomes. It is also important that family-centered programs seek to develop training strategies that are culturally appropriate and consistent with the beliefs and principles of families and their communities.
- **Individual and group approaches:** evidence suggests that a combination of individual and group parenting training is the most effective approach when building skills that emphasize social connections and parents' ability to access social supports. However, the individual approach was found to be more effective when serving families in need of specific or tailored services.

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<sup>15</sup> Ibid., 22; U.S. Department of Health & Human Services, Child Welfare Information Gateway. *Parent Education*, Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2008), [http://www.childwelfare.gov/pubs/issue\\_briefs/parented](http://www.childwelfare.gov/pubs/issue_briefs/parented).

- **Qualified staff:** program success is in large part dependent on qualified staff. Program staff should have a sound theoretical grounding as well as hands-on experience in the classroom or working with families and groups in different settings. Staff also should be able to provide culturally-appropriate services consistent with the values of the family and the community.
- **Targeted service groups:** Learning is enhanced when the participants of each program include a clearly defined group of people with common needs or identifying characteristics. Group characteristics, such as high-risk families or working versus non-working parents, also can help determine the appropriate program duration and intensity.
- **Clear program goals and continuous evaluation:** successful programs maintain individualized and group plans that have been developed in partnership with participants. It is important that progress toward program goals is routinely evaluated by aggregate analyses using both quantitative and qualitative research methods consistent with the services offered. In addition, these programs have an effective process for gathering consumer feedback and use this information, along with outcome-based evaluation efforts, for continuous quality improvement.

### Best and Promising Practices

The following information is based on best and promising practices in terms of training strategies that promote good parenting and family support. The most effective programs are those that:

- **Encourage peer support.** Programs that offer opportunities for parental peer support have a positive impact on children’s cognitive outcomes. Peer support also strengthens family bonds and gives parents an opportunity to share their experiences in constructive settings.
- **Involve father.** The involvement of fathers in parent training leads to better outcomes and promotes family cooperation and cohesion. Excluding fathers from parent training programs decreases the likelihood of success.
- **Promote positive family interaction.** Promoting family relationships is a key component of parent education programs and involves strategies to improve family interaction, communication, and parental supervision. Increasing positive parent-child interactions has been found to be associated with larger effects on measures of enhanced parenting behaviours. Strengthening marriages and other forms of committed relationships also plays a part in achieving positive family interaction.
- **Use interactive training techniques.** Interactive methods, as opposed to didactic lecturing, are a key aspect of successful parent education programs and include

activities such as group discussion, role playing, active modeling, homework exercises, and reviewing videos of effective parenting approaches.

- **Provide opportunities to practice new skills.** Requiring parents to practice new skills with their children during parent training sessions is consistently associated with greater effectiveness of parent education programs. Emotional communication skills, the use of time-out and skills to improve parenting consistency are frequently identified as having a long-term effect on parent and child behavior. These skills were found to be more effective than other common strategies, such as teaching parents problem-solving skills or ways to promote children’s cognitive, academic, or social skills.
- **Focus on ‘the family.’** While it is hard to identify ‘best practices’ in terms of supporting families in crisis, a common finding in research is that programs should aim to ‘focus on the family’, to work with the entire family to strength its coping skills. Research demonstrates that effective strategies are those that focus on creating/maintaining strong and healthy parent-child relationships, and those that help families build ‘internal supports’ so that they can rely on each other for strength and support. Further, services should be designed in a way that provides encouragement, focuses on empowerment, promotes open/honest communication (both between family members and between the family and any community service providers) and helps families to better help themselves in the future.
- **Community-based, comprehensive programs:** Research shows that in order to support families dealing with crisis, programs should be: community-based; comprehensive (programs should not just become available at times of crisis, but to build more resilient families strong programs should be in place); empowering (allow individuals and families in crisis to feel like they have some control over the situation/in shaping their own intervention); complex (need to address both immediate crisis situations and further address barriers/situations that allowed for the crisis to occur and could be changed to prevent another similar crisis from occurring in the future); culturally relevant; collaborative (integrated approach to allow for a broad intervention).<sup>16</sup>
- **Competency-based, strength-oriented programs.** Promoting resiliency in children is a key component of family support and building stronger families. Research shows that children are better able to deal with crisis when they have access to at least one supportive adult in their life.<sup>17</sup> And, promoting resiliency in children (and thus

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<sup>16</sup>National Network for Family Resiliency: Children, Youth and Families Network CSREES-USDA, *Building Strengths to Meet Life’s Challenges*, (Ames, IA: Iowa State University Extension, July 1995), 7. Accessed May 2012. <http://www.extension.iastate.edu/Publications/EDC53.pdf>

<sup>17</sup> Froma Walsh, “The Concept of Family Resilience: Crisis and Challenge,” *Family Process* Vol. 35, No. 3, (1996): 4. Accessed May 2012. <http://onlinelibrary.wiley.com/doi/10.1111/j.1545-5300.1996.00261.x/pdf>

contributing to building family support for children) has shifted to a focus on “competency-based, strength-oriented paradigm”<sup>18</sup> This involves promoting, within the family: cohesion, flexibility, open communication, and problem-solving skills.

## Outcome Two: Children and Youth have Healthy Relationships and Engage with Their Community

Lethbridge FCSS is committed to supporting programs/services that provide the types of supports that allow children and youth to build healthy relationships with their family, peers and other adults, as well as becoming engaged in the community through healthy activities.

It is critical that all children and youth build healthy relationships and are engaged in constructive community activities. This is especially the case for young people who face significant barriers to achieving and maintaining well-being, such as youth who live in the following situations: alone or are homeless; in families experiencing chronic low-income; and, in dysfunctional families. Building healthy relationships and engaging in constructive community activities is also particularly important for children and youth who: have experienced or have witnessed abuse and/or trauma; lack interpersonal or social skills; have cognitive deficits and/or emotional and/or mental health issues; and for those who are not engaged in or succeeding in school and/or experience low sense of belonging in school and/or the community.

### Programs that build positive relationships for children and youth include:<sup>19</sup>

- **Youth development programs:** after-school programs and programs that take place during evenings, weekends and the summer months. Programs that help children and youth to improve their social skills, make friends, and make connections with caring and positive adult role models and mentors.
- **Mentorship programs:** programs that provide formal mechanisms for establishing a relationship between a child or youth and at least one caring adult.

The discussion below provides some general and micro-level information regarding programs and best practices associated with children and youth in healthy relationships.

### Youth Development

Where possible, youth development programs should:

- Provide opportunities for youth to participate outside of school in clubs, sports, music, the arts, fundraising, volunteer activities and other community

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<sup>18</sup> Ibid., 5

<sup>19</sup> FCSS Calgary, *Outcome: Positive social ties and vulnerable populations*, Research Brief No. 4. (Calgary, AB: FCSS City of Calgary, June 2009).

organizations and activities to facilitate community engagement and a sense of belonging.

### **Best practices in youth development programming:<sup>20</sup>**

- **High-quality programming:** effective programs include activities that are deliberately structured to provide a set of operational procedures, values and morals that teach and encourage pro-social behaviour. This includes:
  - ✓ appropriate supervision and program structure
  - ✓ competent, qualified staff
  - ✓ intentional programming with opportunities for autonomy and choice
  - ✓ strong partnerships to develop and deliver programs.
- **High Dosage:** the greater the frequency of participation (more days per week) the greater the outcomes.

