PLANTING SEEDS FOR HEALTHY YOUTH: EXPLORING PARENTS' PERCEPTIONS OF A COMMUNITY-BASED PROGRAM IN HALIFAX, NOVA SCOTIA

by

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Abstract

There is relatively little research focusing on how social programs influence multiple dimensions of youth's health. This study explored one community-based program aimed at inner-city youth in Halifax, Nova Scotia. The purpose was to understand, from the parents' perspectives, how they think the Hope Blooms program influenced (if at all) their children's health (i.e. physical, social, mental, emotional, and spiritual health). A qualitative study was undertaken, which involved one interview with the Program Director, and nine face-to-face interviews with parents who, in 2015, had children ages 10 to17 participating in Hope Blooms. Parents argued that Hope Blooms provides their children with access to some key resources (e.g. healthy food) and many opportunities (e.g. having a voice). This in turn has created positive changes for the youth and better health across multiple dimensions. These findings may help to inform programs seeking to improve the health of youth living in low-income communities.

List of Abbreviations Used

NECHC – North End Community Health Centre

CIHI – Canadian Institute for Health Information

ALAS – Achievement for Latinos Through Academic Success

MCP – Mulgrave Park

WISE – Work-integration Social Enterprise

HAP – Holistic Arts-based Group Program

IWK – Izaak Walton Killiam

PYD – Positive Youth Development

LGBTQ – Lesbian, Gay, Bi-sexual, Transgender, Queer

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Chapter One: Introduction

The Issue

In a Canadian health report focused on improving health in Canada through a determinants of health approach, the Standing Senate Subcommittee on Social Affairs, Science and Technology (2009) argued that “although ill-health is distributed throughout the whole population, it is borne disproportionately by specific groups”, and one of these groups is “individuals and families whose incomes are low” (p. 9). Results of many research studies support the Subcommittee's argument. For instance, Muntaner, Ng, and Chung (2012) reviewed a series of reports on determinants of health and health outcomes and found that Canadians with low incomes have the highest rates of mortality, morbidity, and healthcare use compared to those with higher incomes. Furthermore, Muntaner et al. (2012) stated that these findings are significant whether income is measured at the individual, household or neighborhood levels. Many research studies show similar results by pointing out that Canadians (i.e. adults, children, and youth) living in low-income situations experience poor health outcomes related to physical and psychosocial health. Some of these health outcomes include an increased risk of lung cancer, high rates of hospitalizations, diabetes, major depression, suicide mortality, psychological distress, psychosocial morbidity, and high prevalence of being overweight or obese (Agha, Glazier, & Guttmann, 2007; Beiser & Stewart, 2005; Burrows, Auger, Gamache, St-Laurent, & Hamel, 2011; Caron & Liu, 2011; Dinca-Panaitescu et al., 2011; Lipman, Offord, & Boyle, 1994; Mao et al., 2001; O’Loughlin, Paradis, Renaud, Meshefedjian, & Gray-Donald, 1998; Patten et al., 2006).

In Nova Scotia, Canada many reports on poverty indicate that a large number of children and youth are living in low-income households and communities, and these reports indicate little change in poverty rates for this population from 1989 to 2015 (Frank, 2014, 2015; Nova Scotia Poverty Statistics, 2008). For instance, one report on child and family poverty in Nova Scotia reported that from 1989 to 2012 there has been an increase in the rates of child poverty, with a child poverty rate of 18.1% reported in 1989, 25.8% in 2000, and 22.2% in 2012 (Frank, 2014). Frank (2015) highlighted that, in 2013, more than 1 in 5 children in Nova Scotia were living in poverty. There is a significant need to address the issue of poverty considering that in 2013 the percentage of children living in low-income circumstances was 24.3% higher than it was in 1989−when according to Frank (2015) the promise to eradicate child poverty was made in Nova Scotia. Evidence from the literature reviewed by Frank (2014) indicates that children living in low-income situations commonly experience many disadvantages over the life course. These include poorer educational outcomes, poorer health than those living in higher income households, poor dietary intake and nutritional status, and higher rates of delinquency. These disadvantages are a major concern because they show the detrimental impact that low income can have on children and youth.

According to the Chief Public Health Officer's Report on the State of Public Health in Canada (2011) some health problems such as obesity, emotional problems, and mental illness can impact young Canadians across the life course. Moreover, the literature suggests that these health problems, and other social challenges that are linked to poor health, such as lack of access to key social determinants of health (e.g., education, employment, and healthy food; Mikkonen & Raphael, 2010), are more persistent for

children and youth (and some other populations) living in low-income circumstances. If health and social disparities experienced by children and youth of low-income households and communities are not addressed, it could potentially lead to poor health outcomes into adulthood. One way that disparities can be addressed is through the development and implementation of social programs.

