



Report on the
Caring for Kids in Cardiff Research Project
Prepared for Point in Time Centre for Children, Youth and Parents

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Caring for Kids in Cardiff

TABLE OF CONTENTS

Executive Summary.....	3
Describing the Project.....	6
Cardiff: Then and Now.....	9
Its Past.....	9
The Present.....	10
What the Literature Said.....	12
What the Community Said.....	21
Theme: Respect and Pride.....	21
Theme: Cooperative Community.....	25
Theme: Strong Families.....	30
Theme: Balancing Home, School, and Community.....	32
Next Steps.....	34
Appendix	
Appendix A What We Did: the Methodology.....	42
Appendix B Focus Group: Demographic Questions.....	45
Appendix C Community Profile.....	46
Appendix D Line of Questioning.....	48
Appendix E: The Research Team.....	49
References.....	50

Caring for Kids in Cardiff

Executive summary

Caring for Kids in Cardiff demonstrates that the research literature on community development in underserved, small communities can be productively applied by a team composed of professionals and community residents/researchers.

Cardiff is a small township located on highway 118 just west of Bancroft in the most north-eastern section of Haliburton County. This township of just under 1000 residents sprang up virtually overnight in 1953 with the discovery of uranium at Paudash Lake 60 miles northeast of Peterborough. Its prosperity was short lived. When both mines closed in 1963 some of the miners found employment in the area, purchased their homes and stayed. Bowes and Cocks Realty Company purchased the town, marketed it as a retirement community and sold the vacant homes at very affordable prices. By 1970, retirees were in the majority but with the increasing demand for housing in the Bancroft area many younger people began to settle there.

The 2001 census reported a population with a median age of 48.4 with slightly more adults between the ages of 25-44 than between the ages of 65-74. Over 60% identified themselves as Canadian born. There are no First Nation/Aboriginal people here.

While some census information is suppressed because of small numbers, we know that Cardiff has a median household income of \$30,664, compared to \$35,268 in Haliburton County and \$53,626 in Ontario. Earners work out of town, because there is no local economy. Private transportation is needed for everything. There are 68 children in grades K to 8 attending the local school.

Caring for Kids in Cardiff, a community-based research project used a participatory data analysis process called *inclusion research*. It involved community residents in all facets of designing and implementing research projects, to facilitate identification of their needs and make policies, programs and services more accessible and responsive. (Fay, M., *Count Me In!*)

Developed by an Ontario leading health promotion advocate, the process has previously been used in three other projects. Designed to reach populations challenged by various social, economic, educational and geographic difficulties, its evolving circles of investigation unite

Caring for Kids in Cardiff

researchers from the populations under study with professionals, to create new policy approaches to difficult problems.

In the fall of 2006, Dr. Fay Martin outgoing executive director of Point in Time (formerly Family Services) in Haliburton gathered a research team to use the inclusive research process for the Cardiff project. The team was composed of

- three IRS (Inclusion Researchers) who are Cardiff residents,
- a Point in Time staff member familiar with the community
- an Oversight Committee composed of the school principal, a staff member from Minden's U-Links (a community-based research cooperative with links to Trent University), and an independent community researcher who was contracted to write the final report.

The initial plan was to explore what Cardiff residents thought were the responsibilities of home, school and community in providing its youngest children with the best possible start in life. The project eventually engaged the entire community in a consideration of not only how the home, school and community could do this but also what needed to happen to make Cardiff a better place to live.

The team collected data from five focus groups held in January 2007 and then organized the information into four main themes that isolated visions, challenges and issues:

Respect and Pride: articulated challenges in

- creating ethical norms of behaviour,
- the importance of developing self-esteem and respect for others

Cooperative Community: identified the challenges of

- working together to promote community safety
- becoming a more cohesive community
- the lack of local programs and services
- frustration with their geographic location

Caring for Kids in Cardiff

- the scheduling problems and lack of communication with existing programs and services

Strong Families: reflected the challenges of

- Access to and knowledge about the basic needs of developing children
- Limited resources to support parents

Balance of Home, School and Community: recognized the difficulties of

- Challenging school demands on parents, children and their teachers
- Balancing home, school and community responsibilities

The IRS presented the research findings to the community at a mid-May meeting.

Community participants were invited to validate the findings and encouraged to propose action ideas to resolve the identified problems within each theme.

Caring for Kids in Cardiff officially dissolved at the end of May. At this final meeting the research team reflected on the process and their learning, discussed the list of action ideas, identified a series of 'Next Steps', and initiated Caring for Cardiff, an umbrella community action group. Some members of the original team assumed interim responsibilities for Health, Recreation and Safety committees prior to a September planning meeting which interested community members will be invited to attend.

The research validated the following goals and potential plans for:

- increased community capacity for organizational / program development
- enhancement of positive interaction among residents of all ages
- increased local opportunity for youth for employment, volunteer work, community service, civic contribution
- increased intergenerational physical activity
- an improved sense of safety for the vulnerable in the community by strengthening ownership of the community
- an increased sense of pride in Cardiff
- improved service from the township

Caring for Kids in Cardiff

- increased / more affordable / more equitable access to necessary resources (including out-of-county).

Describing the Project

Caring for Kids in Cardiff began with a plan to explore what the Cardiff residents thought were the responsibilities of home, school and community in providing its youngest children with the best possible start in life. As the research project evolved it engaged the entire community in a consideration of not only how the home, school and community could support their children but what needed to happen to make Cardiff a better place to live.

The project used the process called Inclusion Research (Fay, M. 2005), a variation of community-based research. The process involves marginalized people in all facets of designing and implementing research projects, in order to identify their needs and make policies, programs and services more accessible and responsive.

This approach developed by a leading Canadian health promotion advocate had been used in previous community projects and designed to reach populations challenged by various social, economic, educational and geographic difficulties. Circles of investigation unite researchers from the populations under study, who work with professionals, to create new policy approaches to difficult problems.

After a literature search, a line of questioning is developed with the IRs to use in focus groups. The results are analyzed collaboratively, and shared with the participants of the focus groups to ensure their views are respected and their voices are heard. A plain language report is written and a presentation is developed to inform policy makers of very specific strategies that will make programs and services more assessable and responsive. (Fay, M., 2005)

The Caring for Kids in Cardiff project collected data from 21 participants through five focus groups. This information was repeatedly sorted to determine specific local challenges and issues and then presented to the community for their feedback. They were encouraged to provide/search/develop local solutions.

Caring for Kids in Cardiff

The analysis of the data from the focus groups was distilled into four major themes that articulated visions, challenges and issues:

Respect and Pride:

Participants articulated challenges in

- creating ethical norms of behaviour,
- the importance of developing self-esteem and respect for others

Cooperative Community:

Participants identified the challenges of

- working together to promote community safety
- becoming a more cohesive community
- the lack of local programs and services
- frustration with their geographic location
- the scheduling problems and lack of communication with existing programs and services

Strong Families:

Participants reflected the challenges of

- Access to and knowledge about the basic needs of developing children
- Limited resources to support parents

Balance of Home, School and Community:

Participants recognized the challenges of

- Challenging school demands on parents, children and their teachers

Caring for Kids in Cardiff

- Balancing home, school and community responsibilities

There was a final overarching theme that it is a challenge, for both parents and children to find the time and energy to work, contribute to family life and still have time left for volunteering in the community. Yet at the same time there was a vision that more volunteers and community based building/projects could strongly affect the quality of life, safety and well being of everyone in Cardiff.