### **Mentoring Programs**

Effective mentoring programs provide the opportunity for youth to create close, consistent, and enduring relationships with positive individuals who will remain in the young person's life over the longer term.

Mentoring youth (especially vulnerable youth) should:<sup>21</sup>

- *Be focused* on meeting the youth's attachment needs first; goal setting, activities, and other interventions come after.
- *Build relationships that are close*— based on trust and unconditional regard and concern for the youth.
- *Provide consistent interaction* – engagement must involve regular opportunities for contact that have routine and predictability (even when the youth is entirely unpredictable).
- *Be of an enduring nature* – relationships last for a minimum of 12 months (much longer if possible). When the mentor is program assigned (as opposed to natural) the relationship has clear closure rituals.

### **Promising practices in mentoring:<sup>22</sup>**

- Regular meetings, ideally at least once per week, for at least a period of one year, are most beneficial.
- Mentoring programs that engage parents appear to have greater success in fostering positive developmental outcomes.
- Mentoring programs that use mentors whose background includes experience in a helping role (e.g., teachers, social workers) are usually more effective. There is

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<sup>20</sup> FCSS Calgary, *Outcome: Positive child and youth development*, Research Brief No.1. (Calgary, AB: FCSS City of Calgary, June 2009), 3-5.

<sup>21</sup>For more on youth mentoring see: Melissa Innes, *Mentoring Vulnerable Youth*, United Way of Calgary (Calgary, AB: United Way of Calgary, December 2011).

<sup>22</sup> FCSS Calgary, *Outcome: Positive child and youth development*, Research Brief No.1. (Calgary, AB: FCSS City of Calgary, June 2009), 10.

also substantial evidence that older adults can be very successful and effective mentors.

- Mentoring activities that focus on play and structured activities may be most effective for young children, especially boys.
- Programs for adolescents should provide opportunities to explore and learn new things for which they can receive attention and praise, and emphasize the development of social skills and positive connections with adults.
- “Prescriptive” mentoring relationships (i.e., those in which interactions are geared toward a specific goal set by the adult, such as improving school performance) appear to be less effective than relationships based on the changing needs and interests of the young person.
- A close relationship, characterized by mutuality, trust, and empathy, between the mentor and the mentee is one of the best predictors of positive developmental outcomes and may be even more important than the frequency of contact between the mentor and the mentee.
- Program practices that foster close relationships and good outcomes include:
  - ✓ careful recruitment, screening, and matching
  - ✓ ongoing training and support for mentors
  - ✓ structured activities
  - ✓ high expectations for frequency of contact between mentor and mentee
  - ✓ ongoing monitoring of the relationship by the program
  - ✓ youth involvement in deciding how time will be spent and attention to the youth’s need for fun
- Mentoring may be best suited to children and youth who are not yet considered too vulnerable or ‘at risk’. Children and youth facing series challenges may require more intensive interventions.

For additional resources related to quality, community-based mentoring please see the Alberta Mentoring Partnership Website : [www.albertamentors.ca](http://www.albertamentors.ca) .

### Outcome Three: Successful Aging in Place

FCSS is committed to supporting programs and services that support the adult population to ‘age in place’. Aging in place is crucial for many communities, but especially for those (such as Lethbridge and other Canadian cities) where there is an aging baby boomer population and a growing percentage of that population that would like to remain in their homes and immediate community while they age. Further, the growing feeling among Canadians is that individuals should be allowed to ‘age in their place of choice’ and that it is the responsibility of governments to provide services which will allow them to do so.

Successful aging in place is closely linked to health aging. Healthy aging can be seen as the ability to continue to function mentally, physically, socially and economically as the body ages. Health Canada defines healthy aging as “a lifelong process of optimizing

opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life course transitions.”<sup>23</sup>

An age-friendly accessible community is seen as having policies, services and structures to create a physical and social environment that enables older adults to live securely and safely, to access education opportunities and other services, and to continue to participate in and contribute to society. This understanding of age-friendly accessible communities is based the idea that healthy and engaged older people are an essential resource for their families, communities and economies. As such, successful aging in place requires changes in public attitudes so that citizens view older people as important to their communities.

Successfully aging in place is dependent on two key and related factors. First, it is important that we understand the determinants of healthy aging, specifically the supports, conditions and attitudes required for people to age in a healthy way. There has been significant research into the determinants of healthy aging and how to transform communities into ‘age-friendly’ communities and to support older adults to lead healthy, active lives and to access quality care when and where they need it over the past 15 years.<sup>24</sup> Second, informed by this research, it is critical that appropriate actions be undertaken, including the development and implementation of programs and measures to make communities age-friendly.

This section begins with a brief overview of some of the implications of an aging population, and with a general list of programs that work to provide accessibility and facilitate aging in place. With these program considerations in mind, the remainder of the section discusses four core areas important to ‘aging in place’: safety and security; opportunities to socialise and participate; support services; and, public attitudes. It includes some remarks about aging and physical ability, however much of the material on disability is presented below, in the section on inclusive communities (outcome five). Still, some key points about physical ability are noted in this section as aging does sometimes result in mobility challenges and other physical issues, even for older adults who are healthy.

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<sup>23</sup> Canada, Health Canada, Division of Aging and Seniors, *Toward Healthy Aging Communities: A Population Health Approach* (Ottawa, ON: Health Canada, 1997), Prepared by: Linda Macleod and Assoc., [www.hwc.ca/datahpsb/seniors/index.htm](http://www.hwc.ca/datahpsb/seniors/index.htm).

<sup>24</sup> Alberta, Alberta Health and Wellness, Continuing Care Association, *Challenges and Recommendations Paper for Alberta Health and Wellness*, (Edmonton, AB: Alberta Health and Wellness, 2010); *Behavioural and Psychosocial Determinants of Healthy Aging: A Review of the Literature*, (Calgary, AB: Calgary Health Region, Healthy Aging Committee, November 2005); World Health Organization, *Ageing and Life Course, Family and Community Health, Global Age Friendly Cities: A Guide*, (Geneva, Switzerland: World Health Organization, 2007); Alberta, Alberta Health and Wellness, *Healthy Aging: New Directions for Care*, (Edmonton, AB: Alberta Health and Wellness, November 1999); Alberta, Alberta Health and Wellness, *Alberta’s Healthy Aging and Seniors Wellness Strategic Framework 2002-2012*, (Edmonton, AB: Alberta Health and Wellness, 2012).

## Population Aging: A Snapshot of Implications<sup>25</sup>

Much research and discussion has taken place in recent years about the implications of an aging baby boomer population. The following are some of the key implications demographic changes in Canada and elsewhere:

- The new generation of older adults will want more opportunities to participate in community and employment. This will mean changing communities, enhancing public transportation and reviewing employment policies.
- Older adults will want more choice about where they live and how they receive care.
- The growing portion of the population that requires additional health and personal care will mean an increasing tax burden with a shrinking tax base.
- Smaller families having fewer children later in life means a shrinking pool of unpaid caregivers and a growing sandwich generation (those responsible for the care of young children and aging parents at the same time).
- There will be a need for additional appropriate and affordable seniors housing that provides a continuum of services.
- There will be an increasing need for appropriate facilities and more trained personnel to provide these health and personal care services.
- There are more people aged 85 and older who will need increasing levels of care. As such, there will be a need for additional long-term care beds.

