

# Community Report on Economic Social and Cultural Human Rights in St. James Town, Toronto

Draft  
UN Report  
*for Residents/ Community Review*

***A Report by The St. James Town L.E.A.D Project***  
*Local Empowerment and Access to Democracy*

**&**

***Residents of St. James Town***

RYERSON UNIVERSITY



WELLESLEY CENTRAL  
— PROMOTING URBAN HEALTH —

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**Without a great project team, community-based action research cannot be successful. The L.E.A.D team members ensured the voices of St. James Town residents were heard.**

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## INTRODUCTION

Recognizing that, in accordance with the Universal Declaration of Human Rights...the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights...

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that *the individual, having duties to other individuals and to the community to which he belongs*, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant  
(Preamble: Covenant on Economic, Social, and Cultural Rights)

These words from the Preamble to the Covenant on Economic, Social, and Cultural Rights (CESCR) (Refer to Appendix A) provided inspiration and a vision for the authors of the L.E.A.D project. L.E.A.D is an acronym for "Local Empowerment and Access to Democracy." This report describes the priority CESCR issues identified by this unique community, recommendations for resolving these issues, a bit of background on the project, and a basic overview of the project methodology.

The UN Covenant on Economic, Social and Cultural Rights (CESCR) provided the framework for facilitating the engagement of St. James Town residents to explore the state of human rights in their community. St. James Town residents also explored how these rights (or lack thereof) impacted their collective community health, well-being and quality of life.

Economic, Social and Cultural Human Rights are basic to all other human rights. These rights are at the root of peace and harmony in society as well as freedom from fear and want. Civil rights, public health and social harmony cannot be achieved without these basic Economic, Social and Cultural rights in place. Community residents in the uniquely diverse, multicultural community of St. James Town, located in downtown Toronto, Canada (a.k.a. the "United Nations of St. James Town") saw the need for a community-based, community-driven project so that a human rights culture might take root and begin to grow. This project is designed to promote ESCR and empower local residents to develop a human rights based strategy to improve the well-being and quality of life in St. James Town residents. This report is only a beginning...

## **Why St. James Town?**

St. James Town is most likely the most diverse neighborhood in the world. St James Town is basically unplanned community consisting of a combination of 21 public (4) and private (17) high-rise buildings. The population of St. James Town is estimated to be over 30,000 people in an area that is less than one-quarter of a square kilometer. It is estimated that there are over 160 different languages spoken by people from over 100 countries (over 60% of St. James Town's residents immigrated to Canada between 1991 and 2001). The "average" income in this community is just over \$30,000 per family, but the majority makes less than \$20,000 per year, compared to the average income of \$125,000 of the much wealthier community of Cabbage Town located within two city blocks of St. James Town. The largest percentage of its residents (71 %) is of working age, meaning between the ages of 25-64 years old. The rest of this community's population, according to age is as follows: 7% are children (0-14 years old), 9 % are youth (15-24 years old), and 13 % are seniors (65 years old and up) (Statistics Canada, 2003). The L.E.A.D Project attempted to reflect the diversity of St. James Town given the very substantive budget constraints in conducting this undertaking (Refer to Appendix B).

## **Background to the St. James Town L.E.A.D Project**

The St. James Town L.E.A.D Project is a joint effort by LIFT (Low Income Families Together) and Ryerson University to engage St. James Town residents in human rights education and a collective process to create a safer and healthier community. Using the International Covenant on Economic, Social and Cultural Rights (CESCR) as a guide, L.E.A.D trained community residents to facilitate focus groups with other residents to explore our human rights and identify the changes needed for a healthy community. The project aims to involve the whole community in researching, assessing and reporting its needs, as well as developing and acting on strategies to create desired changes.

Between September 24, 2005 and February 15<sup>th</sup> 2006, community residents conducted 19 focus groups with neighbours and peers to determine the human rights priorities of the community. The L.E.A.D project trained and consulted with 12 focus group facilitators from the community and paid them to conduct focus groups in their own language to reflect the diversity of St. James Town (Refer to Appendix C). Feedback was also gathered at community dinners and several social events and forums hosted by the LEAD project. Over 500 people were involved in the process.

Focus groups were conducted in Tamil, Spanish, Tagalog, Nepali, Arabic, Somali, Mandarin, Urdu and Punjabi. Focus groups were also inclusive of: seniors, men, women, those with mental health challenges as well as physical disabilities, members of sexually diverse populations, younger youth (12-13yrs old), older youth (16-20yrs old), and

Aboriginal Peoples. In all, people from over 24 ethnic backgrounds participated in the 19 focus groups and participants ranged in age from 12 to 85.

### **L.E.A.D Project Goals:**

- To collectively assess CESCR and quality of life in the St. James Town community through resident participation and action;
- To help develop democracy and leadership within the community through participation;
- To further public education about how respecting social and economic human rights can foster healthy communities;
- To empower residents to hold governments accountable for public policies that impact on community well being and individual/collective human rights.

Low Income Families Together was responsible for the 1998 Ontario People's Report on ESCR and attended Canada's last review with other NGO partners. We were thankful to see the understanding and concern reflected in the concluding observations of the UNCESCR committee, and worked to distribute the committee's report on Canada far and wide. At that time we also committed to continuing to educate and report on ESCR as a priority in our work, and agreed that it would be very important to put more time and effort into promoting ESCR strategies at the national level. To achieve this goal, we developed a manual and video for understanding and claiming ESCR in Canada among other related efforts to promote the covenant.