Caring for Kids in Cardiff

Cardiff: Then and Now

Its Past

Cardiff was an artificial township which appeared virtually overnight in 1953 with the discovery of uranium at Paudash Lake 60 miles northeast of Peterborough. Milling began in October of 1956 and Ontario Premier Leslie Frost officially opened the Bicroft Uranium Mine on November 30 that year.

Tremendous changes accompanied this project; some with continuing impact on the Township today.

Electricity had arrived in the area between 1949 and 1952. Highway 121 was built in 1957 to connect Highway 28 with the Bicroft Mine. And in 1956 the area previously known as the township of Cardiff was dissolved and the federal government created a new district named the Improvement District of Cardiff. An appointed board of trustees from outside the area now assumed governing authority and until 1982 when the Township of Bicroft was incorporated, there was no local representative government.

A section of bush was cleared in 1956 to build 200 homes for a new wave of 'settlers'. In the late 1950's two 'suburbs' were added: Bicroft Heights on Inlet Bay on Paudash Lake where the Bicroft mine executives lived and Dyno Estates near Hwy #28 south of Cardiff for the executives of the Dyno mine. Families today still feel the social consequences of that separation.

When the mines were in operation Cardiff contained 2 bunkhouses for single men, a food preparation center, a large curling rink with 4 surfaces, a legion hall and recreation centre. The municipal office was located in the basement of one of the homes. In 1957 a heated swimming pool was built partly with labour and materials furnished by the mines and partly by volunteer labour. An 11-room school opened in the fall of 1956.

The town's prosperity was short-lived. The Dyno mine closed in 1959 when it ran out of ore. In 1963 the Bicroft mine closed, a casualty of the collapsing uranium market. When the mines closed some of the miners found employment in the area, purchased their homes and stayed. Bowes and Cocks Realty Company purchased the town, marketed it as a retirement community and offered the vacant homes for sale at very affordable prices. By 1970, retirees

Caring for Kids in Cardiff

occupied the majority of Cardiff homes but with the increasing demand for housing in the Bancroft area many younger people also began to purchase homes there. In 1973 Cardiff expanded with the construction of 34 new homes.

The uranium boom that created Cardiff also helped to build Bancroft and North Hastings. It spurred the development of the entire area to the west of Bancroft by producing a population centre in the eastern end of Haliburton County.

The huge equipment buildings of the former Bicroft mine are now used as an industrial plaza by BART Industries.

The Present

Because of its history, the current community enjoys services unusual for its size. It boasts an outdoor swimming pool, garbage pickup, a fire department, sewage and water system, street lights, three churches, a school, community centre suitable for socials but not for indoor sport activities, the Royal Canadian Legion, a variety store, post-office, library, municipal office, cable TV, a community ball diamond and canteen, and a playground at the outdoor pool. The one store a combination variety store, coffee shop, LCBO, licence branch and gas station sits on the highway.

The town currently has 345 dwellings the majority of which were constructed before 1991. Its streets are tidy, the three bedroom bungalows well maintained. In the 2001 census, Cardiff is described as having a total population of 861. There were 125 children, 25 of these between the ages of 0-4. The median age of the population was 48.4 with slightly more adults between the ages of 25-44 than between the ages of 65-74. 710 declared themselves to be Canadian born; 125 as foreign born. There are no First Nation/Aboriginal people reported in this population.

The demography of this community, because of the housing stock, is seniors and poor families. Census information is suppressed because of small numbers, but we know it is among the poorer sectors of the county with a median household income of \$30,664 compared to \$35,268 in Haliburton County and \$53,626 in Ontario. 49% of this income is from earnings,

Caring for Kids in Cardiff

compared to 54.9% in Haliburton County and 78.7% in Ontario. Earners work out of town, because there is no local economy. In our recent research, seniors said they wanted more ways to help out families who were struggling with managing work and parenting obligations, that they had skills and time to offer if there were a medium for doing so.

20% of the 20-34 year olds and 42% of 35-44 year olds at the time of the census stated they had less than a high school graduation certificate; there was no one then who reported having a university certificate, diploma or degree.

350 of the population reported earning income. The median total income of persons 15 and older was reported to be \$19,134. The Ontario median by comparison was \$24,816 at that time. Statistics for Highlands East (which includes Cardiff) recorded an average earning of \$19,260 compared to the Ontario equivalent of \$35,185.

The original 11 room elementary school last year had an enrolment of 68 that includes children from 30 of the 265 resident families. Some Cardiff students attend the separate school in Bancroft, a practice that began when some resident families were unhappy with school conditions in the past. Because they already drove to work in Bancroft, they enrolled their children in schools there. With the arrival of a new principal two years ago, that pattern is slowly changing with some of the Cardiff children returning to their neighbourhood school. Upon graduation, students can choose between the high school in Haliburton (40 minutes away) or the one in Bancroft (15 minutes away)

The school offers multi-grade classes between JK and grade 8 with a total of 13 teaching and non-teaching staff. At one time the school shared a principal with Wilberforce (a neighbouring town to the west) and alternatively the Paudash School in Hastings County to the east. Both situations were unpopular with the community. There had been talk of replacing the older Wilberforce and Cardiff schools with a new school that could serve both communities, but financial constraints apparently shelved those plans last year. The school uses a portable as a recreation area for volleyball although it is not suitable for basketball.

Caring for Kids in Cardiff

What the Literature Said

“Although families have the primary responsibility for their own children, today there is wide agreement that they need systematic support from society as a whole.” (**BRIEFing Notes: More than the Sum of its Parts**)

A research of the literature accompanied the Caring for Kids in Cardiff inclusion research process. It included

- the challenges and characteristics of rural child care,
- the impact of social inclusion/exclusion
- the community and inclusion research
- the role/impact of the community on its children

Challenges and Characteristics of Rural Child Care

There is a scarcity of research dealing with the barriers and challenges to rural child care in Canada that is only now beginning to be addressed. Data from *Understanding the Early Years* project and the NLSCY (National Longitudinal Study on Children and Youth) have encouraged that process by underlining the important role all communities play in the successful development of their children.

The organization and delivery of child care programs and services in rural areas and the accompanying challenges are beginning to be researched in Canada; however that is a relatively recent development. A 1994 survey of the provinces (Doherty 1994) noted that few provinces beyond Ontario have specifically targeted the needs of rural families.