Lethbridge FCSS is committed to addressing some of these new challenges and opportunities by supporting programs/services/initiatives that enable older adults to successfully age in the place of their choice. That means enabling older adults to: access appropriate supports and services; build and sustain multi-generational relationships; participate in community activities and with other members of the community; and, be engaged in civic activities and decision making.

In general, age friendly organizations and communities strive to:<sup>26</sup>

- Recognize the great diversity among older persons
- Promote their inclusion and contribution – economically, intellectually and spiritually – to community life
- Respect their decisions and lifestyle choices
- Anticipate and respond flexibly to aging-related needs and preferences
- Protect those who are most vulnerable

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<sup>25</sup> Melissa Innes, *Creating Caring Communities for Older Albertans*, Bethany Care Society (Calgary, AB: Bethany Care Society, June 2010), 7.

<sup>26</sup> Melissa Innes, *Creating Caring Communities for Older Albertans*, Bethany Care Society (Calgary, AB: Bethany Care Society, June 2010), 14

## Programs that work to provide accessibility and facilitate aging in place include:

- **Respite care:** living with other people, or being part of a ‘family’ (biological or otherwise) has been associated with better health outcomes. Respite care includes programs that provide support to caregivers to maintain their own health and well-being while providing care to others. Sufficient respite care, counselling and training opportunities, and compensation for lost employment income and out of pocket expenses should be provided.
- **Network of support:** a strong network of coordinated, accessible community services for older adults is central to aging in place; this is especially true for low income and isolated seniors who may not have a social network to support them.
- **Appropriate transportation:** this includes accessible and affordable public transportation that provides adequate service (reaches key destinations such as shops, health centres, libraries, with well-connected routes). It also includes specialized transportation services for many older adults who have mobility issues and are unable to use public transit.
- **Housing:** there is a need for a range of local and affordable housing options and a wide array of services to support older adults to stay in their homes.
- **Security:** older adults must feel safe in their community (see discussion below).
- **Creating opportunities to socialize and participate:** this is especially true for older adults and people living with disabilities that are new immigrants, and have other barriers such as language.
- **Providing support to navigate and access services:** supporting older adults to access the support they need (see discussion below).<sup>27</sup>
- **Accessible community infrastructure:** designing neighbourhoods for older adults (and people living with disabilities).

The remainder of this section explores three central issues noted above (safety and security; opportunities to socialise and participate; support services and navigating services), and also the issue of public attitudes. It draws on national and international research in order to identify some general and specific features of programs which help Older Adults age in place, and to identify best practices from other municipalities in North America. It begins with some general points regarding programs that work to provide accessibility and enable aging in place for older adults. The section concludes with a list of some overall considerations.

### Safety and Security

Safety and security are crucial components of older adults’ ability to age in place. Most of the research and policy-oriented literature regarding security and safety of older

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<sup>27</sup> Melissa Innes, *Creating Caring Communities for Older Albertans*, Bethany Care Society (Calgary, AB: Bethany Care Society, June 2010), 16-20.

adults attempting to ‘age in place’ focuses on ways to ensure that home environments are safe and accessible for aging individuals. While there is limited research on ways to ensure that older adults feel safe in their community, one important criteria frequently identified is the importance of ensuring safety of these individuals at night. For example, recent research conducted and published by the Institute for Life Course and Aging at the University of Toronto<sup>28</sup> highlighted how important it is for communities to help ensure personal safety, especially at night, for older adults.

Some general and specific features of communities which help ensure safety for older adults and emerging best practices include:

- **Increased support for personal safety initiatives:** these include programs such as neighborhood watch groups)<sup>29</sup>
- **Safe/comfortable transportation options for seniors:** inadequate transportation is a main cause of social isolation of older adults.<sup>30</sup>
- **‘Buddy Walkers’ programs:** programs to allow older adults to feel safer and more confident to enter / walk around the community
- **Safe walking paths:** paths need to be for all users, especially seniors who might have less sure footing, and those with walking aids with nearby accessible toilets<sup>31</sup>

Other security concerns for older adults are around the prevention of abuse and neglect of seniors.<sup>32</sup> There are generally understood to be three key areas of prevention: laws and legislation; awareness, education and training; and strong and sustainable communities. In terms of the strong and sustainable communities, the Canadian Public Health Agency has found the following:

- Coordinated community efforts are more promising than uncoordinated efforts
- Bring older adult community leaders into the conversation to make them strong advocates in the seniors community
- Strong communities help to create open dialogue and establish trust relationships that allow abused and neglected Older Adults to feel comfortable addressing their situations with caregivers, and/or health and social professionals.

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<sup>28</sup> Lynn McDonald and Julia Janes, *Mapping Aging in Place in a Changing Neighbourhoods*, (Toronto, ON: Institute for Life Course and Aging, University of Toronto, May 2008), 53, [http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL\\_Aging\\_in\\_Place.pdf](http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL_Aging_in_Place.pdf)

<sup>29</sup> World Health Organization, Ageing and Life Course, Family and Community Health, *Global Age Friendly Cities: A Guide*, (Geneva, Switzerland: World Health Organization, 2007), 24

<sup>30</sup> Canada, Public Health Agency of Canada, “Chapter Four: Setting Conditions for Health Aging,” *The Chief Public Health Officer’s Report on The State of Public Health in Canada 2010*, (Ottawa, ON: Public Health Agency Canada, 2010) <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-07-eng.php#c4-2>

<sup>31</sup> Ibid.

<sup>32</sup> Canada, Public Health Agency of Canada, “Chapter Four: Setting Conditions for Health Aging,” *The Chief Public Health Officer’s Report on The State of Public Health in Canada 2010*, (Ottawa, ON: Public Health Agency Canada, 2010) <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-07-eng.php#c4-2>

## Opportunities to Socialize and Participate

It is important that older adults are not isolated (see other outcomes in this document regarding issues associated with inclusion, such as outcomes four and five). Overall, it is important that older adults (especially those with disabilities and new immigrants and / or those who face other barriers such as language) have opportunities to socialize and to participate in the broader community. Research has pointed to the importance of multi-generational relationships, social connections, and programs to reduce older adult isolation.

Research demonstrates that lack of adequate, accessible and safe transportation is the major barrier to social inclusion for aging adults.<sup>33</sup> Research recognizes that ensuring adequate, accessible and safe transportation is of vital importance in promoting social inclusion and preventing social isolation.

Further research demonstrates that establishing age-appropriate, accessible, and affordable social activities allowed for greater social inclusion. Likewise, meal programs and diverse recreational activities, which also help to promote activity, promote socialization.