Social Programs and Health

Social programs vary in their approach to help improve the health of different populations who face many social and economic challenges. Some programs, for example, focus on improving individuals' health by tackling specific behaviors of individuals that can be directly and indirectly related to health. These behaviors include eating habits, engagement in physical activities, drug use, violent/delinquent behaviors, and school behaviors such as truancy and school drop-out (Alaimo, Packnett, Miles & Kruger, 2008; Everett, Chadwell, & McChesney, 2002; Matjasko et al., 2012; Rodriguez & Conchas, 2009; Wofford, Froeber, Clinton, & Ruchman, 2013). Other social programs aim to improve health by tackling behaviors and some determinants of health (Carney et al., 2012; Davis et al., 2011; Hannah & Oh, 2000). Some community garden programs attempt to improve the health of populations by improving aspects of food security (e.g. access to healthy food), and by changing behaviors such as increasing individuals' consumption of fruits and vegetables (Carney et al., 2012; Davis et al., 2011). *Social enterprise* programs are another type of program, defined as having a dual purpose: generating profits, and producing a social return either indirectly by using their profits for social value, or directly as a result of products, services and functioning of the businesses themselves (The Aspen Institute, 2008). Social enterprise programs target marginalized

populations and often aim to improve their health by focusing on education, employment, income, skill building, and social support/networks (Ferguson & Islam, 2008; Ho & Chan, 2010). Also notable is that social determinants of health are interconnected, and so although some programs may focus on addressing one determinant of health, in doing so, they may also be addressing other important determinants of health. For example, a social program may provide educational training to individuals in order to help them gain employment. However, by obtaining employment an individual's level of income might also be impacted.

This research study focused on the Hope Blooms community-based program, which is aimed at inner-city youth living in an urban community (North End Halifax, Nova Scotia) with high rates of low-income households. In this study, *"community-based"* program means that the program is physically located in the same community as the population it serves (youth), and that it focuses on the specific needs of this population (McLeroy, Norton, Kegler, Burdine, & Sumaya, 2003). "Community-based" programs can have different meanings depending on the program (McLeroy et al., 2003). For instance, McLeroy et al. (2003) argue that community-based programs may refer to "community as agent" meaning that the focus is on the "natural adaptive, supportive, and developmental capacities of communities." (p. 530) This focus is similar to the focus of the community-based program (Hope Blooms) explored in this study because Hope Blooms aims to build community capacity by actively involving youth in a community garden and social enterprise located in their community. Specifically, this research explored if parents of children who participate in the Hope Blooms program perceive the program as influencing their children's physical, social, mental, emotional and/or

spiritual health (Donatelle & Thompson, 2011). Health was defined broadly to include these various dimensions because the community program has various components, and therefore has the potential to affect the various dimensions of health. Each dimension of health is described in more detail in Chapter Two. Parents were selected as participants in this study because through their interactions with their children on a day-to day basis, they can provide important information on their children's health with respect to their children's involvement in Hope Blooms. Since this program is located in the North End community of Halifax, Nova Scotia, a short description of the community is provided.

A Brief Description of the North End Community

Location and population. The North End community is located in Halifax, Nova Scotia, Canada, and although there is no consensus on how the community is defined, it is often conceptualized geographically (Waldron, Price, & Eghan, 2014). The North End community spans from the Bedford basin area in the North to Cogswell Street in the South, and continues down to the Halifax waterfront in the East (Waldron, 2012). A geographical map of the North End community can be found in Appendix H. The map includes some of the main streets in the North End, such as Gottingen Street, which runs through the North End community from north to south; in 1950 it was considered the "pulsing and thriving heart of the North End" (Silver, 2011, p. 96). From the period of 1950 to 2000 the Gottingen street area faced an economic and commercial decline reflected, at least partially, in the increase of social/community services, and a decrease in retail and commercial services (Melles, 2003, as cited in Silver, 2011, p. 96). Currently, Gottingen Street is known as a key street in the North End community with organizations that offer many community and social services to residents with low-incomes (Silver,

2011). The North End community has been impacted by gentrification, which is the process of economic development in lower- income communities that are less developed (Silver, 2011). Gentrification could potentially impact people with lower-incomes in a negative way if it results in them being displaced from their homes, or if it affects the spaces they regularly access (e.g., parks and libraries). This issue is important to consider because the parents interviewed for this study (and their children) live in this community, and therefore may be impacted negatively (or positively).