The focus on ESCR education, monitoring, reporting and building ongoing capacity to advocate for ESCR led to the L.E.A.D project. By framing it as a community-based research project, we received some modest funding which allowed us to involve a diversity of residents in assessing ESCR in this very vulnerable and long neglected community. However, funds have been very limited and we cannot for example provide translated copies as we did for the 1998 session.

Nonetheless, we have done our best to provide the committee with a useful case study to help shed light on the unique effects and realities of ESCR violations and urban poverty in the context of a wealthy western country. As Canada prides itself on multiculturalism, we also thought it appropriate to explore these issues in the context of such intense diversity. Frankly, we could continue for months and still merely scratch the surface, but we hope this report will help provide insight not just into the impacts of ESCR issues but also the possibilities for empowering communities to work towards the realization of their human rights. It is our mission to move ESCR promotion beyond the realm of lawyers and academics and into communities.

For the 2006 review of Canada, some National and Provincial NGO partners have agreed to work together on “shadow” reports and to focus more on domestic follow up strategies. We are doing our best to collaborate on this, though we have not been able to secure any funding for these activities.

## PRELIMINARY FINDINGS

### "United Nations of St. James Town" Speak Out on Basic Human Rights and Health

A major focus of the project was to identify the top three human rights priorities that community residents saw as having the most impact on their collective health and well being.

These were as follows:

#### **1) Article 11: Adequate Standard of Living**

An inadequate standard of living, relating to Article 11 of the CESCR, was the top rated priority among focus group participants. Article 11 refers to the fact that everyone has the right to an adequate standard of living including adequate food, clothing and housing, and the on-going improvement of living conditions, especially the right to freedom from hunger.

Unfortunately, many residents in St. James Town do not feel this right is being exercised in their community, as access to a proper standard of living was rated as the top priority by half the focus groups. Among the main concerns related to this top priority are the increases in cost of housing, unsafe community issues (i.e. drug trafficking occurring just doors away from their home) and poor maintenance (i.e. living with bad plumbing, faulty appliances, mice and cockroaches in their apartments). For example, participants in the Aboriginal Peoples focus group reported: Live wires, no smoke detectors, no fire extinguisher, leaking gas stoves, cramped spaces (i.e. barely enough room to move around), bad plumbing, and little control over hot/cold water, which cause burns and/or cold shocks in the shower. In fact, this issue of fluctuating water temperatures came up in many focus groups.

An example of the substandard living conditions was also raised by one of the young men during the older youth focus group. He described a winter four years ago when his window broke, leaving him to sleep in the snow and rain. To this day, his window has not been fixed. This issue of landlord neglect was echoed across many focus groups as a major concern, negatively impacting the quality of their living conditions. Problems included delayed response and substandard repairs to work orders. As expressed by a respondent in the Filipino focus group, bribery can be an effective way to expedite the processing of work orders.

Regarding safety, as discussed in the women's mental health focus group, the women stated there is a lack of security for women facing domestic abuse and for this reason many do not feel safe. The group discussed how the safety of abused women was compromised when they were not given transfers out of their current social housing unit, thus subjecting them to continued abuse although it is allegedly Toronto Community Housing Corporation (TCHC) policy to remove victims of abuse from harm. Additionally, the women stated their frustration with the police, whom they had experienced to be ineffective in dealing with these situations sometimes. In fact, general frustration towards "the system" was frequently expressed in this focus group.

In addition tenants spoke of landlords charging new immigrants deposits up front in addition to first and last months rent which is illegal, and extra money for invented fees such as elevator use. In some of the 17 private buildings rent varies wildly for same size units. In some cases the variance is due to approximately 2,000 units that are "rent supplements"; meaning government pays private landlords the difference between a rent geared to income rate and the market rent on the unit.

It is well known that there are many apartments where extended families or even more than one family are crowded into one or two bedrooms with people sleeping and working in shifts to have enough room to lie down. In these cases there are often isolated seniors who speak no English and are essentially trapped at home caring for the home and children. Women from the Tamil seniors focus group spoke of having no place to go and knowing nothing about their new city, their rights or what little services there may be for them. Illegal immigrants are often trapped by not being able to interact with society and having to depend entirely on a spouse, relative or black-market employer.

Notably, the participants who rated Article 11 as their top priority were of many ages and cultural backgrounds, and a wide range of life experience. Therefore, inadequate standard of living is clearly an issue for many residents in St. James Town, no matter their age, or background/life experience. It is likely Article 11 was most often chosen as it combines several basic needs into one right.

## **2) Article 12: Access to the Highest Standard of Health**

Lack of access to a high standard of health was chosen as the second priority by St. James Town residents. According to the CESCR's Article 12 everyone has the right to the highest possible standard of physical and mental health.

St. James Town residents are not fully able to exercise this right. Participants' main concerns regarding quality health care are cross-cultural insensitivities, language barriers (as English is not the primary language for many of the participants), long waiting time for required visits, due to the combination of limited hours available to see

a doctor and a lack of accessible health care facilities arising from the destruction of the local hospital in 1997. As the senior Tamil women expressed, it is important for them to have a doctor who speaks their language and is sensitive to their religious values. There was a hospital clinic in one of the buildings that provided care for some residents but it is being closed down as well.

Participants noted that when they were referred to specialists, it could take many months, if at all, before they were able to receive treatment. Many New Canadian residents felt they were treated as though they are ignorant and were unable to communicate their concerns properly within the limited time allowed. The former hospital provided translation in 60 languages; now it is difficult to arrange at all. The healthcare system was perceived to be in decline by most who had lived here for over a decade.