Based on research and best practice, examples of possible social and recreational activities include:

- Community centres or gyms that focus on needs of older adults
- Group classes such as yoga, water aerobics, biking, dancing and yoga help promote socialization and a healthy lifestyle.<sup>34</sup>
- Diverse recreational activities (e.g. Seniors' Summer Camp)
- Intergenerational programming options, such as mentoring children and youth or formal volunteer programs run through elementary schools.<sup>35</sup> Programs could also include: providing child care and aiding various public programs that foster intergenerational relationships between children, youth, adults and older adults<sup>36</sup>

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<sup>33</sup> Verena Menec et al., *Age-Friendly Cities Project Portage la Prairie, Manitoba, Canada: A Report Prepared for the City of Portage la Prairie*, (Winnipeg, MB: Centre on Aging, University of Manitoba, April 2007), [http://www.umanitoba.ca/centres/aging/media/Portage\\_Report\\_May\\_2007.pdf](http://www.umanitoba.ca/centres/aging/media/Portage_Report_May_2007.pdf)

<sup>34</sup> Elli Dalrymple, *Livable Communities & Aging in Place: Developing an elder-friendly community*, (Washington, D.C.: Partners for Livable Communities, National Association of Area Agencies on Aging, n.d.), 9, [http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing\\_an\\_elder\\_friendly\\_community.pdf](http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing_an_elder_friendly_community.pdf)

<sup>35</sup> Lynn McDonald and Julia Janes, *Mapping Aging in Place in a Changing Neighbourhoods*, (Toronto, ON: Institute for Life Course and Aging, University of Toronto, May 2008), 53, [http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL\\_Aging\\_in\\_Place.pdf](http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL_Aging_in_Place.pdf)

<sup>36</sup> Elli Dalrymple, *Livable Communities & Aging in Place: Developing an elder-friendly community*, (Washington, D.C.: Partners for Livable Communities, National Association of Area Agencies on Aging, n.d.), 9, [http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing\\_an\\_elder\\_friendly\\_community.pdf](http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing_an_elder_friendly_community.pdf)

Research also points to two additional factors regarding opportunities to socialize and participate that promote aging in place:

- **Volunteer opportunities:** provides a means for Older Adults to interact and socialize with the greater community, while recognition of volunteers' efforts further promotes volunteerism and makes older adults more aware of volunteer opportunities.<sup>37</sup> Further, research done in Portage la Prairie Manitoba shows that formalized recognition of volunteerism and contributions that older adults provide to the community is an important part of older adults feeling like valuable and appreciated members of society.<sup>38</sup>
  - Greater focus on training, recruitment of senior volunteers and creating a dynamic environment for seniors to volunteer also tends to promote greater social inclusion.<sup>39</sup>
  - Including older adults in creating meaningful volunteer opportunities that will be suitable for their demographic can help to promote volunteerism as a means for social inclusion.<sup>40</sup>
- **Educational opportunities and creating life-long learning opportunities:** these are an important means to keep seniors active and engaged by fostering new interests and providing new avenues for social inclusion.<sup>41</sup>

## Support Services and Navigating Services

Research suggests that keeping access to services as uncomplicated as possible promotes greater use by aging populations. Consolidating information and developing senior specific communication mechanisms promote ease of information for aging individuals. Research also suggests that it is important to allow older adults to do peer-programming, and participate in decision/policy making, especially with regard to developing services aimed at older adults.<sup>42</sup>

Some issues / suggestions to keep in mind when developing or altering services for older adults:

- **Outreach endeavors should use media that older adults utilize.**
  - Public service announcements on TV and radio, community newsletter, including a 'seniors' section in the local newspaper, door-to-door initiatives in high seniors population areas.

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<sup>37</sup> Verena Menec et al., *Age-Friendly Cities Project Portage la Prairie, Manitoba, Canada: A Report Prepared for the City of Portage la Prairie*, (Winnipeg, MB: Centre on Aging, University of Manitoba, April 2007), [http://www.umanitoba.ca/centres/aging/media/Portage\\_Report\\_May\\_2007.pdf](http://www.umanitoba.ca/centres/aging/media/Portage_Report_May_2007.pdf)

<sup>38</sup> Ibid., 9

<sup>39</sup> Canada, Public Health Agency of Canada, "Chapter Four: Setting Conditions for Health Aging," *The Chief Public Health Officer's Report on The State of Public Health in Canada 2010*, (Ottawa, ON: Public Health Agency Canada, 2010) <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-07-eng.php#c4-2>

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Lynn McDonald and Julia Janes, *Mapping Aging in Place in a Changing Neighbourhoods*, (Toronto, ON: Institute for Life Course and Aging, University of Toronto, May 2008), 54, [http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL\\_Aging\\_in\\_Place.pdf](http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL_Aging_in_Place.pdf)

- Internet and local agencies are inadequate in attempting to reach socially isolated adults.<sup>43</sup>
- **City-wide access to services important:** a good model for this could be the Edmonton Seniors Coordinating Council which created a “made in Edmonton” model for city wide access to services.<sup>44</sup>
- **Access to information:** older adults need information about programs and services and help to navigate the system. Often there is no single source of information available; compiled and comprehensive information in one – or even just a few – sources makes it much easier for older adults to access information. Information on programs and services should be available in easy to obtain and understand formats and in other languages.
- **Strong and comprehensive outreach worker programs:** city wide outreach programs to provide and promote services for older adults are important. These are especially important to reach isolated individuals. One of the core tasks of outreach is the provision of information and referrals, and assisting individuals to navigate various support systems.

### Changing Public Attitudes

Research suggests that public and personal attitudes about aging and older people have a significant impact on their health and well-being, and on their motivation to continue to be active and engaged. Changing these attitudes and promoting greater appreciation of the vital contributions made by older adults will help these individuals stay healthier and engage with the community longer while at the same time making our society stronger and more inclusive.

Program activities aimed at changing public attitudes could include:

- Activities or programs that increase opportunities for older adults to engage in the community, and to socialize with peers and across generations
- Support for intergenerational programming, civic participation, volunteerism and employment
- Work to foster understanding, tolerance and respect across age-groups
- Programs aimed at building social support – the sense that one is cared for, loved, esteemed, and a member of a network of mutual obligation.

### Overall program considerations for services and programs for older adults:<sup>45</sup>

- Acknowledge differences between older adults
- Do not assume that people will access services just because they are available

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<sup>43</sup> Ibid., 52.

<sup>44</sup> Mark Holmgren, *Helping Seniors Age in Place: A Strategic Framework to Improve Outreach to Edmonton’s isolated and/or At-Risk Seniors*. (Edmonton, AB: Edmonton Seniors Coordinating Council, October, 2010) 4, <http://www.seniorscouncil.net/uploads/files/Outreach%20report%20Helping%20seniors%20age%20in%20place.pdf>

<sup>45</sup> FCSS Calgary, *Outcome: Positive social ties and vulnerable populations*, Research Brief No. 4. (Calgary, AB: FCSS City of Calgary, June 2009), 12-16.

- Do not force older adults to participate
- Target interventions to specific groups/people with similar risks (widows groups, Alzheimer’s caregivers)
- Identify and address barriers to participation: economic, language, literacy, disability
- Involve older adults in all aspects of planning, implementation, and evaluation
- Give participants control over their participation and activities
- Be flexible in program delivery
- Ensure well-trained facilitators: in mentorship, friendship development, multiculturalism etc.
- Have clearly defined roles for volunteers and staff members
- Link people to a single point of entry to access services
- Create programs that focus on skill development (socialization skills, English as a second language for immigrants and refugees)
- Create inter-organizational planning groups made up of older adults
- Partner with other organizations to limit duplication of services
- Ensure accessibility of programs; provide transportation to participants
- Use a variety of information and communication channels
- Use resources already present in the community
- Have evaluation built into programs from the beginning and ensure that evaluations are adequately funded
- Encourage networking among agencies, universities and governments

#### **Outcome Four: Individuals and Families Have Positive Social Ties**

Lethbridge FCSS is interested in supporting programs/services that build connections, such as bonding social capital (support from friends and family), as well as bridging social capital (relationships with wider community members). The following information is intended to support service providers and other interested stakeholders in understanding how to work with individuals and families to build positive social ties.