The North End community has a diverse population that includes individuals from the Indigenous community, African Nova Scotians/Canadians, refugees and immigrants (Silver, 2011; Waldron, 2012). Although the socio-economic conditions are not the same for everyone in the North End community, some research studies have pointed out the high number of individuals living on a low income and who live in (or are seeking) affordable housing in the North End community (Silver, 2011; Waldron, 2012). This is the reality for some residents who live in public housing in Uniacke Square and Mulgrave Park, and for residents in the Gottingen Street area of the North End community (Melles, 2003; Silver, 2008, 2011; Waldron, 2012). As noted by a number of researchers, some challenging socio-economic conditions have been present in the North End community for years (Melles, 2003; Silver, 2008, 2011; Waldron, 2012).

Programs and services. According to Silver (2011), there are multiple “strong community-based organizations and social agencies” (p. 109) in the North End community that respond to the needs of residents by offering different programs and services. The organizations extend their programs and services to reach many different groups including children, youth, families, and adults. Some organizations in the North

End community are widely recognized for their commitment to, and success in, helping improve the health and wellbeing of local residents (Farah, 2013; Halifax Public Libraries, 2016; Kisely & Chisholm, 2009; Melles, 2003; North End Community Health Centre, 2016; Silver, 2011; Taylor, 2014). Although Silver's (2011) research highlights many different community organizations and services in the North End community, it does not provide a comprehensive list of all organizations and services that are located within the North End community and utilized by community members.

The North End Community Health Centre (NECHC) is one example of an organization that has influenced the health of North End residents. The NECHC was established on Gottingen Street in 1971, partially from the efforts of some local women from the Uniacke Square area who felt “unwelcomed” and “looked down upon” when attending physicians' offices outside their community (Silver, 2011, p. 105). The NECHC uses a comprehensive, collaborative approach to healthcare by providing local residents with access to a diverse team of health professionals such as nurses, physicians, mental healthcare workers, and other health workers (e.g., occupational therapists and social workers), and by providing access to different services and programs such as chronic disease management, prenatal and infant programs, mental health services, and mobile outreach healthcare (Kisely & Chisholm, 2009; North End Community Health Centre, 2016).

According to Melles (2003), the Halifax North Memorial Library is another strong community organization that offers various programs to the community. For example, adults can participate in the English Conversation Group for Beginners program in order to practice English, learn about local culture and community, and meet new people

(Halifax Public Libraries, 2016). Many programs, however, are aimed specifically at children/youth and families, and focus on fostering learning and healthy development. For example, the After School Drop-in program is for children/youth ages 7 to 12, and provides a safe and supportive environment for children to "hang out, eat healthy snacks, and participate in fun activities including gaming, art and hands-on science" (Halifax Public Libraries, 2016). Some other programs include Teen Night (for youth age 13 and over); Storytime (for children ages 3-5); and Baby and Tot Time (for children up to 36 months old). One of the potential limitations of these programs is that most are only offered once a week for approximately 1-2 hours, meaning that access is limited. One of the key reasons for the limited access may be that many community-based organizations in the North End community lack adequate funding (Silver, 2011).

Progress in the Park is a community development project founded by Paige Farah that operates in the North End community, and specifically Mulgrave Park (Taylor, 2014). The purpose of the project is to reverse the negative image associated with the Mulgrave park public housing community through the implementation of skill building and community development initiatives, such as a community garden and business mentorship programs (Taylor, 2014). Progress in the Park is similar to the program explored in this research (Hope Blooms) in that both programs have a community garden, focus on business, and have had their community viewed negatively by outsiders. There is a demonstrated need for programs that address the issue of communities being perceived negatively, especially in the North End community. A Mulgrave Park community leader (and resident of forty years) pointed to the stigmatization of the community but also the strengths of the community by stating, "People that don't know

about our community…they think that our community is a ghetto, it's not a ghetto. Ah we have families here who care about one another and keep each other safe" (Farah, 2013). Similarly, Silver (2011) has highlighted the issue of stigmatization of Uniacke Square in the North End community, and argues, "stigma and stereotypes hurt the people who live there" (p. 104). For example, in Silver (2011) one resident of Uniacke Square discussed that when young people go beyond the parameters of the Square outsiders perceive them differently, and so young people constantly "wear that stigma" (p. 104).