Many feel that the stressful conditions they live with including time stress, isolation and fear, are not good for their health, but services such as counselling for depression are very limited. Many women reported being prescribed anti-depressants to deal with stress and were concerned by a lack of information about side-effects or psychiatric support to ensure the medication was appropriate. Several women stated that the anti-depressant drugs they were prescribed made them overtired and ill and they had difficulty withdrawing from the "little pills". Numerous Muslim women noted that practicing their religion was an important factor in combating depression but there are no places of worship available in the area, so they feel isolated in engaging in prayer. There is no respite care or support for ill single parents who need home support to maintain their children's needs. The children of ill parents are at risk.

Depression has been found to have structural roots: Patel (2005) mentions studies on the subject which have found that humiliation and insecurity of living in poverty, the greater burden of physical health problems in the poor, and limited access to appropriate health care, all factors that often lead to poor mental health. Patel (2005) also touches on the cyclical and interrelated nature of depression and poverty in stating "Depressive and anxiety symptoms are disabling and can prevent sufferers from carrying out their tasks at home and in employment...poverty and mental health interact with one another, setting up in vulnerable individuals, a vicious cycle of poverty and mental illness" (p. 27).

The loss of visiting health workers for isolated people, the loss of beds in mental health institutions along with reductions in drug rehab or detox facilities all represent regression in the standard of health care available. The more serious symptom of the deterioration of supports and standards is the extraordinary rate of suicide observed in St. James Town. People here become accustomed to seeing the aftermath or even the fall of people who have jumped from the balconies up to 25 stories high. At one local meeting five people reported seeing a woman's legs hanging from the concrete

overhang of 375 Bleecker earlier that day. Another respondent told of her children having between them seen 6 people commit suicide before they were teenagers.

Many of the issues raised relate to the health care system reflected the inability of hospitals to individually meet the needs of clients due to lack of resources. These include the lack of a doctor's time allotted to each of their clients and being pushed into less time-consuming medical procedures. For example, senior Tamil women and the Pakistani women's group expressed concern about doctors' over aggressiveness in promoting operations such as caesarians. A current criticism of the North American health care system is the increasing trend in caesarians sections as a more time efficient substitute for a natural birth to compensate for an under-funded medical system (Wolf, 2001). Even the younger St. James Town residents are not naïve to their limited access to a high standard of health. As illustrated by one younger youth's story of her cousin who suffered from cancer: "if he had better service he may have lived".

There were many examples throughout the focus groups in respect to the inadequacies of the health care system. One woman described difficulty in getting her ailing mother-in-law immediate assistance due to language barriers, administrative details such as health card questions and prolonged ambulance arrival. She believed her mother in law might have lived if attended to immediately, in her own language, in the hospital that used to be across the street. Further, one Aboriginal women explained that her daughter is epileptic and she tried to seek occupational therapy at Sick Kids Hospital yet the practitioners she encountered simply assumed she had drunk during her pregnancy and she was made to feel that the epilepsy was her fault. One man said he had suffered 4 heart attacks, yet found himself at the back of the waiting list. He felt judged for being low income, as though he was of inferior status. Another said he felt poor people are treated like cattle and pushed through the process without consideration. One older man had to go through all kinds of red tape to get dentures, and then they were not a proper fit; now the dentist and system will not get him a new pair. In fact, many older people complained of major problems with dental needs, and protested that having bad teeth or no teeth harmed their health in other ways.

The loss of healthcare assets to the community has caused serious regression in the right to health. There was never any consultation, warning or explanation about why a state of the art hospital located across the street that served in 60 languages and had no debts needed to be torn down. It was eventually replaced with a high priced long term and palliative care home. There is already such a facility half a block down the street.

In his research on the social determinants of health, Dennis Raphael (2000) indicates a strong relationship between socio-economic status and health. Raphael cites from Wilkins et al. (1989) that "...individuals living within the poorest 20% of neighborhoods [are] more likely to die of just about every disease from which people can die, than the more well-off" (p. 196).

### **3) Articles 13 and 14: The Right to Education**

Participants rated education as their third priority/concern. As stated in Article 13, everyone has the right to education. Primary, secondary and higher education should be available and accessible to all, especially through the introduction of free education. Related to this, Article 14 describes how the government of each country signed to the Covenant must make a plan of action for primary education, completely free, if not already in place.

While primary education is available to St. James Town residents free of charge, as this is true for all Canadians, many participants express various concerns related to the topic of education. Some spoke of the many hidden costs of primary education such as field trips and supplies, lunch programs and sports equipment that many parents cannot afford and so their children feel left out. As expressed by various older youth, school (high school) does not meet their needs, as it does not offer enough diversity in terms of course content or selection. For youth with ESL needs there were concerns about availability and quality of ESL support. A few mothers said their foreign born children were so discouraged by language barriers and feelings of alienation that they stopped speaking at all outside the home.

One Spanish respondent noted that education does not address the cultural needs of the family and delegates cultural education as the role of parents. Part of the discourse around diversity in education is about the issue of religious and cultural celebrations and whether it is a necessary to celebrate all of them or none of them.

A concern for many older youth is the lack of support available to them to help ensure they are able to complete their schooling; many feel they must “thrive on their own” in order to be successful at school. It was also noted that most high schools available to resident youth are not within walking distance and the costs of daily public transit as well as lunch are beyond the reach of many parents. As few high-schools provide public transit subsidies, many older youth drop out simply because they cannot afford to travel to and/or eat at school on a daily basis.