Economic, health and social science research has demonstrated that our lives are enhanced by social ties with other people - our families, friends, neighbours, social groups and co-workers. Increases in these social contacts have been associated with improved mental and physical health, lower rates of social problems and greater access to economic security. People who belong to organized social groups live longer than those who do not belong to such groups.<sup>46</sup>

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<sup>46</sup> The Council on Quality and Leadership. 2005. “Social Capital Index” (Towson, Maryland), page 7. See also Lewchuk, Clarke and de Wolff, 2011.

Building social ties reduces social isolation. Research suggests that there are specific groups of people that are most at risk of social isolation. Consequently, there are specific programs and interventions that are more successful at preventing social isolation with each specific group rather than a singular best strategy. The section below explores programs and interventions with reference to immigrants, low income individuals and families, older adults, indigenous people (First Nations, Métis and Inuit), and people living with disabilities. While these groups are discussed as separate groups, it is of course important to note that individuals often at the greatest risk of social isolation are those who occupy multiple groups (e.g. older adults who are recent immigrants, or who are indigenous).

## Immigrants

Immigrants, especially recent newcomers and refugees, face language and/or cultural barriers. Immigrants also tend to have low income and are often unable to obtain employment commensurate with their credentials. Further, immigrants are often isolated at home without many social ties, and / or belong to ethno-cultural communities with few members in Lethbridge and the surrounding areas. These factors individually and together make immigrants particularly at-risk of social isolation.

Programs that work for isolated immigrants:<sup>47</sup>

- **Host programs:** programs that match newcomers with a volunteer who is either Canadian-born or a permanent resident.
- **Formal and informal education:** settlement and language supports in particular. These programs help people to develop networks with other participants and professionals.
- **ESL training:** fluency in English is crucial to social and economic integration. Often women are the most in need of language training and informal programs. Such programs that ostensibly form for one purpose, such as cooking or neo-natal support can serve as an excellent vehicle for ESL instruction.
- **Employment supports, services and training:** programs that support people to obtain and maintain employment, especially secure employment at a living wage.
- **Involvement in schools:** programs such as school based programs that engage immigrant parents and extended families.

## Low Income Individuals and Families

Families that experience chronically low income and / or are led by teen parents or low-income lone parents tend to be at risk of isolation. Those families who experience high household mobility and/or homelessness, family dysfunction and/or have parents that

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<sup>47</sup> FCSS Calgary, *Outcome: Positive social ties and vulnerable populations*, Research Brief No. 4. (Calgary, AB: FCSS City of Calgary, June 2009), 3-5.

use poor parenting practices are more likely to be isolated and without adequate social supports.

Programs that work for isolated families:<sup>48</sup>

- **Customized and relationship based:** match the needs and expectations of the program recipient and build a trusting relationship.
- **Community and school engagement:** engaging families in their communities and in their children's school helps build positive social ties.
- **Social and peer support groups for women:** social isolation is a key risk factor for abused women and a consequence of abuse. Peer support groups reduce isolation, increase self-esteem and, for abused women, ensure safety.
- **Parenting groups:** provide opportunities to increase social support, provide role models and positive ties.

## Older Adults

Social isolation increases with age; it is most common among seniors aged 75 years and more, although younger seniors can also experience isolation. In addition to age, the most common risk factors for social isolation among older adults include living alone, having low income, being single, experiencing loss of a spouse or close friends, experiencing language and cultural barriers, and having transportation difficulties.

Programs that work to reduce or help prevent social isolation for older adults include: (also see section above, Outcome 3)<sup>49</sup>

- **Group interventions:** those that involve some form of educational or training input, social activities that target specific groups of people. On-going and flexible to respond to older adults' needs. This demographic can also benefit from self-help and support groups especially if they are longer-term (at least 5 months); however they may not work for severely isolated older adults.
- **"Gatekeeper" programs:** programs that train public and private sector employees who come into contact with seniors on a regular basis.
- **Home visits:** the most effective home visitation programs have a strong relationship building component, rather than just providing services. It has been suggested that the two individuals should belong to the same generation, have common interests, and share a common culture and social background.<sup>50</sup>
- **Inter-generational programs:** programs that provide opportunities for seniors' to engage with other people and across generations are important ways to support community inclusion. As noted in the section above, volunteer programs that support seniors to engage with younger people can be effective in reducing social isolation and building diverse relationships.

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<sup>48</sup> Ibid., 7-10

<sup>49</sup> Ibid., 13-16

<sup>50</sup> Ibid., 14

Programs that work to reduce or help prevent social isolation for immigrant and refugee older adults:<sup>51</sup>

- **Language classes:** these are an excellent means of engaging older refugees in social activities and reducing isolation. Language classes can also providing opportunities to assess older adults' health on a regular basis. Community outdoor gardening can also be an effective engagement tool in engaging older adults.
- **Congregate meal programs:** programs that pay attention to the menu in terms of both health and cultural appropriateness have shown promise in increasing immigrant and refugee seniors' social contacts.
- **Inter-generational activities:** activities that foster inter-generational contact and ties show promise in terms of building social ties and increasing understanding between seniors, children and youth. Seniors can also serve as tutors or teacher's assistants in child care facilities and elementary schools, and as cultural interpreters in places where adolescents spend their time.

### First Nation, Metis and Inuit People (FNMI)

The following are program considerations for FNMI people that address the unique and complex needs to this population:<sup>52</sup>

- **Cultural appropriateness:** modify strategies to specific context
- **Empowerment:** two-way exchange that builds trust and develops relationships
- **Respect for indigenous knowledge:** there must be room for knowledge sharing, and programs must always respect indigenous knowledge. For example, consider use oral traditions, including story telling.
- **Cross-cultural communication:** language can be a barrier; therefore it is important to ensure appropriate use of language and interpretation.
- **Family-based programs:** family based programs are important and have demonstrated success; ensure all family members are included
- **Mentoring:** from an Indigenous perspective is seen as more organic and incorporating more culturally based practices and approaches.
- **Community development approach:** consider using a community development approach. Such an approach allows community members to drive their own process of change, including identifying their own issues, choosing their own priorities, and having as much decision making responsibility as possible.
- **Re-think social exclusion:** if program participation rates are low, look at the reasons behind it and respond appropriately

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<sup>51</sup> Ibid., 16

<sup>52</sup> For more discussion on working with Indigenous people see: FCSS Calgary, *Aboriginal People Helping Aboriginal People: Decreasing social exclusion & increasing social ties*, Research Brief No. 6. (Calgary, AB: FCSS City of Calgary, November, 2009)

## People Living with Disabilities

The following are program considerations for people living with disabilities:

- Focus on increasing people's social capital.
- Support people's social capital within the context of the community to facilitate their alliances with others and create access to generic resources.
- Developing trusting relationships and social ties for families.<sup>53</sup>
- Ensure accessibility of programs (see *Considerations for Accessible Infrastructure*, page 13.)
- Use a variety of information and communication channels.
- Use resources already present in the community.
- Give participants control over their participation and the types of activities they are involved in.
- Acknowledge differences between participants and types of disabilities.

## Outcome Five: Communities are Welcoming and Inclusive

Lethbridge FCSS is interested in supporting programs/services/initiatives that build connections between diverse peoples, support the participation of diverse community members, and offer opportunities for people to learn about other cultures. FCSS is committed to supporting volunteerism, civic engagement and opportunities for community members to take part in community decision making. FCSS is also dedicated to building the capacity of people to influence policy, planning and service delivery.