Research Purpose and Questions

The key purpose of this research was to gain an understanding of whether or not the parents of children (ages 10-17) who participate in the Hope Blooms community-based program think the program is influencing (positively or negatively) one or more dimensions of their children's health. The Hope Blooms program has multiple components (described in detail in Chapter Four), and so this research also explored if parents think specific components of Hope Blooms play a role in influencing their children's health. Furthermore, the parents were asked whether they believe any changes could be made to the program to improve their children's health. The Program Director of Hope Blooms was also interviewed as part of this research in order to develop an understanding of the program's history, purpose, objectives, and main components. There were four key research questions for this study:

1. What is the history of the Hope Blooms program, and what is/are the key purpose, objectives and components of the program?

2. Do parents of children who participate in the Hope Blooms program perceive the program as having an influence (positive and/or negative) on their child/children's physical, social, mental, emotional, and/or spiritual health, and if so how?
3. What components of the program do parents think influence their child/children's physical, social, mental, emotional, and/or spiritual health and why?
4. Are there any components of the program that parents think should be modified or added to the program to help improve the physical, social, mental, emotional and/or spiritual health of their child/children, and why do they think these changes are needed?

Research Approach

This qualitative research study conducted nine face-to-face, semi-structured interviews with parents of children in Hope Blooms, and modified grounded theory was used to guide analysis of parent interviews (Corbin & Strauss, 2008). One face-to-face, semi-structured interview was also conducted with the Program Director of Hope Blooms in order to gain some critical contextual information of the program. Before this study began, ethics approval was received from the Dalhousie University Health Science Research Ethics Board. Prior to starting interviews with the parents, they received an informed consent form highlighting the purpose of the study, as well as the potential risks and benefits, and each parent provided verbal consent before beginning interviews. All interviews were audio-recorded and then transcribed verbatim. Further details on the methodology and methods used for this study are presented in Chapter Three.

Rationale for the Study

Many researchers believe that health is multidimensional, and therefore they have conceptualized health as including multiple dimensions (Adams, Bezner, Drabbs,

Zambarano, & Steinhardt, 2000; Donatelle, 2009; Donatelle & Thompson, 2011). Despite the emphasis on health as multidimensional, many studies have investigated the impact of social programs on only one or two dimensions of youth's health. This current study is important because it helps fill this gap by exploring, from the perspectives of parents, how a community-based program might be influencing their children's health along multiple dimensions. Research studies examining the impact of a program on only one or two dimensions of health could potentially miss other dimensions of youth's health that the program may also be influencing.

Many researchers and health professionals recognize that beyond individual behaviors (e.g., eating habits and engagement in physical activities), which influence the health of populations, there are social determinants of health (i.e. social, economic, cultural, and political factors) that also play a role in shaping population health (Mikkonen & Raphael, 2010). Although some research studies on social programs and youth aim to improve health by addressing social determinants of health (e.g., food insecurity and social exclusion), there appears to be more research studies that focus on changing health by tacking health behaviors. Further, the programs that attempt to improve health by focusing on both individual behaviors, and social determinants of health usually address only one or two determinants of health. Raphael, Curry-Stevens, and Bryant (2008) argue that health professionals have the potential to shift public, professional, and policymakers' focus on the dominant biomedical and lifestyle (individual health behaviors) paradigms to a social determinants of health perspective, by collecting and presenting stories on the impact socials determinants of health have on people's lives. This qualitative research study may, therefore, play a small role in this

shift because it provides a ‘story’ of how a program is seeking to address a few key social determinants of health (e.g., food security and social inclusion) and thus influence the health of the youth who participate in the program.

To date, there has been no research seeking to understand the potential influences the Hope Blooms program may have on youth’s health, and so this study can help provide insight on how the program is influencing the health of youth. In addition, this research can also provide knowledge to health professionals and service providers that may help inform the development of future programs for youth, especially youth living in low-income communities. For this study, low-income communities refer to communities that have a large number of individuals and households who live on low-incomes, and as a result experience many challenges (e.g., food insecurity and access to affordable, safe housing) that can compromise their health.