Interestingly, these sentiments were not shared as strongly by the younger youth group still in attendance of primary school. Although we can not conclude that the positive results from the younger youth group were directly related to more adequately funded primary education, we do know that some of the positive experiences were supported by statements such as “we have schools/communities with clubs [that] help you with what you need in the future”. Whereas, as mentioned above, many older youth complained at the lack of support from their schools. Therefore, one possible explanation for the discrepancy between the two youth groups in regards to feeling supported in their educational pursuits could be the limited amount of resources invested in higher level education. According to Eamon (2002) low income youth are more likely to attend low quality, resource-poor schools resulting in a decreased sense

of social fabric and community within the educational institution than youth who come from more advantaged socio-economic status.

Many adult participants felt discouraged by the fact that they come to Canada well-educated and with a lot of professional experience, but such knowledge/experience is not recognized here in Canada. As a result, many are forced to go back to school and start another profession or to increase the knowledge and skills already learned in their country of origin and this process of upgrading may at times be very emotionally and financially taxing. As some foreign professional respondents from Nepal mentioned, this barrier keeps people from being able to secure work that is parallel to ones' sense of worth, leading to feelings of inadequacy, frustration and depression.

Many residents state that this re-training is a waste of time and money for them, if available at all, but they have to do it in order to get the job they had before. It should be noted, however, that learning new skills does not result in a job. Rather, many residents state that despite learning the necessary skills, job opportunities continue to be limited. Many feel this is due to discrimination against their colour, their foreign sounding names or their accents. To give one example amongst many, a Chinese respondent mentioned in regards to institutional racism, "It is an invisible enemy you are not able to fight face to face but it can crush your spirit and discourage you daily".

Overall, having a proper education for these residents is very important, especially with regards to its impact on their ability to exercise their Human Rights. As one participant noted, "if people are poorly educated, they will be deprived of most of their rights".

### **Next Three Priorities**

It is important to understand that asking community residents to pick their top three areas of concern can be a daunting challenge. While the data revealed the "top three" priority areas overall, many focus groups chose other top priorities that they wanted addressed as well. These areas are: 1) the support and protection of families; 2) the lack of income security, and 3) poor working conditions and employment opportunities

### **Article 10: Support and Protection of Families**

CESCR's Article 10, which states that the family unit should be protected and provided with assistance, especially while raising children, is related to the first concern about support and protection of families. It further states that particular consideration should be given to the following areas: i) mothers before and after childbirth; ii) working mothers should get paid leave or leave with adequate social security benefits

and iii) children should be protected from economic and social exploitation and child labour should be illegal.

As with the previous three priorities, many St. James Town residents express that they are not receiving proper support and protection when it comes to raising their children. Among the top concerns related to their families is the lack of recreational spaces and time to spend with their family, as well as lack of childcare/daycare support. The increase of common spaces for residents would improve the promotion of diversity as the senior Tamil women noted it is important to them to have areas in which they can preserve their culture through activities such as sewing their own cultural clothes. It was noted that the recreation programs of the new community centre are available to all city residents, although they are free because it is in a low income area. Staff at the centre confirmed that programs for sports, dance and martial arts are often filled by non-local participants who have access to the internet and take up the spaces before the local residents can make their way to a line up on the days when people sign up for the program season. Some local parents spoke of being on waiting lists for several years.

Though there is more childcare available now than a few years ago, many are on waiting lists and much more is needed for older children after school and during school holidays. Participants in the facilitators' focus group stated that after school childcare is greatly needed, but many parents have little money to afford the limited services available, despite the long hours they work. As one Spanish mother explained, by the time she pays the babysitter, most of the money she went out to earn is taken away. Among the home childcare providers in the community there were complaints of low pay, no holidays, no health benefits and high taxes applied to their tiny home businesses. Despite the attempts made by the community to offer their childcare services to substitute for the lack of institutionalized services, the Nepalese group still identified the need for more daycare facilities and increased spots for children in the existing centers. The effects of limited access to extracurricular activities in low income communities were revealed by a study conducted by Eamon (2002) who found that "Living in neighborhoods with more social and physical problems and non involvement in outside activities, in turn [predicts depressive symptoms of youth]" (p. 239).

In this diverse neighborhood there is a continual growth of New Canadians that come through the area and settle in St. James Town as their new home. However, one of the recognizable gaps in the community is the lack of support for Newcomers. As a respondent from the Arabic group explained, there are no settlement agencies to take care of newcomer' issues, such as tax refunds, assistance with travel documents, and help in finding jobs.

## Article 9: Income Security

Many participants were also concerned about the lack of income security available to them, which relates to CESCR's Article 9. As stated in this article, everyone has the right to social security, including social assistance when in need, however, many in St. James Town do not feel this right is being fully exercised.

In fact, various participants stated that they do not have enough money for basic necessities such as food and shelter. They reported that even if their rent was subsidized the rates of welfare were insufficient to support an adequate diet. The local foodbank is described as having very poor quality food and being difficult to access due to limited times and a humiliating process to prove eligibility for receiving food assistance.

Others expressed needing Ontario Works (OW) or Ontario Disability Support Program (ODSP), but not being able to access it or maintain it due to language barriers and/or the complexity of the process. The inadequacy of assistance from the government was a topic that the residents felt very passionately about. In discussing the general availability of assistance one respondent from the Arabic focus group mentioned that "assistance is always enough only for survival". Also mentioned in the Arabic focus group is that the root cause of most problems in St. James Town is the fact that the government does not specify assistance according to the peoples *need*.

Many respondents expressed their dissatisfaction in dealing with the 'red tape' and discrimination in bureaucracy. One Aboriginal man explained how he was spoken to like a child by the welfare office, and questioned about how much he drank and smoked. A respondent from the men's focus group explained that he felt as though he wasn't fully aware of his rights to income security because he didn't want to rock the boat and be red flagged by the system.