Research shows that individuals' participation in their community has a positive impact on the overall community (and community improvement) as well in terms of improving other social conditions for all those living in the community. Involving people in building connections with each other (social capital) and working collaboratively with community organizations, sources of expertise and power beyond their own communities work to improve community conditions and people's lives.<sup>54</sup>

With this in mind, this remainder of this section discusses key components of building welcoming and inclusive communities by focusing on issues of community participation and civic engagement, and issues surrounding how to make communities

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<sup>53</sup> The Council on Quality and Leadership, *Social Capital Index* (Towson, Maryland: 2005), 9

<sup>54</sup> See the following for examples of the importance of community participation: Roz D. Lasker and Elisa S. Weiss, "Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research," *Journal of Urban Health*, vol. 80, no. 1 (March 2003): 14-47; Lynne C. Manzo, and Douglas D. Perkins, "Finding common ground: The importance of place attachment to community participation and planning," *Journal of Planning Literature*, vol. 20, no.4 (May 2006): 335-350; Renee A. Irvin & John Stansbury, "Citizen Participation in Decision Making", *Public Administration Review*, vol. 64, Iss. 1, (February 2004): 55-65.

welcoming/inclusivity for diverse populations (specifically ‘newcomers’, ethno-cultural communities), and persons living with disabilities.

### Community Participation and Civic Engagement

Programs that support community participation and/or civic engagement should use a community development approach that at a minimum has the following components:

- **Engagement:** actively seek to engage citizens in the initiative in meaningful ways, as an active part of the doing.
- **Participation and influence:** seek high levels of citizen input, including the development and direction of the initiative; ensure that citizens have on-going influence into the direction of the work.
- **Capacity building:** work to build the concrete skills and abilities of community members to share and bring about change.
- **Leadership development:** support the development of formal and informal community leaders.
- **Focus on action:** support citizens to engage in concrete actions and have short-term ‘wins’; build the confidence of those involved that they can bring about change.<sup>55</sup>

### Diverse Populations

While cities across Canada have made great progress towards fostering communities that are welcoming and inclusive of diversity, there is still a long way to go in many communities. Racism and discrimination, both systemic and individual, still exist, and work to marginalize and exclude many members of diverse populations (especially visible minority populations, indigenous people and members of the LGBT<sup>56</sup> community). Much of the research on diverse populations focuses on welcoming/inclusivity of diverse populations, mainly focused in bringing ‘newcomers’, and ethno-cultural communities into the community.

Overall program considerations should include some of the following:

- **Greater Education:** research points to the need for greater education of society on the value of a diverse population (mainly focusing on including ethno-cultural minorities as a means of promoting a greater acceptance of ‘new-comers’).

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<sup>55</sup> For further discussion of community members influencing change see: FCSS Calgary, *Outcome: Strong neighbourhoods*, Research Brief No. 5. (Calgary, AB: FCSS City of Calgary, November 2009); FCSS Calgary, *Community and Social Development Program: Community Social Worker Core Services & Competences*, (Calgary, AB: FCSS City of Calgary, August 2011)

<sup>56</sup> Lesbian, bisexual, gay and transgendered communities.

Education programs are aimed at promoting racism free environments and educating the community about the “value of immigration.”<sup>57</sup>

- **Language Training:** there is also a need for providing language training, computer literacy programs and recognizes a formal role for libraries and community centres to provide resources in a variety of languages, and resources in simple English to promote social inclusion for non-English speakers.
- **Information Accessibility:** When possible, information about services and other activities in the community needs to be accessible to as wide an audience as possible. Thus, printed material (especially about education opportunities) should be available (where possible) in various languages.

**Emerging best practice identifies ‘good practice’ ingredients as:** <sup>58</sup>

1. **Leadership Engagement:** Mayor and city council involvement in creating an anti-racist environment; lead public engagement and public education about diversity, inclusiveness needs to start with the leadership
2. **Shared Vision:** involve stakeholders and community members in creating a “shared vision” of an inclusive society to ensure that all interested parties are on the same page. Includes accepting input on key policy areas, provide a framework of equity and inclusiveness
3. **Linking to Existing Priorities, Initiatives and Networks:** position the inclusion/equity/racism reduction in the broader context of all organizational capacity at the municipal level. Link it to other community initiatives to promote greater inclusion and integration
4. **Reaching Out / Local Ownership and Active Partnerships:** strategies are more successful when developed at the local level. Need to promote ‘local ownership’ of the inclusiveness idea by including community members and local stakeholders through the meaningful consultation through the policy design and implementation process
5. **Informed Decision Making:** research ‘best practices’ in other communities, using demographic indicators to create inclusive policies for the individual community
6. **Safe and Inclusive Process:** work with stakeholders to develop/communicate a vision in appropriate language and approaches
7. **Demonstrating Commitment:** make the necessary time frame commitments, commit an appropriate amount of resources, install accountability mechanisms to measure and report
8. **Building on Success:** reflect on what works and what does not, and continue to build meaningful relationships/trust with stakeholders in partnership capacities

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<sup>57</sup> Alberta Urban Municipalities Association, “Welcoming & Inclusive Communities Toolkit,” (Edmonton, AB: Alberta Urban Municipalities Association, n.d.), 25,

[http://www.auma.ca/live/digitalAssets/25/25953\\_WICT\\_booklet\\_10232008.pdf](http://www.auma.ca/live/digitalAssets/25/25953_WICT_booklet_10232008.pdf)

<sup>58</sup> Alberta Urban Municipalities Association, “Welcoming & Inclusive Communities Toolkit,” (Edmonton, AB: Alberta Urban Municipalities Association, n.d.), 11-16

[http://www.auma.ca/live/digitalAssets/25/25953\\_WICT\\_booklet\\_10232008.pdf](http://www.auma.ca/live/digitalAssets/25/25953_WICT_booklet_10232008.pdf)

## Persons Living with Disabilities

Accessible, affordable and safe public transportation is one of the key ingredients for promoting social inclusion with regard to persons living with a disability. Accessible building and other infrastructure considerations are also critical to building welcoming and inclusive communities.

Some of the following concrete issues should be considered in creating accessible infrastructure:<sup>59</sup>

- A wheelchair needs at least 36" (91.5 cm) to get through aisles, doors, and hallways. Measure your paths of travel to make sure they are at least 36".
- Accessible seating and eating areas include tables and chairs that can be moved out of the way of a wheelchair or walker and have arms so they can be grasped by the person trying to sit down.
- Accessible parking spots need to be close to the front entrance and need to be monitored. It also helps to have an accessible passenger loading zone in front of your business.
- Would someone with low upper body strength or uneven balance be able to open your door? Door handles that have leavers or loop style handles are much easier to grasp and pull open. If you do not have a door that opens automatically, test your door tension to make sure that it has very little resistance.
- Wide paths of travel that safely link your building to public transportation stops, passenger loading zones, public streets, and sidewalks can help make your business more accessible.
- Wheelchairs, scooters, and strollers need curb cuts and curb ramps wherever a path of travel crosses a curb.
- A low service counter makes business interactions easier for someone in a wheelchair. The maximum recommended height is 34" or 86 cm.
- Ramps make it easier for all people to access buildings and levels. You can have permanent or portable ramps, but be sure to be conscious of the design. A gradual slope and handrails is important; 1" of rise needs at least 12" of ramp.
- Accessible washrooms have paper towel and soap dispensers within reaching distance for persons in wheel chairs; wash basin fixtures that are easy to grab and don't require twisting the wrists; grab bars; and hooks that are not higher than 51" or 130cm from the ground.
- Drinking fountains should be installed in pairs; one fountain with space underneath to clear a wheelchair, but not so high that someone sitting can't reach the spout; and a higher one for persons who have difficulty bending or stooping.