Chapter Two: Literature Review

This chapter provides a definition of health, and describes the health model used to guide this study. Following this is an overview of the literature related to some key determinants of health, and how these determinants influence health. In addition, an overview is provided of social programs that seek to address some determinants of health, along with how these programs influence individuals' overall health and wellbeing. Community gardens/programs and social enterprise programs are discussed separately because they compose two key components of the Hope Blooms program, and because of the fairly extensive literature on these two types of programs. Some community-based programs are also outlined since Hope Blooms identifies itself as a community-based program. Most of the literature discussed in this chapter focuses on studies aimed at youth, and in particular, youth who experience marginalization due to living in unfavorable social and economic conditions. However, some relevant studies that report on adult health are included. By providing an overview of the literature on health, and various social programs, this chapter points to some of the gaps that exist in social programs, and especially programs for youth who experience marginalization.

Defining Health

Health is defined in various ways, but it is often viewed as having multiple dimensions. For example, McKenzie, Pinger and Kotecki (2012) define health as "a *dynamic* state or condition of the human organism that is multi-dimensional (i.e., physical, emotional, social, intellectual (or mental), spiritual, and occupational) in nature, a resource for living, and as resulting from a person's interactions with and adaptations to his or her environment" (p. 6). The following section describes the five dimensions of

health used in this study: physical, social, mental, emotional, and spiritual. Throughout the literature *physical health* or "physical wellness" is often defined in terms of the physical body. For example, many studies describe physical health by pointing to the presence and/or absence of chronic conditions and diseases such as hypertension, obesity, diabetes, and cardiovascular disease (August & Sorkin, 2010; Kubzansky, Boehm, & Segerstrom, 2015; Rasmussen, Scheier, & Greenhouse, 2009), and by assessing the structure and functioning of tissues and organs (Vingilis, Wade, & Adlaf, 1998). Some literature describes the state of individuals' physical health by examining factors such as dietary intake and nutrition, obesity rates, physical activity levels, sleep conditions, and levels of drug use (e.g., alcohol, tobacco, and marijuana) (O'Loughlin, Paradis, Kishchuk, Barnett, & Renaud, 1999; Thompson Rivers University, 2013; University of California, 2014; Vingilis et al., 1998).

The remaining four dimensions of health that will be defined are part of Donatelle and Thompson's (2011) psychosocial model of health. This model was selected to help guide this study because, as a new researcher, it provides a clear and comprehensive framework for understanding social, mental, emotional, and spiritual dimensions of health. *Social health* is defined by Donatelle and Thompson (2011) as "our interactions with others on an individual and group basis, our ability to use−and to provide−social resources and support in time of need, and our ability to adapt to a variety of social situations" (p. 32). An individual with good social health usually has numerous social interactions with different individuals (e.g., friends and family), is capable of listening, expressing themselves, and forming healthy relationships, and can act in socially acceptable and responsible ways (Donatelle & Thompson, 2011).

Mental health is described as the “thinking or rational part of psychosocial health”, and involves a person’s ability to perceive day-to-day activities and life events in a realistic way (Donatelle & Thompson, 2011, p. 30). It also consists of a person’s ability to “use reasoning in problem solving”, and to interpret and evaluate situations effectively as well as react appropriately (Donatelle & Thompson, 2011, p. 30). According to Donatelle and Thompson (2011), an individual’s values, attitudes and beliefs about their health, relationships, and life in general are, in part, a reflection of their mental health (Donatelle & Thompson, 2011, p. 30). An individual with good mental health would be able to react and cope appropriately in a variety of stressful situations. For example, they may feel sad and/or angry after losing a close family member or a job, but by “thinking rationally” and “communicating effectively” they would eventually move past these difficulties (Donatelle & Thompson, 2011, p. 30).

Emotional health refers to the “feeling” or “subjective” part of psychosocial health and is comprised of an individual’s emotional reactions to life (Donatelle & Thompson, 2011, p. 31). On a daily basis, people experience many emotions from fear and anger to joy and happiness, and how an individual acts or reacts to these emotional responses reflects their emotional health. In most cases, an emotionally healthy person can react in an acceptable manner to “upsetting and uplifting” experiences (Donatelle & Thompson, 2011, p. 31).

Lastly, *spiritual health* is broad and refers to the “deeper or innermost part of an individual” that helps them make sense of the world and their purpose in it (Donatelle & Thompson, 2011, p. 32). Also, Donatelle and Thompson (2011) point out that spirituality is no longer thought of as grounded solely in religion, and as a result it is now frequently

described as “a search for meaning, connectedness, energy, and transcendence” (p. 32). Spirituality can also be viewed as part of daily life, in that it can help people understand their “basic purpose in life” and assist individuals in reaching their “fullest potential” (Donatelle & Thompson, 2011, p. 33). Spiritual health might look different for different people because it reflects peoples’ “values, beliefs, and perceptions of the world” (Donatelle & Thompson, 2011, p. 32). For instance, spiritual health may include “a belief in a supreme being, or “a specified way of life as prescribed by a particular religion”, or “personal relationships”, or “being at peace with nature” (Donatelle & Thompson, 2011, p. 32).