Subsequently a federally funded program called Rural Voices collected data to describe the particular child care needs and services in rural communities in Manitoba and Saskatchewan (between April 2002 and spring 2003). That final report noted, “While any system of child care services needs to be high quality, flexible, affordable and accessible, the particular geography, employment patterns and demographics of rural communities make reaching the goals of such a system a challenge” (*Help or Hindrance*, 2003).

Caring for Kids in Cardiff

A final report completed after a similar two day session on Rural Child Care Strategies in New Brunswick in 2005 echoed those sentiments.

“Quality, affordable and flexible child care has become an unreachable dream for most families, especially those living in rural communities “

In February 2005, Rural Voices and the Child Care Advocacy Association of Canada co-hosted a national strategy session for rural, remote and northern communities in Ottawa. Its goal was to develop a cohesive national voice on the child care needs of children and families living in rural, remote and northern communities. Participants included providers of child care services, representatives from relevant national organizations, federal, provincial and territorial government departments, unions, and representatives of francophone and Aboriginal populations from every province.

The meeting concluded that to successfully develop child care services in remote rural and northern communities a sound public policy framework was needed that included:

- A professional workforce
- Comprehensive service delivery
- Sustained community engagement (**Rural Child Care: We're Worth It**, 2005)

Some general characteristics and challenges that define rural child care include the following:

- A scattered population creates the perception that small, widely spread communities may not have enough children to sustain a service or contain relatively few users for a particular service. This lack of population density means that programs must be small scale and multi-service
- Potential clients who live in large geographic areas have few, if any, opportunities for public transportation and isolated stay at home parents without a car may require outreach services
- The variety of parents' work patterns (farming, seasonal, shift work, part-time casual) requires a flexible delivery model which may not be standard year round
- It may be necessary to create community awareness of its child care needs
- Finding /creating/funding suitable facilities is difficult

Caring for Kids in Cardiff

- Obtaining, retaining and paying trained staff to work within licensed organizations is a challenge
- Commuters/parents who live in rural areas but travel long distances to work in a larger centre may create single parents for a large part of the week or reduce time available for quality parenting.
- Children have fewer opportunities for socialization and group play during their formative years
- The nature of finances and financial need in rural areas affects program access/subsidy. In some areas average family income is lower than in urban areas

(Doherty, 1994; Brownell, 2000; Bell, 2002; Arksey, 2000; Friendly, Cleveland & Willis, 1994, **We're Worth It!**, 2005)

Child care programs in rural areas are also more expensive to operate than in urban areas.

Among possible reasons are the following:

- Increased costs include provision of 'city' salaries to trained staff, particularly in areas that may be 'bedroom communities' to larger centres.
- Higher program operating costs (higher unit costs for small units) and lack of economies of scale for the purchase of supplies,
- Increased costs related to geographic distance such as mileage and long distance telephone charges,
- Fewer children placed in independent homes because of distance/scheduling challenges.

When rural organizations have successfully met the programming challenge, they appear to share these characteristics

- **Flexibility**
- in the way they provided services
- Their willingness to change as needs or expectations changed;

Caring for Kids in Cardiff

- Their reliance on community resources
- Their use of a community development/education process.
- Provision of mobility to address the challenge of distance or community change
- **Creativity** in obtaining and using resources
- **Adequate resources**, with a stable base of core funding and sufficient staff
- **Gradual development** with a phased-in approach
- **Ongoing marketing** of service
- **Strong support** from pertinent ministry and field staff who encourage innovative approaches (Doherty, 1994)

Funding problems were and probably continue to be a primary barrier to the development and operation of services that meet non-traditional needs. Flexible child care services characterized by unpredictable, seasonal or irregular use patterns cost more than ordinary child care (Friendly, Cleveland & Willis, 1994).

Community support is central to program success. Community partnerships appear to be the most useful in overcoming funding and other developmental obstacles (Arksey, 2001). However the barriers of distance and isolation can only be overcome through the efforts of the entire community. Community engagement requires the support of sufficient, stable, direct and sustained funding to maintain community planning, program development and service delivery (*We're Worth It*, 2005)

Impact of Social Inclusion/Exclusion

A society where everyone belongs creates both the *feeling* and *reality* of belonging and helps each of us reach our potential. Social exclusion leads to a lack of recognition and acceptance, powerlessness, voicelessness, economic vulnerability, diminished life experiences and limited life prospects (Friendly & Lero, 2002)

All of us want to belong. Inclusion is about belonging: to a family, a neighbourhood, a community, a society. It is one of the most important things in life. It makes us feel good, it

Caring for Kids in Cardiff

makes us healthy and makes us want to reach out to others. Belonging makes our communities healthy too. Early childhood education and care contributes to the process of social inclusion by helping to make equality of life chances and a basic level of well being possible for all children and families (Brownell, 2000)

The Community and Inclusion Research

Inclusion Research a variation of community-based research, involves marginalized people in all facets of designing and implementing research projects, with a focus on identifying their needs and making policies, programs and services more accessible and responsive.

It differs from some approaches to community-based research because the locus of control shifts from outside ‘experts’ – the people who have the solution – to inside experts – the people who have the problem (whether, as may be the case with Cardiff residents who examined the best opportunities for their children, they see the question as a problem or not). Inclusion research involves the subject population in all facets of designing and implementing a research project. The process identifies their concerns (rather than the researchers’ perception of their concerns) making the policies, programs and services evolving from the research more accessible so that the target population is more responsive to the conclusions.

This approach to research and policy development attempts to reach populations that face challenges in relation to the determinants of health, for reasons that include income, employment, education, gender, culture, language, and social supports.

The process involves circles of investigation, uniting researchers from the populations under study, with professionals, to create new policy approaches to difficult problems. Inclusion Researchers (IRs) are recruited from the population and provided with training in the methodology.

Inclusion research must comprise the following key objectives:

- Be community defined and driven

Caring for Kids in Cardiff

- Value the participants as stakeholders whose experiences count
- Lead to community empowerment through meaningful engagement with the project
- Eliminate barriers and enable equitable access to resources and opportunities
- Be sustainable
- Meet challenges with creative solutions
- Build individual potential and local self-reliance and
- Provide economic opportunities for participants (*Key to Women's Health*, 2006)

After a literature search, a line of questioning is developed with the IRs to use in focus groups. The results are analyzed collaboratively, and shared with the participants of the focus groups to ensure their views are respected and their voices are heard. A plain language report is written and a presentation is developed to inform policy makers of very specific strategies that will make programs and services more assessable and responsive.