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<sup>59</sup> SPARC BC. *Access Awareness* (Vancouver, B.C.: Social Planning & Research Council of BC, N.D), 2-3.

- Accessible telephones are at the height where someone in a wheelchair can reach them. A text telephone, such as TTY or TTD, and equipped with volume control is recommended for people with hearing impairments.

#### **4. Conclusion**

This research brief was intended to provide an overview of relevant research, examples of promising practice and programming considerations relevant to Lethbridge FCSS's three priority areas. The document is intended to provide community agencies with preliminary resources to support the development and strengthening of programs and services that are aligned with the five outcomes set out in the new investment framework for FCSS Lethbridge. The information provided is by no means exhaustive and community partners are encouraged to use the references included below to find more detailed and program specific ideas and examples.

## References

Alberta, Demographic Planning Commission. "Embracing an Aging Population." Accessed May 2012. <http://www.seniors.alberta.ca/Seniors/AgingPopulation/>

Alberta, Demographic Planning Commission. *Findings Report: December 2008*. Edmonton, AB: Demographic Planning Commission, 2008. Commission Chair: George VanderBurg, <http://www.seniors.alberta.ca/seniors/tomorrow/FindingsReport.pdf>

Alberta. Ministry of Seniors. "Alberta's Aging Population." Accessed May 2012. [http://www.seniors.gov.ab.ca/policy\\_planning/factsheet\\_seniors/aging\\_population/](http://www.seniors.gov.ab.ca/policy_planning/factsheet_seniors/aging_population/)

Alberta Urban Municipalities Association. "Welcoming & Inclusive Communities Toolkit." Edmonton, AB: Alberta Urban Municipalities Association, N.d. Accessed May 2012. [http://www.auma.ca/live/digitalAssets/25/25953\\_WICT\\_booklet\\_10232008.pdf](http://www.auma.ca/live/digitalAssets/25/25953_WICT_booklet_10232008.pdf)

Ashworth, Joanna. *Creating Welcoming & Inclusive Communities: What Will it Take?*, Forum Report from Forum at Morris J Wosk Centre for Dialogue. Burnaby, B.C.: Simon Fraser University's Morris J Wosk Centre for Dialogue, July 2008. Accessed May 2012. [http://www.sfu.ca/dialog/study+practice/media/pdf/forum\\_report\\_\(NOV\\_10\)%202.pdf](http://www.sfu.ca/dialog/study+practice/media/pdf/forum_report_(NOV_10)%202.pdf)

Berg, R.L and J.S. Cassells. 1992. *The Second Fifty Years: Promoting Health and Preventing Disability*. Washington, D.C.: National Academy Press, 1992.

Canada. Health Canada. Division of Aging and Seniors. "Canada's Aging Population." Ottawa, ON: Minister of Public Works and Government Services, 2002. Accessed May 2012. [http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/various-variee/papier-fed-paper/fedpaper\\_e.pdf](http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/various-variee/papier-fed-paper/fedpaper_e.pdf)

Canada. Health Canada. Division of Aging and Seniors. *Toward Healthy Aging Communities: A Population Health Approach*. Ottawa, ON: Health Canada, 1997. Prepared by: Linda Macleod and Assoc. Accessed May 2012. [http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/pro/healthy-sante/chcs-sscs/healthy\\_comm/healthy\\_comm\\_e.pdf](http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/pro/healthy-sante/chcs-sscs/healthy_comm/healthy_comm_e.pdf)

Canada. Policy Research Initiative. *Social Capital: A Tool for Public Policy*. Social Capital Briefing Note. Ottawa, ON: Policy Research Initiative, 2005

Canada. Public Health Agency of Canada. "Chapter Four: Setting Conditions for Health Aging." *The Chief Public Health Officer's Report on the State of Public Health in Canada 2010*. Ottawa, ON: Public Health Agency Canada, 2010. Accessed May 2012.  
<http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-07-eng.php#c4-2>

Canada. Statistics Canada. *2006 Community Profiles*. 2006 Census. Catalogue no. 92-591-XWE. Ottawa. March 13, 2007. Accessed May 5, 2011 from  
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Child Welfare Information Gateway. *Parent Education*. Issue Brief, April 2008. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2008. Accessed May 2012.  
[http://www.childwelfare.gov/pubs/issue\\_briefs/parented](http://www.childwelfare.gov/pubs/issue_briefs/parented).

Clutterbuck, Peter and Marvyn Novic. *Building Inclusive Communities; Cross –Canada Perspectives and Strategies*. Ottawa, ON: Federation of Canadian Municipalities and The Laidlaw Foundation, April 2003. Accessed May 2012.  
[http://cdhalton.ca/pdf/Clutterbuck\\_Novick\\_Paper\\_Inclusive\\_Communities.pdf](http://cdhalton.ca/pdf/Clutterbuck_Novick_Paper_Inclusive_Communities.pdf)

Dalrymple, Elli. *Livable Communities & Aging in Place: Developing an elder-friendly community*. Washington, D.C.: Partners for Livable Communities, National Association of Area Agencies on Aging, N.d. Accessed May 2012.  
[http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing\\_an\\_elder\\_friendly\\_community.pdf](http://www.aginginplaceinitiative.org/storage/aipi/documents/Articles%20and%20Reports/Developing_an_elder_friendly_community.pdf)

Dunn, James R. *Are Widening Income Inequalities Making Canada Less Healthy?* Toronto, ON: The Health Determinants Partnership, Making Connections Project, 2002.  
<http://www.opha.on.ca/resources/docs/incomeinequalities/incomeinequalities.pdf>

Economic Development Lethbridge. "Choose Lethbridge." Accessed May 5, 2011,  
<http://www.chooselethbridge.ca/index.php>

Economic Development Lethbridge. *Economic Trends & Indicators, Q1-2011 Bulletin*. Lethbridge, AB: Economic Development Lethbridge, 2011.

Evans, Robert. *Interpreting and Addressing Inequalities in Health, From Black to Acheson to Blair to...?* London: Office of Health Economics, 2002.

FCSSAA. March 2012. *Family and Community Support Services Outcomes Model*. Alberta: FCSS.

FCSS, September 2011. FCSS Contract Review and 2012 Funding Application, Information Guide – see FCCSS website

FCSS Calgary. *Aboriginal People Helping Aboriginal People: Decreasing social exclusion & increasing social ties*, Research Brief No. 6. Calgary, AB: FCSS City of Calgary, November, 2009

FCSS Calgary. *Outcome: Positive child and youth development*, Research Brief No.1. Calgary, AB: FCSS City of Calgary, June 2009

FCSS Calgary. *Outcome: Positive parenting and family functioning*, Research Brief No. 2. Calgary, AB: FCSS City of Calgary, June 2009

FCSS Calgary. *Outcome: Positive social ties and vulnerable populations*, Research Brief No. 4. Calgary, AB: FCSS City of Calgary, June 2009.

FCSS Calgary. *Toward a New Funding Framework and Priorities for FCSS: Phase I: Overview and Recommendations for Phases II and III*. Calgary, AB: FCSS City of Calgary, 2008.