Although the five dimensions of health are described separately, they are indeed interconnected. According to Donatelle and Thomson (2011), emotional and mental health are closely linked. For example, when an emotional event occurs, an individual might experience negative feelings such as sadness or anger. If that individual does not have healthy coping skills, and/or the negative feelings do not subside, the person could potentially experience a decline in mental health. Donatelle and Thompson (2011) argue that once an individual’s mental health starts to decline, they could experience a severe decrease in rational thinking, and an increase in “distorted beliefs.” Such negative responses could eventually lead to mental illness (Donatelle & Thompson, 2011), especially if no support is sought. Donatelle and Thompson (2011) also argue that there is an interconnection between social and emotional health. For instance, when people experience emotional instability (e.g. severe mood changes) it could potentially lead to social isolation, and this is because individuals are more likely to refrain from interactions with a person who is emotionally unstable (Donatelle & Thomposon, 2011).

The inverse of this situation is also possible in that a person who is socially isolated may in turn experience loneliness, and this could potentially impact their mental health. The examples provided above show that dimensions of health influence each other. When dimensions of health are viewed separately, it could result in an inaccurate evaluation of an individual's overall health and wellbeing. As such, researchers and health professionals should aim to evaluate the health of individuals and populations by observing all dimensions of their health.

Key Social Determinants of Health

The social, economic, cultural, and environmental factors that influence and shape health are known as the social determinants of health (Standing Senate Subcommittee on Social Affairs, Science and Technology, 2009). Many health researchers, professionals, and organizations define social determinants of health differently, and place greater emphasis on some determinants of health than others (Mikkonen & Raphael, 2010; Public Health Agency of Canada, 2016, 2011). However, despite a lack of consensus concerning all the specific social determinants of health, there are some key social determinants of health recognized in the literature for their strong impact on the health and well-being of populations, and these include: income, education, employment, food security, and social support networks (Mikkonen & Raphael, 2010; Public Health Agency of Canada, 2016, 2011). Although these determinants will be described separately, it is important to note that they are interrelated because, for example, education can influence the type of employment one is able to obtain, which in turn affects one's income, housing options and so forth.

Income. Income is one of the most significant social determinants of health documented throughout the literature because it has been shown to have major implications for individuals' health (Federal, Provincial, & Territorial Advisory Committee on Population Health, 1999; Mikkonen & Raphael, 2010; Public Health Agency of Canada, 2008, 2013). Mikkonen and Raphael (2010) indicate that individuals' income levels influence their overall living conditions, psychological functioning, and other health-related behaviors such as diet, physical activity, and tobacco and alcohol use. In Canada, there are a significant number of individuals living in low-income, and because low-income is linked to poor health, their risk of experiencing ill health is high (The Public Health Agency of Canada, 2008). The Public Health Agency of Canada (2008) reported that in 2005, approximately 11% of individuals were living in poverty (defined as persons living in low-income after tax). Living in low-income is linked to poorer self-rated health. For instance, one Canadian report indicated that 47% of Canadians (in the lowest income bracket) rate their health as very good or excellent, whereas 73% of those individuals in the highest income bracket did so (Public Health Agency of Canada, 2013). Moreover, as income for Canadians increases, they experience less sickness, increased life expectancy, and better health (Public Health Agency of Canada, 2013). Some Canadian studies show that chronic disease (e.g. diabetes) and infectious disease are more prevalent among individuals with low-income (Anonymous, 2001; Wilkins et al., 2002, as cited in Frohlich, Ross, & Richmond, 2006). Other studies highlight that people with higher incomes have better health compared to those with lower incomes because they can acquire basic needs (Citizens for Public Justice, 2012; Pathak, Low, Franzini, & Swint, 2012; Standing Senate Subcommittee on Social Affairs,

Science and Technology, 2009), and access resources necessary for good health, such as education (Canadian Institute for Health Information, 2004, as cited in Pathak et al., 2012).