The inability to provide even the basic necessities has a severe impact on not only the physical body but also on the emotional. The Somali women spoke of a peer who had called the police to come and get her children who were asleep in their room, and then jumped from her balcony. She apparently left a note saying she had no hope that she could find a way to properly provide for her children in this new country but knew that the state would make sure they were fed and went to school if she were gone.

Further, with regards to those who are employed, many find themselves in low-paying jobs, and as a result, over 50% of their paycheck goes to rent alone. This issue of lack of income security is particularly disheartening because many of the participants come from single income families, yet they feel the government ignores this reality.

## **Articles 6 and 7: Working Conditions and Wages**

The final main issue raised by focus group participants was poor working conditions and employment opportunities, which overlaps with Articles 6 and 7. Article 6 states that everyone has the right to work, including the right to freely choose or accept work. Meanwhile Article 7 declares that everyone has the right to fair working conditions including:

- i) fair wages and equal pay for work of equal value;
- ii) wages which provide a decent living for themselves and their family;
- iii) safe and healthy working conditions;
- iv) equal opportunity for promotion;
- v) time for rest, with holidays with pay.

While many Canadians do enjoy the rights outlined in the above articles, many focus group participants expressed otherwise. Many feel that there are not enough jobs and it is difficult to obtain the jobs that are available. There were issues of perceived racism, ageism and discrimination due to poverty raised as reasons why jobs were hard to get. Discrimination in the workforce was a leading theme in the Aboriginal Peoples focus group. One Aboriginal respondent told the story of his current workplace, where he is the only employee to be paid on Fridays, while everyone else receives their paycheck on Thursdays. His boss explained that he felt if he received his check on Thursday he would go out and get drunk and not show up to work on Friday. Another Aboriginal man noted that it wasn't until he cut his long black hair that he began to receive callbacks from interviews. Various residents also reported that the paycheck they receive does not properly reflect the hours worked and/or many feel that on the whole they are being underpaid for the labourious work they perform. As one Chinese respondent notes "Meeting the basic living standard is not the purpose why we came to this great country".

A recurring theme amongst working respondents was the high rate of being hired as temporary workers and the resulting disadvantages of these types of positions. An example of this is a Filipino respondent who had been offered a temporary full-time position at inception and fifteen years later is still employed at the same agency without any mobility or permanent working privileges. Alongside the disadvantages of temporary work such as insufficient benefits and stunted mobility, is the fear of voicing concerns regarding working conditions. As one Filipino respondent mentioned "In most cases it is possible to appeal decisions I don't agree with, but sometimes it's scary because you don't have a secure job".

## **Social Determinants of Health and other common themes**

There are a great many more concerns shared by residents than we can fit into in this early report. But there were a few other issues that came up in almost all sessions that merit attention in this report. Social Determinants of Health (Refer to

Appendix D) were also explored and among the few determinants not specified in the covenant are social networks and supports (social inclusion), and mobility or transportation.

*Social Exclusion and Isolation:* There was talk in every group of the need for more community space and activity. Although there are community rooms in almost every building almost none are open to tenants to organize their own social, cultural or democratic activities. The resulting isolation compounded by time stress, physical surroundings, fear of violence and poverty is dangerous to health in so many ways and is also a big shock to New Canadians from more family- and community-based cultures. The elderly population of St. James Town was also identified as a group which is negatively affected by social exclusion and isolation; in fact, the facilitator's focus group noted that this neglect has led to suicide in some cases. The senior focus group reflected this isolation when a respondent remarked with "I feel like a prisoner".

A leading theme in many of the focus groups revolved around the lack of social services available to St. James Town residents in general. Not only is this neighborhood under-served but the few agencies that do exist do so under great funding constraints which limit the number of people they can assist in the community. The growing institutionalization of neo-liberal discourses through the 1980's resulted in significant restructuring of the welfare state. This trend reduced government spending and public money significantly in the area of social service delivery. Low Income Families Together is a perfect example of the way in which organizations' funding was greatly reduced by government cut-backs, leaving the agency to survive on a project to project basis with a dismal amount of resources. This reduction of public expenditure on social services continues to profoundly affect the health of low-income communities (Raphael, 2000).

*Mobility/Transportation:* Many people cannot afford to travel outside the area for support or opportunities. Several participants mentioned they had been unable to accept jobs out of the area because a car was required, but without a job a car was beyond their means. There are families that cannot afford the TTC for their youth to get to out-of-district high schools, the two within walking distance do not have room for many of the local youth.

*Drugs and Fear:* Poverty and despair have driven hundreds of old and young people into consuming crack and other deadly drugs. The resulting crime and random self destructive behaviour aroused fear, pity, and anger among the participants. Some reported several crack houses, often noisy 24 hours a day, on every floor. Several participants expressed frustration that there is not enough help or rehabilitation programs for addicts. Many feel helpless and keep to themselves, surrounded by strangers, others live in terror. One young Somali woman had many locks on her door and had not ventured out with her 5 year old son, except to visit her family in Rexdale a few times a month. The Sunday afternoon focus group upstairs was her first contact with her neighbours; the other women had invited her to tea and prayer as well. She

has support from her neighbours now and we hope to help her transfer back to her family's neighborhood.