Inclusion research has been demonstrated to be useful in both urban and rural centres (Fay, M (2005)

The Role / Impact of the Community on its Children

“A high level of neighbourhood cohesion indirectly improves children’s language development through its positive effects on parental emotional distress, social support and health.” (Hertzman & Kohen 2003)

Although families have the primary responsibility for their own children, they benefit from community support and today there is widespread agreement that systematic support from society as a whole is necessary (BRIEFing Notes, 2000). The community’s role in bringing up young children and supporting their families is being increasingly-documented, although the idea that learning experiences in positive environments have a socializing effect on children is not

Caring for Kids in Cardiff

new. Education and socialization both go forward in a variety of settings (Leichter, 1978). Many factors influence whether or not children will develop into healthy adults. . . among them innate characteristics, family attributes and interaction, the community, institutions of learn, and the socio-economic environment(Friendly & Lero, 2002)

Evidence from *Understanding the Early Years* increasingly suggests that the neighbourhoods in which children grow and learn directly influence their development. Not only do they help parents to create the best possible family environment but they can also influence the ability of schools to offer the best education (Willms, 2002). The UEY study stresses that families, teachers and communities all play important roles in a child's development and a coordinated approach that includes all three is the most productive. While neighbourhoods alone do not determine developmental outcomes, families and children who experience supportive communities that respect them and value their contributions will do better than those in communities that lack cohesion, good services and face other threats to communal well-being (Stroick & Jensen, 2000; Beauvais & Jenson, 2003). Support from the larger community for families with children is critical. While the education, parenting style and socio-economic status of a parent can create early social inequities among a community's children, a safe, cohesive neighbourhood with a socio-economic mix can allay negative influences (Hertzman & Kohen, 2003)

Healthy communities not only foster healthy children but become healthier themselves and offer a better quality of life to its citizens. A supportive relationship between communities and their children produces reciprocal benefits. When childcare programs are community institutions, they can foster community and interpersonal co-operation and promote social solidarity. When communities assist 'at risk' children and their families, sustain parents in their role and provide opportunities for lifelong learning for children and their mothers, they not only benefit parents, they benefit themselves (Brownell, 2000; Petitpas-Taylor, 2006)

The primary message of NLSCY research is that the quality of the environments in families, schools and local communities impacts strongly on the cognitive and behavioural development of children and on the frequency of childhood vulnerability (Wilms, 2003). One of the goals of the UEY (*Understanding the Early Years*) project is to raise the awareness of the role that families and their communities play in the well-being of their children (**What is**

Caring for Kids in Cardiff

Understanding the Early Years, 2006). Establishing a solid foundation for young children's competence and coping skills eventually affects learning, as well as behaviour and health. Children, therefore will thrive within families and communities that can meet their physical and developmental needs and provide security, nurturing, respect and love (McCain & Mustard (1999).

Community based ECEC programs can evolve into community institutions that facilitate parents' participation in common activities related to the well-being of their children, thereby strengthening solidarity within a geographic community and across class, ethnic, and racial boundaries (Friendly & Lero, 2002). Communities that support children's recreation programs that provide learning experiences and promote personal growth encourage the social inclusion of children and their families thus increasing neighbourhood quality (Friendly & Lero, 2002; Brownell, 2000). The availability and accessibility of recreational spaces, parent-toddler programs, quality child care, and after-school programs for all children can also increase neighbourhood quality (Kohen, 1998)

Willms (2002) cautions assigning too much importance to community influence because 'there is still a lot we do not know'. Indeed, there will be areas people refuse to discuss. In their analysis of eight neighbourhood types, Sloat & Willms. (2002) concluded that vulnerable children are fairly evenly dispersed across the country. However, in neighbourhoods with either the highest or the lowest incomes their prevalence varied significantly from the national average. Chao and Willms (2002) observed that "positive and negative parenting practices are found in rich and poor families alike; therefore good parenting is a concern for all parents" (165). Surprisingly, when population data from the NLSCY have been calculated, the actual number of children experiencing challenges is much greater for higher income groups (Stroick & Jensen, 2000).

As well, a symbiotic economic relationship can develop between child care and the local economy. Childcare permits parents to work and child care services creates jobs that supports businesses in a community and fiscally supports them through increased purchasing power (Brownell, 2000)

Caring for Kids in Cardiff

Equity Issues

Equitable access to early childhood education and care can strengthen the foundations of lifelong learning for all children and support the broad educational and social needs of their families (Starting Strong 1 cited by Briefing note Nov8/06)

Canada has been repeatedly criticized for its inattention to the early child care needs of its citizens. A 2006 OECD review noted that there had been a general stagnation in the quality of programs although some excellent programs had been observed. An inefficient subsidy system with widely varying and complex eligibility criteria reduces access to 22% of lone parents and approximately 5% of mothers in low income families.

A randomly drawn proportionate survey of 1200 Canadian in 2002 revealed that 71% of respondents did not believe that all Canadian children had equal access to early child care despite being defined as an essential social service to children, families, communities, and employers (Fact sheet #2). The major reason for inaccessibility was the financial resources of families.

Caring for Kids in Cardiff

What the Community Said

“In Cardiff there is a vision that people can talk, get along, and create a better community for all.”

The information collected from the five focus groups was eventually narrowed to four themes:

Each theme

- Included a vision statement (sometimes more than one),
- defined the challenges and
- described the related issues.

Significant quotations from the focus group data illustrate the issues whenever possible. After the summary presentation, action ideas for each theme were volunteered by the participants at the May community meeting.

Theme: Respect and Pride.

Vision: All children and families in Cardiff show respect, pride and ownership for their home, school and community

Challenges around creating ethical norms and behaviours

Participants spoke about the importance of children learning manners and understanding right from wrong. They acknowledged both the home and the school’s responsibility in setting boundaries, delivering consistent messages about ethics and modelling behaviour.

Setting boundaries

Boundaries lead to respect and gentle games; kids know the difference between TV & reality.

There are differing opinions about whether or not children have enough boundaries.

Participants stated the need for home and school to set boundaries together.

Caring for Kids in Cardiff

Some participants said they were pleased to see less violent and more gentle play than say 20 years ago.

Consistent messages and actions about ethics

People felt that parents and community need to be consistent with messages and actions about ethics to set good examples for the children. Most believe that children should learn right from wrong from their parents. They also believe there is an important role for parents and the school in teaching right from wrong,

- *“Ethics is in the domain of being honest. There’s a mixed message with dishonest leaders.”*

Rules at home and school

People stated that it is important to have rules at home and at school even though they may sometimes differ. The issue is ensuring that the key rules are communicated clearly between school and parents.

- *“That’s the age old problem. Every parent has their own rules. Kids have to learn that there are different rules in different places.”*

Model and demonstrate manners in the community

Most people believe that it is important to show respect through interactions with all community members. People thought manners are important; they wanted them modeled at home, the school and within the community.

- *“It’s a good opportunity in Cardiff that kids have more elderly people, for kids to learn to communicate with adults, and aged adults and show respect.”*

Caring for Kids in Cardiff

Need for meaningful, timely consequences and praise for children's actions

People in Cardiff understand that there can be different approaches to 'discipline'; managing and understanding children's behaviour. They recognize there can be different approaches at home and school. Some would like to see more consistency and sharing between home and school.

There are strong feelings about the importance of consequences. Some individuals favoured praising positive behaviour rather than focussing on the negative.