The relationship between income and other determinants of health is widely recognized. For instance, the Canadian Community Health Survey on nutrition (2004) demonstrates the link between income and a key aspect of food security (i.e. access) by reporting that individuals with higher incomes are more likely to live in food secure households, meaning they have access to food. In this health survey some socio-demographic variables were compared to individuals' food security condition. The results showed that those individuals in the lowest and second lowest income categories were most likely to be food insecure. In the lowest income bracket, 24.8% of households were severely food insecure, and in the second lowest income bracket, 10.7% were severely food insecure, thus pointing to a gradient in food insecurity with food insecurity associated to lower income.

Education. Research indicates that education contributes to health and a more prosperous life by providing individuals with knowledge and skills for problem solving, a sense of control and mastery over life circumstances, and improvements in individuals' ability to access and comprehend information to assist them in leading a healthier life (Standing Senate Subcommittee on Social Affairs, Science and Technology, 2009). Mikkonen and Raphael (2010) highlight that education increases individuals' literacy and their understanding of how to promote their own health through their own actions. For example, more education leads to more advanced skill sets that individuals can access to help them evaluate and choose whether a certain behavior will have a positive or negative

influence on their health. Health Canada (1999) highlights the relationship between education and physical health, noting that individuals who have a university degree are only about half as likely to have high blood pressure, high blood cholesterol, or to be overweight, compared to those with less than high school education.

Employment. High quality employment not only provides individuals with a higher income, but also instills a sense of accomplishment, a sense of identity, and provides people with structure in their daily lives thus contributing to their overall health (Mikkonen & Raphael, 2010). In contrast, research shows that unemployment and insecure employment negatively impact health (De Wolff, 2008). For example, those experiencing unemployment or insecure employment have poorer physical health (cardiovascular disease and infections), poorer mental health (anxiety and depression), and more frequent hospital visits (De Wolff, 2008). The health-related literature on employment recognizes that many vulnerable populations (e.g., at-risk/homeless youth and low-income populations) experience numerous physical and mental health challenges, which compromise their ability to secure and maintain employment (Karabanow, Carson, & Clement, 2010; Pacheco, Page, & Webber, 2014). As a result, there is a call in the literature for employment programs to be more integrated by not only helping individuals prepare for and secure employment, but also provide support to individuals with physical and mental health challenges so that they are better able to maintain jobs.

Food security. Many individuals and families do not have the means to access healthy food and so they are considered to be “food insecure.” “Food insecurity” means lacking the physical and economic access to nutritious foods (e.g., fresh fruits and

vegetables) that are safe and culturally appropriate, and not having the appropriate quantity of food to feed oneself or one's family (Food and Agriculture Organization of the United Nations, 2016; Mikkonen & Raphael, 2010). Food insecurity has adverse effects on health because it leads to a poorer diet and inadequate nutrition (Kirkpatrick & Tarasuk, 2008; Mikkonen & Raphael, 2010). Food insecure households are more likely to experience negative health outcomes linked to physical health, such as heart disease, diabetes, food allergies, and high blood pressure (Mikkonen & Raphael, 2010). Although approximately 9% of Canadians experience food insecurity, it is more prevalent among households with children (10.4%) than those with no children (8.6%), as well as single mothers (25%) (Mikkonen & Raphael, 2010). This is a major problem because malnutrition during childhood can have long-term effects on the physical and psychological health of children (Mikkonen & Raphael, 2010).

Social support networks. Having a social support network is important to individuals' health because it allows them to receive support from peers, family, and other adults. There are different forms of support that can be provided to individuals, and this includes psychological support (e.g. formal counseling), emotional support (e.g. encouragement and listening), informational support (e.g. advice and tips), and financial support (Mattson & Hall, 2011; Mikkonen & Raphael, 2010). Mattson and Hall (2011) point to many studies, which report that those who have social supports have better physical health (e.g., resistance to disease and reduced mortality), and psychological health (e.g. bettering coping with adverse events). Additionally, Southwick, Vythilingam, and Charney (2005) point out that having positive social support can serve as a buffer

against stress, help protect against developing trauma-related disorders (e.g. posttraumatic stress disorders), and help reduce medical-related morbidity and mortality.

Supportive social relationships are also important for healthy child development. Children who have cohesive, supportive relationships with peers show improved academic performance, lower rates of juvenile delinquency, and lower school dropout rates compared to their peers who lack supportive relationships (Parker & Asher, 1987, as cited in Boyce, 2004). Supportive social relationships between children and their caregivers are also related to children's health. For instance, according to a series of studies reviewed by the World Health Organization (2004), strong caregiver-child relationships during children's early years of development have been discovered to be linked to better social adjustment, and protection from psychological illness in longitudinal studies of child outcomes. As a result, it may be beneficial for programs to include parents so that bonding between children and parents can be enhanced.