FCSS Calgary. *FCSS Investments in Programming and Definitions*. Calgary, AB: FCSS City of Calgary. n.d.

FCSS Calgary. *What Makes a Socially Sustainable City?* Calgary, AB: FCSS City of Calgary. n.d.

France, Alan and Utting, David. “The paradigm of “risk and protection-focused prevention’ and its impact on services for children and families”, *Children and Society*, 19 (2005):77–90.

Frank, Flo & Anne Smith. *The Community Development Handbook: A Tool to Build Community Capacity*. Ottawa, ON: Human Resources and Development Canada, 1999.

Holmgren, Mark. *Helping Seniors Age in Place: A Strategic Framework to Improve Outreach to Edmonton’s isolated and/or At-Risk Seniors*. Edmonton, AB: Edmonton Seniors Coordinating Council, October, 2010. Accessed May 2012.  
<http://www.seniorscouncil.net/uploads/files/Outreach%20report%20Helping%20seniors%20age%20in%20place.pdf>

Innes, Melissa. *Mentoring Vulnerable Youth, United Way of Calgary*. Calgary, AB: United Way of Calgary, December 2011.

Innes, Melissa. *Creating Caring Communities for Older Albertans*. Bethany Care Society. Calgary, AB: Bethany Care Society, June 2010.

Irvin, Renee A. and John Stansbury. "Citizen Participation in Decision Making." *Public Administration Review* Vol. 64, Iss. 1 (Feb. 2004): 55-65.

Jenson, Jane. *Canada's New Social Risks: Directions for a New Social Architecture*. Ottawa, ON: Canadian Policy Research Networks (CPRN), 2004. (CPRN Social Architecture Papers, Research Report F/43)

Jessor, Richard, Mark S. Turbin and Frances M. Costa. "Risk and Protection in Successful Outcomes Among Disadvantaged Adolescents," *Applied Developmental Science* Vol.2, No. 4 (1998): 194-208.

Lasker, Roz D. and Elisa S. Weiss. "Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research." *Journal of Urban Health* Vol. 80, No. 1 (March 2003): 14-47.

Lethbridge. *2008 Community Values and Citizen Satisfaction Survey*. Calgary, AB: Ipsos Reid Public Affairs, July 2008. Accessed May 2012. <http://www.lethbridge.ca/City-Government/Documents/2008%20Lethbridge%20Community%20Values%20and%20Citizen%20Satisfaction%20Survey.pdf>

Lewchuk, Wayne, Marlea Clarke and Alice de Wolff, *Working without Commitments: The Health Effects of Precarious Employment*. Kingston, ON: McGill-Queens University Press, 2011

Manzo, Lynne C. and Douglas D. Perkins. "Finding common ground: The importance of place attachment to community participation and planning." *Journal of Planning Literature* Vol. 20, No.4 (May 2006): 335-350.

McDonald, Lynn and Julia Janes. *Mapping Aging in Place in a Changing Neighbourhoods*. Toronto, ON: Institute for Life Course and Aging, University of Toronto, May 2008. Accessed May 2012, [http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL\\_Aging\\_in\\_Place.pdf](http://aging.utoronto.ca/sites/aging.utoronto.ca/files/FINAL_Aging_in_Place.pdf).

Menec, Verena et al. *Age-Friendly Cities Project Portage la Prairie, Manitoba, Canada: A Report Prepared for the City of Portage la Prairie*. Winnipeg, MB: Centre on Aging, University of Manitoba, April 2007. Accessed May 2012. [http://www.umanitoba.ca/centres/aging/media/Portage\\_Report\\_May\\_2007.pdf](http://www.umanitoba.ca/centres/aging/media/Portage_Report_May_2007.pdf)

Modney, D. "Lethbridge Unemployment Down In December as Business Expansion Unfolds." *Country 95 News*. January 7, 2011. Accessed May 10, 2011. <http://www.country95.fm/news/news-detail.asp?ID=3477>

National Network for Family Resiliency: Children, Youth and Families Network CSREES-  
USDA. *Building Strengths to Meet Life's Challenges*. Ames, IA: Iowa State University  
Extension, July 1995. Accessed May 2012.

<http://www.extension.iastate.edu/Publications/EDC53.pdf>

Organisation for Economic Co-operation and Development (OECD). "Meeting of the  
OECD Social Affairs Ministers 2005 – Extending Opportunities: How active social policy  
can benefit us all - Final Communiqué." 2005 Meeting of OECD Social Affairs Ministers,  
April 1, 2005. Accessed May 2012.

[http://www.oecd.org/document/47/0,2340,en\\_2649\\_201185\\_34668207\\_1\\_1\\_1\\_1,00.h  
tml](http://www.oecd.org/document/47/0,2340,en_2649_201185_34668207_1_1_1_1,00.html)

Petryshyn, Suzanne. March 2012. Lethbridge Urban Aboriginal Community Needs  
Assessment and Mapping of Services for Urban Aboriginal People.

[http://www.lethbridge.ca/City-  
Government/Documents/2011%20Citizen%20Satisfaction%20Survey%20Results.pdf](http://www.lethbridge.ca/City-Government/Documents/2011%20Citizen%20Satisfaction%20Survey%20Results.pdf)

Resiliency Canada. "Resiliency Canada." Accessed May 2012. [www.ResiliencyCanada.ca](http://www.ResiliencyCanada.ca)

Sharp, Caroline and Caroline Filmer-Sankey. *Early intervention and prevention in the  
context of integrated services: Evidence from C4EO and Narrowing the Gap Reviews*.  
London: Centre for Excellence in Outcomes in Children and Young People's Services,  
2010.

Social Housing in Action. (2010). *Bringing Lethbridge Home: 2010 Lethbridge Homeless  
Census*. Lethbridge, AB: Social Housing in Action, October 2005. Accessed May 10, 2011.

[http://www.bringinglethbridgehome.ca/blogdocs/2010%20Bringing%20Lethbridge%20  
Home%20-%20Homeless%20Census%20Report.pdf](http://www.bringinglethbridgehome.ca/blogdocs/2010%20Bringing%20Lethbridge%20Home%20-%20Homeless%20Census%20Report.pdf)

TD Economics. "Special Report." June 1, 2011. [www.td.com/economics](http://www.td.com/economics)

Victoria Health. *Research Summary 2 Social Inclusion as a determinant of mental health  
& wellbeing*. Victoria, B.C.: Victoria Health, 2005.

WelcomeBC. "B.C. Safe Harbour Program." Government of British Columbia's Official  
Site for Immigration and Welcoming Communities. Accessed May 2012.

[http://www.welcomebc.ca/wbc/communities/building\\_a\\_strong\\_community/success/s  
tory2.page](http://www.welcomebc.ca/wbc/communities/building_a_strong_community/success/story2.page)

Walsh, Froma. "A Family Resilience Framework: Innovative Practice Applications."  
*Family Relations* Vol. 51, No. 2, (2002): 130-138.

WelcomeBC. "Welcoming and Inclusive Communities and Workplaces Program  
(WICWP)." Government of British Columbia's Official Site for Immigration and  
Welcoming Communities. Accessed May 2012.

[http://www.welcomebc.ca/wbc/service\\_providers/programs/welcome\\_program/index.  
page](http://www.welcomebc.ca/wbc/service_providers/programs/welcome_program/index.page)

World Health Organization. Ageing and Life Course, Family and Community Health.  
*Global Age Friendly Cities: A Guide*. Geneva, Switzerland: World Health Organization,  
2007