- *“Natural consequences are a beautiful way to teach. When you do the wrong thing, consequences occur – not punitive.”*

Learning right and wrong with consistency and example both at home and school

People believed that parents should teach their children right from wrong. They also said it was important for the school to teach right from wrong, through example and modeling so that children would understand. Some believed there was a role for the community as well.

Challenges around self-esteem, acceptance and respect for others

Focus groups expressed the importance of love and acceptance in developing self-esteem and acknowledged that home, school and community share responsibilities.

Acceptance of differences is a joint responsibility

People talked about how love and acceptance are important for children. Some talked about the need to accept and celebrate differences and that the home, school and community each have a role to play.

- *“Acceptance is important in all areas, not just achievement. Not everyone is really smart. We need to accept and celebrate differences.”*

Caring for Kids in Cardiff

Importance of self-esteem and acceptance for learning

Some people felt that both the home and school should address students with special learning needs in order to promote positive self-esteem.

- *“If a child goes to school with low self esteem, he doesn’t want to learn.”*

Caring for Kids in Cardiff

Theme: Cooperative Community

Vision: All children in Cardiff enjoy a safe, welcoming community to play, live and grow up in

Vision: All children in Cardiff have secure, supervised, free access to appropriate indoor and outdoor recreation facilities and meeting places.

Challenges around community working together to promote community safety

The community is concerned about the need for there to be a “safe place” where children can go for help and a need for everyone to keep an eye on all children. Most groups addressed the irony of a Block Parent sign at the town entrance, with no such program in place.

Whole community needs to watch out for safety of all children

Some expressed concerns about the lack of an organized supervision program despite its being advertised

Lack of taking responsibility to report physical and mental problems in children to CAS

There are mixed feelings in the community about CAS. Some community members feel they should be contacting CAS more frequently to help keep children safe. This includes children without enough to eat; mental/emotional abuse and physical abuse.

- *“Everybody is responsible in a small community. Stand up and speak for your kids. If you don’t, you’re not much of a person.”*

Caring for Kids in Cardiff

Lack of supervision of children at home, on the way to school and at school

The community is concerned about the safety and well being of children and youth in Cardiff. There are some preventive programs with police and school but an overall concern is that some parents need to develop better judgment and set better examples.

Challenge of community cohesiveness

Residents stated there was a strong need for the community to come together, to stick together and to become more cohesive.

Need to work together

There needs to be cooperation at home, and between home and school. There is also concern that more people in Cardiff need to advocate for resources and show children by example.

- *“The home, the school, and the community all need to be interconnected both socially and economically. It takes an effort to do, and the effort put forth.”*

Concern about children’s road safety

There is a real concern about the need for sidewalks to improve safety for children who are walking. There is also a concern that children have been found close to the road while at school.

Concern about children’s personal safety

There is a concern that children are exposed to unsafe and inappropriate situations, witness violence, and lack supervision. There is a real focus on the need for children to get back to school safely

- *“We need to ensure kids get to school safely.”*

Challenges around lack of programs and services for Cardiff

The people in Cardiff recognize that community assets or resources exist like dances, community events, and the community group (CCA) and house leagues. They also identify many areas they believe would make a big difference for children and youth including Scouts/Brownies, extra-

Caring for Kids in Cardiff

curricular activities, playgroups, reading programs at the library, a “proper” gym and art programs.

Lack of programs and services for Cardiff

The positive effects of some programs and the limitations caused by the lack of facilities were both mentioned

- *“If I belong to a group I can accomplish something. Kids say they don’t have anything to do so they get in trouble.”*

Lack of physical activity resources and programs locally

There is a real concern about the lack of opportunities for physical activity in Cardiff. Some recommended that children walk to school and not be driven, others noted the lack of Council support and deficiencies in programs and opportunities.

Lack of opportunities to develop social skills

There are several themes regarding the development of children’s social skills in Cardiff: Many believe older and younger students should be encouraged to interact more. The school can play a greater role in improving children’s social skills.

- *“I have seen some of the older students come and get some of the younger students and include them in what they are doing. And it just puts such a big smile on the kids’ faces.”*

Need for extra-curricular activities for children

Participants believe there is a role for home, school, and community in developing children’s social skills through extra-curricular activities. This would be improved with additional Cardiff based opportunities, including play groups and recreation.

- *“Kids would be more social if there was more stuff to do in the community.”*

Challenges of geographic location

Participants expressed frustration with the challenges of geographic location. These included the distance to programs and resources; being forgotten on the border between Bancroft and Haliburton, difficulties in accessing medical care and problems created by lack of transportation.

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Distance to programs and resources

Cardiff's distance to Haliburton leads people to rely on Bancroft services more often.

- *“I rely on Bancroft for 99% of our stuff and yet we're constantly being told we're supposed to be going to Haliburton, Minden and Wilberforce.”*

Being on the border between Bancroft and Haliburton

Residents are told to use Haliburton County services but Bancroft is more accessible.

- *“I have to go to Minden for my Ontario Works and my gas isn't paid for. I can't use Bancroft services. I could get to Bancroft a lot easier. I can catch a ride. People go every day.”*

Accessing medical care

Residents expressed frustration with lack of local medical care and the need for transportation to access medical care elsewhere

- *“The community cares, but council doesn't. We have no medical support for the community.”*

Challenges around scheduling, knowledge and communication about existing resources

Participants were concerned about deficiencies in communication/advertising of available resources, programs and events. Sometimes their scheduling was inconvenient. Library hours were incompatible with young family schedules. The timing of out of school programs and arena hours provided difficulties and events like the Santa Claus Parade aren't advertised locally.

Lack of communication

It is difficult to get information about the help that exists as well as general community events and resources

- *“No media or advertising reaches us here. We get the Moose from Bancroft and Bancroft This Week delivered to the door for free. If Haliburton has programs we're not getting the message they need to get the message out here because we need to know. The only time we see anything from Highlands East Municipality is during election time.”*

Caring for Kids in Cardiff

Timing, scheduling and communication about out of school programs

There are some out of school programs that are offered in Cardiff but their scheduling presents difficulties

- *“The [playgroup] that’s for the kids on Monday... should be on a different day so that the kids in school can attend.”*

Limited access to libraries and their programs

The school and public libraries both lack programs and staff; their hours make it inconvenient for parents and young children

- *“We have a great library. But they have nothing for the children. There’s no story time. They want the community to be involved with literacy, but they need someone to come and read to the children.”*

Caring for Kids in Cardiff

Theme: Strong Families

Vision: All parents and caregivers have the resources to provide the children in Cardiff with healthy food, suitable clothing, **local** medical care and proper tools for a good start in life

Challenge: To ensure the basic needs of children for food, sleep, clothing and medical care

There were concerns about access to resources and knowledge about children's basic needs such as the need for enough sleep, healthy food, suitable clothing and the adequate monitoring of their physical health and development.

Access to knowledge about healthy food for children

Because families differ in their views about healthy diets, parents could benefit from coaching about providing healthy, affordable meals.