With the recent media attention on youth violence in Toronto, St. James Town has been noted, although not in name, as one of the high risk communities. One of the older youth poignantly described how when he first meets people and mentions he is from St. James Town, they immediately assume he is bad. Ironically, as this community continues to receive negative media attention as a violent community, publicly funded projects to develop healthy communities fail to include St. James Town as a target area in need of resources. An example of this is exemplified in a recent report funded by the United Way and the City of Toronto, which is set out to strengthen the top 9 in need neighborhoods throughout Toronto, but fails to mention St. James Town altogether (Strong Neighbourhoods Task Force, 2005).

People in the focus group sessions generally agreed that Social Determinants of Health and Human Rights are key to well-being, and also that their experience of poor health, poverty and stress were, in part, the result of not having access to community, and/or enough available support services and opportunities.

In its report *A Framework for Health Promotion*, the Government of Prince Edward Island (1999) acknowledges the affects of health from a holistic perspective by stating,

People are healthiest when they live in a society that can afford to meet everybody's basic needs. Once basic needs are met, people's health is also affected by how big a difference there is between the richest and poorest members of the society. When there are big differences in income in a society, there are also big differences in social status. This affects health because people with lower status have less control over their lives and fewer choices for themselves.

(As cited in Raphael, 2000, p.202)

A human being's health is affected not only by physical triggers but also through psycho-social conditions. The voices heard in this report from St. James Town provide a holistic picture of how health is affected by both the lack of access to material resources and the lack of voice and ability to control one's own destiny.

## PROJECT TEAM'S CONCLUSIONS

The experiences collectively felt by the project team were mixed. It was gratifying to see how happy people were to be consulted, to meet each other, to air their concerns, and recognize how much people had in common. Participants were eager to talk and wanted to continue the process. Some of the focus group discussions were both inspiring in their intelligent perceptions of the lived reality in St. James Town and their ability to connect their issues to larger Canadian policies and institutions. Many said they got involved in the project because it was about human rights, showing that human rights are better known and understood in many southern and European cultures. There were many ideas for improving community interaction from multi-cultural youth events to multi-cultural gatherings, card games for seniors, communal cooking and a regular women's drop-in, to more opportunities for working on community issues.

On the other hand, it was painful to hear about the struggles and the suffering people endure in St. James Town, especially regarding isolation and fear, racism, drug abuse and the overall sense of neglect by police, government and services felt by most participants. Many had no idea what is available in the community and those that did, felt that many services were inaccessible or inappropriate. As a near-by resident, Josephine Grey agreed with many who said that the problems in St. James Town especially with violence, increasing racism, the effects of local drug trade, and crack use have gotten worse in the past decade due to the erosion of human rights accountability within all levels of government.

The World Health Organization and Health Canada agree that social exclusion and isolation damage the health of communities and that mobility and access to opportunity are required for good health. All Human Rights are based on freedom from fear and want, and the first principle of self-determination requires that people may work together to promote and respect their collective rights, yet most people in St. James Town face isolation, fear or want, every day, resulting in poor health right here in the heart of Canada's largest city.

The reality of life within this high density neighborhood, the lack of many basic human rights and deep inequality surrounded by vast material wealth, presents a tragic case of neglect, wasted human potential and broken dreams. It also presents a challenge; the spirit and determination of the participants involved in the process made us feel even more committed to continuing the project on behalf of all the people who felt it was very important and a cause for hope.

## **Thanks to Facilitators, Recorders and All Participants**

The L.E.A.D Project Team thanks all the facilitators, recorders, childcare providers and cooks who took the time and made the effort to make the first stage of the L.E.A.D project a great success. Ideas for moving forward include a survey process, forums and workshops to develop recommendations, forming action work groups, advocacy training, setting up a St. James Town website, assisting with community ideas such as a women's drop-in, youth events, and so on. In addition we would also like to thank Bhim Rama and Lucky Booth of the Wellesley Community Centre for providing us with free access to meeting and event space and the Principal of Rose Avenue School, Jim Kormos, for his input and support.

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## APPENDIX A

### United Nations Covenant on Economic, Social and Cultural Rights (version 3)

Preamble:

The States Parties to (Governments that ratify) the present Covenant, Considering that, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights arise from the inherent dignity of the human person,

Recognizing that, according to the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created so that everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant,

#### ***Agree upon the following articles (summarized):***

- Article 1.** All peoples have the right to self determination: to freely determine their political status (form of governance), choose their economic, social and cultural development and use their natural wealth and resources for themselves, based on the principle of mutual benefit. In no case may a people (nation) be deprived of its own means of subsistence.
- Article 2.** Each government commits itself to work towards ensuring the rights of this Covenant, using maximum available resources, and through creating new laws. Each government also commits itself to guarantee that these rights are achieved for all persons without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- Article 3.** Women and men have equal right to the enjoyment of all economic, social and cultural rights as listed in this Covenant.

- Article 4.** Countries may set limits to these rights only to promote the general well-being of society and to ensure that the rights of this Covenant are achieved.
- Article 5.** Nothing in this Covenant is meant to reduce any of the rights and freedoms listed in it, or any rights and freedoms already accepted or existing in any country signed to this Covenant.
- Article 6.** Everyone has the right to work, including the right to freely choose or accept work.
- Article 7.** Everyone has the right to fair working conditions including:  
- fair wages and equal pay for work of equal value  
- wages which provide a decent living for themselves and their family  
- safe and healthy working conditions  
- equal opportunity for promotion and time for rest, with holidays with pay.
- Article 8.** Everyone has the right to form unions and join the union of their choice, and everyone has the right to strike.
- Article 9.** Everyone has the right to social security, including social assistance.
- Article 10.** The family unit should be protected and provided with assistance, especially while raising children.  
Particular consideration should be given to the following areas:  
- mothers before and after childbirth  
- working mothers should get paid leave or leave with adequate social security benefits  
- children should be protected from economic and social exploitation and child labour should be illegal.
- Article 11.** Everyone has the right to an adequate standard of living including adequate food, clothing and housing, and the on-going improvement of living conditions, especially the right to freedom from hunger.
- Article 12.** Everyone has the right to the highest possible standard of physical and mental health.  
Particular consideration should be given to the following areas:  
- reduction of stillbirth and infant mortality rates and the promotion of healthy child development  
- improvement of environmental and industrial hygiene

- prevention, treatment and control of epidemic, occupational and other diseases and the provision of equal medical attention to everyone in the event of sickness.