- *“When income is limited it's easier money-wise to buy hotdogs, also in terms of time.”*

Concerns about children getting enough sleep to function normally

Many people agree that routine is important for children: that includes regular sleep times, meal times and homework times

- *“It is consistency. You hope that there's a structure of mealtimes and homework times at home.”*

Need for suitable clothing for children

Although parents have the responsibility to adequately clothe their children there is also a role for the community to play.

Medical Care

There are concerns about children's physical check-ups and their healthy development. Worries about accessibility to medical care are included under the challenges of geographic location in the “cooperative community” section.

- *“There needs to be a follow up from the Health Unit after the birth of a child... They should make a home visit and bring something.”*

Caring for Kids in Cardiff

Challenge: Lack of knowledge about and limited resources to support parents

Focus groups believed that parents/caregivers need resources, guidance, information and encouragement that could be provided by: parenting courses, information and support groups as well as assistance so they could help their children with school work.

Need for resources, guidance and information for parents and caregivers

Parents and caregivers need guidance to access information and resources to support their children.

- *“There are some social programs, but you have to be aware of them. They have to be funded and you have to have access to them.”*
- *“The school should provide a standard website that kids or parents can go to for extra help.”*

Need for parenting courses

Most groups discussed the need for education specific to individual parenting challenges and the opportunity for parents to support their peers.

- *“Maybe there needs to be more structure like set up something to offer guidance for parents, especially young parents who are just starting out. They need someone to counsel, teach them, coach ‘cause kids don’t come with manuals.”*

Obstacles to teaching at home

Parents and caregivers have the responsibility to read to their children. However, there are some barriers to this and some require support with pre-school literacy

- *“Some parents might be focussed on keeping food on the table, not educating their kids right now, because that’s not the priority.”*
- *“There are big problems with literacy. If parents aren’t educated it makes it hard for them to do this at home.”*

Caring for Kids in Cardiff

Theme: Balancing Home, School and Community

Vision: All children and families in Cardiff benefit from a balance among home, school and community

Challenges of high expectations of curriculum on children, parents and teachers

There is a concern about the impact of challenging school demands on children as well as on their parents/caregivers.

Demands of current school curriculum

Many believe that the accelerated curriculum and shortened school days are placing heightened expectations and pressure on students, parents, and teachers. Some were concerned that there is too much academic difference between kindergarten and grade one.

- *“I think what kids need to know in school is very accelerated.”*

Lack of school system resources

Many are challenged, or disappointed with the school system that does not have enough ‘extra supports’.

- *“No child fails? Then we get children who are illiterate, and illiteracy lasts for life.”*

Learning/instructional practices and homework

Some feel that teaching practices could be improved. Many stated that there is too much homework. This puts increased pressure on children and parents, and does not allow for balanced lives. Areas for suggested improvement included building in more fun, learning research skills, and learning how to categorize.

- *“We need to change homework up. We need to make it fun.”*

Caring for Kids in Cardiff

Challenges to achieving balance among home, school, and community responsibilities

Participants stressed the importance of balancing home and school obligations with community responsibilities.

Importance of both structured and unstructured time

Some felt that too much structured programming puts undue pressure on children and their parents.

- *“...My concern is that children should have enough time to play, but to find that thin line is difficult.”*

Conclusion

There is a theme that it is a challenge, for both parents and children to find the time and energy to work, contribute to family life and still have time left for volunteering in the community. Yet at the same time there is a vision that more volunteers, and community building/projects could really improve the quality of life, safety and well being in Cardiff.

Caring for Kids in Cardiff

Next Steps

The research committee held a final meeting at the end of May to reflect on their learning and discuss the Action Ideas that had been generated by the community in mid-May. The community generated a list of action ideas within each theme after the IRS presented the focus group results. The recorded list included:

Respect and Pride

- Further develop the school mascot
- After school education program for parents and young adults
 - reinforce what already exists in the community (pride, respect, setting an example)
- Get kids involved in a community-wide project to instil pride
 - beautification project for the community (gardening)
- “Tough love” approach to vandalism – neighbourhood helping out
- Counselling for parents at the school
- Community garbage pick up = beautification = teaching pride in community and learning not to litter
- Program to bring families to the school to make and enjoy a meal together – families eat as a unit and children serve the meal
- Have a good manners book where children can record their behaviour - Make practicing good manners into a game

Cooperative Community

- Bring the Times and the Echo to town – currently the Times and the Echo say that the readership isn’t large enough in Cardiff
- Rides are available for Haliburton resources: 457-2951 Haliburton Home Support
- Bancroft Community Care can also provide drives
- Need a bus everyday to and from Cardiff
- Letter or newsletter to list services available to the community, delivered to each household
- Use the internet to access information and share it with others
- Use cable TV to promote services and programs
- Community needs to pull together to combat drug problem
- Pressure on law enforcement needs to come from the community
- Act on the information currently available
- Create speed zones and/or speed bumps on streets
- Increase signage saying “watch for children”
- Parent watch initiative

Caring for Kids in Cardiff

- Build upon the pool and its programs – use the pool to bring people together
- Publish a “services brochure” and insert it in free newspaper (from Bancroft)
- Bancroft Parks and Recreation is creating a community guide in the spring of 2008
- Listen to Roxanne Casey’s show on Friday mornings on Canoe for news and events
- Add to municipal newsletter
- Contact Greg Hoekstra with the Echo could be a good contact
- Heated area for winter skating, storing equipment, etc.
- Pool improvements
- Make community aware of vandalism and drug issues – more “eyes” in the community

Strong Families

- Public health visit for new babies should be a direct referral from the delivering physician
- Use sensitivity when providing services in the home
- Create a Cardiff parenting group
- Cardiff Breastfeeding support group
- Cardiff new/young mothers group
- Build relationships so people who need resources can ask for them (example was with parents asking at the school and the school knowing where to direct people)
- Reeve is the local contact with the health unit
- Parent study groups – food, nutrition, health, etc – include speakers, books, sharing between community members (parents helping each other)
- Bancroft and Haliburton partner on service provision and to eliminate duplication
- Connect with the Family Health Team (Bancroft) to work towards developing better health care
 - Write a proposal to the Family health Team requesting their support
 - Ask them to come and speak about their role
- Be proactive about searching out support

Balance of Home, School, and Community

- Kindergym or kindercrafts prior to school – this is where a love for learning starts
- AA group close to Cardiff – one exists at the Paudash church
- Posting information at the Post Office, Municipal Office
- Agencies need to get the word out
- Website for extra help for parents and kids
 - Website at school could be expanded to include additional information and links
- Families First website – contains information and a calendar of events. Cardiff content is welcome
- Children’s group providing input into Community Pride where they create the goals – create ownership
- Agencies need to remember Cardiff – kids in Cardiff need to know people care

Caring for Kids in Cardiff

- Day Camps (summer) that include social skills through role playing and videoing (example was through London Parks and Recreation, City of London). Children can move through these programs into leadership roles.
- Expand after school recreation programs – have summer programs
- Create summer employment for young teens in Cardiff
- Capitalize on the pool – charge outside residents, host swimming lessons, use money generated to improve Cardiff
- Better utilization of the library (hours, recently got high speed)

At the research team's final meeting one of the committee members suggested grouping some Action Ideas under the following headings:

- Environment
- Services
- Safety
- Communication
- Recreation a
- Health

After assigning some of the Action Ideas to those headings, she suggested that these might serve as an 'agenda' for new sub-committees within the community. Having an agenda might quickly engage interested residents to pursue the recommended activities thereby capitalizing on the community interest generated by the research: These were her suggestions:

Environment

- Beautification project to instil pride
- Community garbage pick up

Services

- Letter to list services available to the community delivered to each household
- Use cable TV to promote services
- Services brochure inserted in Bancroft this Week

Caring for Kids in Cardiff

Safety

- Community needs to pull together to combat drug problem
- Pressure on law enforcement needs to come from the community
- Act on information currently available
- Create speed zones and/or speed bumps on street
- Increase signage saying 'watch for children'
- Parent watch initiative
- Make community aware of vandalism

Communication

- Bring the Echo to Cardiff (Bancroft this week & Echo) Greg Hoekstra possible contact
- Add to municipal newsletter
- Post information at the Post Office, Municipal Office
- Agencies need to get the word out
- Website for extra help for parents and Kids
- Families First website – Cardiff content is welcome

Recreation

- Build upon the past and its programs (e.g. charge outside residents, host swimming lessons etc)
- Bancroft Parks & Recreation is creating a community guide in the spring of 2008 (link to Amy Brohm in Haliburton suggestion)
- Heated area for winter skating, storing equipment etc
- Day camps that include social skills (moved to Health for PIT funding purposes)
- Expand after school recreation program (moved the Health for PIT funding purposes)
- Have summer programs
- Youth drop-in facility

Health

- Day camps that include social skills
- Expand after school recreation program
- Create a Cardiff parenting group
- Cardiff Breastfeeding support group
- Cardiff new/young mothers group
- Parent study group – food, nutrition, health etc) include speaker, books etc
- Connect with family health team
- Kindergym or Kindercrafts
- AA group close to Cardiff – Paudash Church

Caring for Kids in Cardiff

Library (an ad hoc committee/concern)

Better utilization of the library

Re-establish connection between school and library (linked to hours)

Story time at the library

Write letter summarizing the identified concerns about the library that the board member from Cardiff can present on our behalf to the library board and municipality

Creation of Caring for Cardiff Committee

The research committee disbanded itself at the end of May and created a new committee called Caring for Cardiff. Point in Time will be part of this committee (Marg Cox the executive director agreed to be the contact). The school principal also agreed to sit on the committee. Each of the three IRS decided to serve as interim chairs of the Health, Safety and Recreation committees and persuade at least three additional community members to sit on this committee as well.

The plan was that this could be an umbrella group welcoming interested community members and overseeing the Safety, Recreation and Health subcommittees arising from Caring for Kids.

The group scheduled a September meeting and agreed to pursue these next steps in the interim:

Caring for Kids in Cardiff

Who	What
Elaine Fournier	<p>Take CIAF grant proposal to After School Committee to explore opportunities for additional funds to expand the current program</p> <p>Link the school website to other agencies with information/resources needed by the community</p>
Point in Time (Marg)	<p>Continue support with the after school recreation and day camp programs</p> <p>Arrange assistance with training for community development and proposal writing</p> <p>Connect with other organizations and explore PINT resources to address parenting, family support and early learning needs</p>
Sandy and Lisa	<p>Work with interested community members and form a Safety committee</p> <p>Call a meeting,</p> <p>Sandy will be interim chair , invite deputy reeve and fire department head to participate</p>
Marg and Diane	<p>Work with interested community members to form a Health committee.</p>
Heather K	<p>Serve as interim chair of Recreation committee</p> <p>Write the letter summarizing the library concerns. Elaine offered to help.</p> <p>Pursue CIAF grant proposal & Highlands East Council support to apply for funds for some Next Steps (other members agreed to help)</p>
U-Links (Heather R)	<p>Develop potential U-Links projects in Cardiff</p> <p>Program design/implementation</p> <p>Web resources/ primary research</p>

Caring for Kids in Cardiff

The committee also discussed longer term issues, but their pressing goal was to support the community in initiating projects that could have immediate and positive results, develop the skills of committed individuals and capitalize on the interest already generated by the research project itself.

There are needs for additional training in community development to give interested individuals the necessary skills to teach/empower/assist the community to advocate for their needs. There is a need to strengthen the pool of volunteers to organize and run additional inter-generational activities through active recruitment and offering training. There is also a need to increase mentoring opportunities, and engage/create needed community organizations (e.g., Boys & Girls Club). These plans will require re-negotiating the use of the community centre, as it is now booked almost completely by seniors groups (many for sedentary activities), and encouraging older members of the community to be more comfortable using the school, so that fair and optimal use is made of the existing facilities.

As well, the results of the May 30th committee meeting should be taken to a public meeting

- To get feedback and support
- Verify and prioritize the action ideas and
- Initiate/plan the Next Steps.

Outcomes/goals for future activity would include:

- increased community capacity for organizational / program development
- enhancement of positive interaction among residents of all ages
- increased local opportunity for youth for employment, volunteer work, community service, civic contribution
- increased intergenerational physical activity
- an improved sense of safety for the vulnerable in the community by strengthening ownership of the community
- an increased sense of pride in Cardiff

Caring for Kids in Cardiff

- improved service from the township
- increased / more affordable / more equitable access to necessary resources (including out-of-county)

This project has already inspired the IRS and the principal to take action in Cardiff. Easily implemented suggestions that the school could accommodate are already underway. A proposal for CIAF funding garnered the support of the Highlands East Council and has been submitted. Partnerships are developing. With the support and initiative of Caring for Cardiff some longer term projects can be designed in September.

Appendix A

What We Did: The Methodology

This community-based research project is a qualitative study using the participatory data analysis process for inclusion research and policy development designed for populations facing various significant social and health challenges. It involves marginalized people in all facets of designing and implementing research projects, in order to identify their needs and make policies, programs and services more accessible and responsive. (Fay, M., *Count Me In!*)

Inclusion research grew out of *Count Me In!* a yearlong initiative of the Ontario Prevention Clearinghouse sponsored by Health Canada and the Laidlaw Foundation to establish a useful Canadian definition of inclusion and apply it to new health promotion strategies particularly with marginalized populations (www.count-me-in.ca)

The Ontario women's Health Network received Wellesly Institute funding to do "*Count Us In!*" which combined the philosophy of the definition and built on a previous project that used underhoused people to map assets in the community to develop what they termed Inclusion Research (www.owhn.on.ca)

The partners in *Count Us In!* acquired further funding from Ministry of Health and Long Care to do Inclusion Research in three sites across Ontario exploring how to engage various kinds of marginalized women (urban homeless, northern and rural, suburban South Asian recent immigrants) in prevention of stroke. This project is called "Key to Women's Health" (www.owhn.on.ca).