**Article 13.** Everyone has the right to education. Primary, secondary and higher education should be available and accessible to all, especially through the introduction of free education.

**Article 14.** The government of each country signed to this Covenant must make a plan of action for primary education, completely free, if not already in place.

**Article 15.** Everyone has the right to take part in cultural life and to enjoy the benefits of scientific improvements and commonly used technology.

**Article 16. – 27.** Describes the administration of the Covenant.

**Article 28.** **All rights and responsibilities in this Covenant apply to all levels of government of each country signed to this Covenant.**

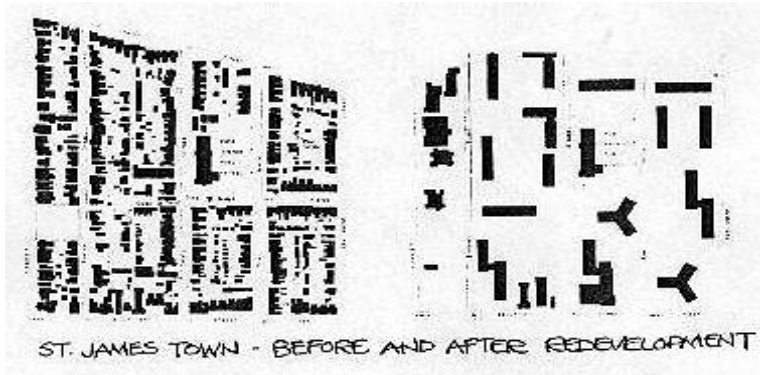
**Article 29. – 30.** Describes the administration of the Covenant.

**Article 31.** The Covenant is available in Chinese, English, French, Russian and Spanish.

## APPENDIX B

### What is St. James Town?: A bit of local history (Bebout, 2002)

St. James Town the biggest high rise housing project in Canada, did not begin as a public project, it was a private development begun in the mid '60s, intended as "a city within a city" for young professionals working downtown.



***Super blockbuster:*** The neighbourhood northwest of Parliament & Wellesley, before & after the mid-1960s. From Edward Relph's ***The Toronto Guide***, 1990.

St. James Town's developers held half the lots north of Wellesley from Sherbourne to Parliament by 1956. The City resisted pressure to expropriate the rest for them, fearing they would be accused of abusing civic power.

But local politicians had zoned the entire city east of Yonge to the Don, from Queen north to Bloor, for high density development in 1953, then meaning high rise. Soon however, there was no need for government to worry about resistance. Private power aka "inevitable market forces" would more than suffice. A planned campaign of "blockbusting" using poorly managed rooming houses, bad maintenance, junk dumping and harassment of homeowners, convinced reluctant residents to sell.

St. James Town began as a trendy downtown address....But the original towers east of Bleecker (the only remaining through street) quickly became rundown, the barren concrete surroundings started to become turf for urban crime (or self fulfilling fear of it). Four buildings were taken over by Ontario Housing and more families with children, seniors and disabled people moved in. It also became "an immigrant reception area." residents tell stories of being advised to find a rental in St. James Town upon first arrival at the Toronto airport.

Things settled down, and for a while, the area, though poor and lacking a community center and many other standard services, became a unique and interesting place to live. Some 20 percent of its population is Filipino; more are South Asian, many Tamil; there are Chinese, Vietnamese, Koreans. About a fifth are black, many of them South

and Central Americans and Somalis. New arrivals include Russians, Serbians, Nepalese, West Africans, Arabic and many others too numerous to name

St. James Town was home to nearly the same percentage of visible minorities as Regent Park North, if slightly better off, and many more in absolute numbers. Its neighbour just southeast of Parliament and Wellesley, northern Cabbagetown, is much better off and mostly white. But the biggest contrast is in sheer numbers.

In Cabbagetown's Census Tract 67, some 1,700 people live on a third of a square kilometre (half the tract; the rest, St James' Cemetery, houses many more dead). St James Town's Tract 65, just one quarter the size, houses more than 15,000. Its population density -- more than 73,000 souls per square kilometre -- is the highest anywhere in Canada.

Cities Thrive on Density....but there are limits: people stacked to the skies on land otherwise vacant don't find civic life on the street; there aren't really any streets. Their public realm is vast, unbounded, maybe dangerous. It's not really theirs at all. When the cuts to welfare and other programs hit in the mid nineties an area that was fairly peaceful and harmonious became tense as the increase in people struggling with dire poverty and addictions changed the atmosphere.

The "city within a city" that never was nearly consumed the city around it. Had development marched on in step with 1953 zoning, all of east downtown would have become St. James Town -- beginning directly south: blocks all the way down to Carlton were bought up and torn down in the early 1970s, pending future high rise renewal.

But the people "South of St. James Town" did not want more of the same. They worked with people like John Sewell and fought back. Its few remaining houses, some new ones built to the old scale, and its apartment co-operatives mark land where master planners came face to face with vocal, well organized citizens. They had urban visions of their own.

The city ended up purchasing many of the houses in the two blocks south of St. James Town. These houses became South St. James Town, the first "Cityhome" housing project, a nonprofit provider owned and operated by the City of Toronto in the early '80s. The old houses were renovated and became subsidized and market rent units for large families, couples and singles including many rooming houses. Many of the first tenants were former private tenants from the same homes promised a unit in the new project.

City Home went on to expand across the old city of Toronto until it merged into TCHC (Toronto Community Housing Corporation) with Metro Housing, who now managed the four North St. James Town public apartment buildings along with many other projects, including Regent Park. TCHC is now the largest Social Housing Landlord in North

America with over 60,000 units. South St. James Town, which has always accessed the same shops and community facilities, now has the same landlord as residents of "North St. James Town" and so are even more closely linked than before. For this reason, we have included residents from this area in the project.

## **APPENDIX C**

### **The Facilitation Training Process**

L.E.A.D team members performed outreach to the community to gather members of various groups including, but not limited to, religion, language, sexual orientation and age to be trained as focus group facilitators for the L.E.A.D project within St. James Town. L.E.A.D team members engaged in 8 weeks of participatory training sessions, educating participants on Social Determinants of Health, human rights and CESC and consulting with them about needs and methods to ensure they could deliver focus group sessions on their own.

Once facilitators passed the training, they gathered 8-10 members of the community from their language groups to join a focus group lasting three to five hours to discuss the concerns paramount to them and their community. They were paid honorariums and provided with funds for food and childcare to cover the costs of hosting the sessions.

In several cases Project Team members, in particular Adan Jemmot and Larissa Rodzilski, facilitated groups when no resident facilitator was available. Recorders were selected by facilitators and paid to record the sessions in the language of the group, in some cases project team members recorded for English speaking groups, and submitted the data to L.E.A.D for this report. Participants of the focus groups were also given an honorarium for participating in the sessions. Facilitators were given a graduation dinner and certificate of training and achievement to honour their hard work and dedication to the community.

## APPENDIX D

### Research Framework: Human Rights and Social Determinants of Health

In 1976, Canada signed the CESCR declaration and in doing so recognized that all human beings have the right to security of healthy food, safe housing, fair work and wages, social security, health services, education and other necessities of a healthy life. In signing this international, legally-binding treaty, Canada made a promise to ensure that every person has equal access to these basic human rights. At the same time, Canada has developed a national integrated framework that identifies a cross-section of indicators as being critical in ensuring that goals of population health, well-being and quality of life are achieved.

Indicators related to housing, income security, access to quality education and quality health care, safety, gender equity (and equity across all human diversity), and respect for cultural differences are all elements that the Canadian government identifies as Social Determinants of Health that impact the health of communities. We cannot separate Social Determinants of Health from Social, Economic and Cultural Rights that are guaranteed to every resident (citizen or landed immigrant or otherwise) living in Canada.

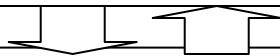
The St. James Town L.E.A.D Project presents the frameworks of the United Nation's International Covenant on Social, Economic and Cultural Rights and Canada's Social Determinants of Health Framework in clear, accessible language (including future translation of materials into various languages as available) to residents of St. James Town.

Essentially the model of the St. James Town L.E.A.D Project amplifies a grassroots to national to global model (see below) whereby community residents gain empowerment, understanding and the ability to pursue basic human rights which impact their collective health, well-being and quality of life.

#### **Understanding Human Rights and Health Determinants**

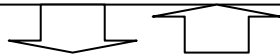
**Global Level:** United Nations Covenant on Economic Social and Cultural Rights (CESCR)

- In 1976, Canada signed this agreement guaranteeing every Canadian human rights to food, shelter, education and literacy, housing, income security, and employment among other things.



**National Level:** Health Canada's Social Determinants of Health (SDOH) Framework

- In 1974 and 1986, Canada led the world in developing frameworks demonstrating human health, well-being and quality of life were contingent on gaining quality access to broad range of societal factors such as: food, shelter, education, literacy, housing, income security, and employment.



**Grassroots Levels:** The St. James Town Community (the most diverse community in the world)

- To date, the CESCR rights guaranteed to every Canadian resident and the SDOH need to make every Canadian resident healthy are absent in the lives of a majority of St. James Town community residents. This project will measure the magnitudes of this reality through grassroots indicators developed by community members themselves focused on effecting policy change.

Another important step was in showing residents how important social determinant of health factors were connected with important Economic, Social and Cultural Rights Articles put forward in the International Covenant. A synopsis of these connections is shown below:

<b>CESCR Article 02:</b>	Does government put maximum resources into human services?
<b>SDOH Indicator:</b>	Social support services
<b>CESCR Article 03:</b>	Equity between men and women
<b>SDOH Indicator:</b>	Gender
<b>CESCR Articles 06, 07, 08:</b>	Work related
<b>SDOH Indicator:</b>	Employment and working conditions
<b>CESCR Article 09:</b>	Income security
<b>SDOH Indicator:</b>	Income
<b>CESCR Article 10:</b>	Special protection for women and children (and the family)
<b>SDOH Indicator:</b>	Social support networks and gender
<b>CESCR Article 11:</b>	Food, shelter and standard of living
<b>SDOH Indicator:</b>	Social support services, food security and housing
<b>CESCR Article 12:</b>	Health
<b>SDOH Indicator:</b>	Health care services
<b>CESCR Article 13, 14:</b>	Education
<b>SDOH Indicator:</b>	Education
<b>CESCR Article 15:</b>	Culture and science
<b>SDOH Indicator:</b>	Culture