Dr. Fay Martin, outgoing executive director of Point in Time/Family Services of Haliburton County relied on her previous experience with the marginalized women and stroke

Caring for Kids in Cardiff

project to adopt this approach for the Caring for Kids in Cardiff project. In a June 2006 draft she initially proposed to “ request to use some of this year’s Best Start funding to initiate community-based research using peer investigators to explore the question of how parents think about the relationship between home, school and community with particular emphasis on school entry.”

In the fall of 2006, she advertised for, selected and trained three Cardiff residents/parents/ to be Inclusion Researchers (IRS). Next she assembled an ‘Oversight’ advisory committee composed of the Cardiff elementary school principal, a member of Minden’s U-Links Centre, a university-community research partnership and the community researcher who wrote this report. A staff member of Point in Time with extensive knowledge of the Cardiff community, volunteered to be the project’s coordinator. Dr. Martin also contracted with Dr. Suzanne Jackson of the Centre for Health Promotion at the University of Toronto who had been involved in the analysis of the previous two projects to facilitate the analysis of the Cardiff data. She then drafted a potential line of questioning for review by the IRS to use in the planned focus groups.

The IRS reviewed the draft line of questioning (see appendix D), designed a Group Survey of Demographic Questions to create a profile of the focus group participants (appendix C) and determined how they would invite community members to participate and designed the focus group protocol.

In early December, the project coordinator assembled a ‘sample of convenience’ group to field test the questions and fine tune the data collection procedure.

Five community focus groups were held in Cardiff in January 2007. (see Appendix C: community profile) Various advertisements and telephone invitations attracted a total of 21 participants. The staff person and the IRS collected the information/responses through handwritten notes recorded during the meetings on flip charts and a lap top computer. Each group report was typed and printed on pages of a different colour. While these focus sessions were also taped, the audio quality defied accurate, useful transcription.

Dr. Jackson facilitated an initial analysis session in Cardiff in mid-February. That process included individual reflections on group dynamics, a review of the themes that stood out and finally a cut and paste process used to collate all the group responses according to the

Caring for Kids in Cardiff

original questions. When all the answers had been clustered, the team members wrote titles for each one. Reorganization, grouping and recording these first 'titles' completed the day's work and the IRS and coordinator left with the task of reviewing/editing the day's work by correlating it to the original materials.

A community meeting to present the data had been originally scheduled for the end of March; however, the unexpected loss of Fay Martin to medical leave, and the group's unfamiliarity with the strategy delayed this. Instead the IRS, staff person, oversight committee and Marg Cox, incoming executive director of PINT met with Dr Jackson on March 29th to re-examine their previous work, reassess the data, confirm the major themes, compose descriptive sentences and select quotes to illustrate the raw data. At the conclusion of this meeting, all the data (identified challenges, issues and descriptive statements) had been narrowed to four major themes and a kite chosen as the graphic representation of the project. The two work teams then met individually once or twice before meeting as a group to confirm the framework/content/timing of the community presentation.

The IRS presented their findings at a two-hour community meeting in mid-May and invited comments/ideas from the participants. Notes were again taken (scripted on flip charts) and later collected into a series of action ideas grouped under the four major themes.

Caring for Kids in Cardiff was officially dissolved at the end of May. At their final meeting the individuals reflected on the research process and their learning, discussed the list of action ideas, identified a series of 'Next Steps', and formed Caring for Cardiff, an umbrella community action group.

Caring for Kids in Cardiff

Appendix B

Focus Group: Survey Demographic Questions

“How do the home, the school and the community ensure that every child has the best possible start in life?”

Please give some information about yourself. . . .

Group _____ Name _____

Gender: M F

How many children do you have in each of the following age groups?

0-3 _____ 4-6 _____

7-13 _____ 14+ _____

How does your child get to school? (or will in future if not yet attending)

Bus _____

Walk _____

Other _____

Do you parent by yourself 2 or more days a week?

Yes No

Thank you for participating . . . your thoughts are valuable to us!

Caring for Kids in Cardiff

Appendix C

Community Profile

Age	Gender		Parent		Yrs in Cardiff						
	M	F	Single*	partner	-5	6-10	11 to15	16 to20	21 to25	26 to30	30+
		1						1			1
20-30	1	1	1	1	2						
31-40	5	5	3	7	4	5	1				
41-50		4	1	2	1			1	1		
51-60		1			1						
61-70	1				1						
71-80	1							1			
	8	12	5	10	9	5	1	3	1		1

The numbers do not add up in all directions because individuals did not always complete all the survey questions or arrived during the focus group

- Single: meant that the individual either parents by themselves 2 or more days weekly or parents alone

Transportation: 6 children took the bus to school, 7 walked and 1 either took the bus or was driven by mother.

Caring for Kids in Cardiff

Group Attendance*

Group A	Community	3
Group B	Parents	2
Group C	Parents	7
Group D	Caregivers	4
Group e	Men	5
Total who came		21

To provide some perspective for these numbers:

The Key to Women's Health focus groups attracted 22 participants in Sudbury; 25 in Peel and 23 from down East Toronto. Each of these communities is much larger than Cardiff

Caring for Kids in Cardiff

Appendix D

Line of Questioning

How do the home, the school and the community ensure that every child has the best possible start in life?

What is the responsibility of home, school and community for ensuring that every child ...	HOME	SCHOOL	COMMUNITY
Has physical needs met? i.e., food, clothing, sleep, exercise, medical care, in sum, what a child needs to have a healthy physical life.			
Has emotional needs met? i.e., love, acceptance, boundaries, security, predictability, structure.			
Has adequate social skills? i.e., knowing who one is in the social situation and how to relate to others.			
Has processing and communicating skills and later develops literacy and numeracy skills? i.e., being able to absorb, understand, process, reason and respond to information and later knows how to read and write and perform arithmetic functions.			
Develops ethics? i.e., knows the difference between right and wrong, accepts responsibility for choices.			

Caring for Kids in Cardiff

Appendix E: The Research Team

Inclusion Researchers:

Heather Kauffeldt

Sandy Luff

Diane Woods

Point in Time staff person: Lisa Hamilton

Oversight Committee

Marg Cox, incoming executive director Point in Time (February '07)

Elaine Fournier, principal Cardiff Elementary School

Fay Martin, outgoing executive director Point in Time

Heather Reid, U-Links Centre for Community Research

Stella Voisin, Stella Voisin Research

Thanks to Janine Mitchell, child Care Coordinator at City of Kawartha Lakes Social Services for her support and interest in this project. Recognition and thanks as well to all members of the team who gave so much to this project.

Further information about Caring for Kids in Cardiff may be obtained from info@pointintime.ca or (705-457-5354)

Caring for Kids in Cardiff

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Caring for Kids in Cardiff

Child care in Canada: What does the public want? Fact sheet 1 and 2; Child Care Advocacy Association of Canada

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