Programs Addressing Some Social Determinants of Health

Considering the strong link that exists between the determinants of health highlighted in the previous section and individuals' health and wellbeing, this section will provide an overview of the literature on some social programs/interventions that attempt to address one or more of the social determinants of health, as well as social problems (e.g., school dropout) that impact some determinants of health (e.g., education). A brief overview will be provided of programs focused on education, employment, and food security. Employment programs are usually linked to issues related to income and poverty so income-related programs are not specifically highlighted in this section. Also, the literature on social programs indicates that most youth programs have a program

component that focuses on building and strengthening social supports/networks for youth, and this appears to be the case regardless of the central focus of the program (e.g., education and employment). As a result, social supports/networks will be discussed throughout all program sub-sections (i.e. education-focused programs, community garden programs etc.). Given that community gardens are a key program focused on food security, and given that a community garden is a key component of the Hope Blooms program, an overview will be provided specifically on community gardens. Hope Blooms also includes a social enterprise component, and social enterprise programs have been linked in the literature to some key determinants of health including education (skills training), employment, and sometimes income and poverty. As a result, an overview on social enterprise programs will be provided.

Education-focused programs. Education-focused programs can play a significant role in helping low-income youth succeed in school and obtain better quality jobs, and this in turn could positively influence youth's health by helping lift them out of low-income. Many education-focused programs are aimed at low-income youth who experience academic issues such as truancy (absenteeism), school dropout, and low academic achievement, because these issues are recognized as risk factors that can negatively impact educational outcomes for youth (Noguera, 2001; Rodriquez & Conchas, 2009). One education-related program, entitled Achievement for Latinos Through Academic Success (ALAS), targets low-income Latino youth in California and aims to reduce truancy and school dropout rates (Gandara, Larson, Mehan, & Rumberger, 1998). This program showed that by helping youth develop problem solving and social skills, and through personal recognition (i.e. positive reinforcement such as praise,

recognition ceremonies, and certificates), bonding activities, attendance monitoring, daily parent follow-ups, teacher feedback, modeling for parents, and integrating home and school needs with community services, this program was successful in reducing truancy and drop-out rates, and led to increased self-esteem and confidence among the youth (Gandara et al., 1998). This program could have positive implications for the youth's emotional and mental health considering that the youth experience increases in self-esteem and confidence. Although this program is centered on one key determinant of health (i.e. education), it also addresses social supports/networks. For instance, different "bonding activities" were included in the program to help youth feel "looked after" and "nurtured" by program staff (Gandara et al., 1998), and this points to social support for the youth. In addition, youth have opportunities in the program to closely connect with their parents and teachers, and these connections could help the youth strengthen their relationships, which in turn may lead to better social health.

In another example, Rodriquez and Conchas (2009) describe results from the School Success program, which is in Boston, United States, and aimed at re-engaging "at risk" middle school youth by combating truancy. Tackling the issue of truancy is important because truancy is likely to affect youth's education in a negative way. The School Success programs is comprehensive in that it provides youth with access to many resources and opportunities including: access to a case manager from middle school to high school, who provides youth with one-on-one counseling, as well as family and school advocacy on a weekly basis; access to an after-school program, which provides youth with comprehensive academic assessment tools provided by a local university, tutorial/homework skill building, computer skills, group discussions, planning and

organizational skills development, service learning, field trips, and access to a weekly club on Monday nights; opportunities to take part in activities that promote pro-social values; engagement in mentoring activities and; opportunities for youth to engage in "vision casting", which is a program element that encourages youth to set and pursue realistic long-term goals, and connect socially with peers, parents, and other individuals (Rodriquez & Conchas, 2009, p. 225). This study found that youth in the program feel more socially connected, and this is not surprising considering that they have access to a supportive social network, and engage in activities that foster social relationships (e.g. mentoring activities) (Rodriquez & Conchas, 2009). Providing access to a supportive social network could potentially help improve emotional and mental health depending on the type (e.g. emotional) and quality of support from peers, program staff etc. However, more research is needed on this program to determine this. This study did not report any direct effects on the youth's emotional and mental health, which is surprising given that one-on-one counseling was provided to the youth.

Some education-focused programs are not based on academic issues faced by youth, but rather focus on educational enrichment for low-income populations. For example, Reynolds et al. (2007) describes a follow-up study on low-income youth at age 24 from the Unites States, who had participated in a school-based early childhood education program that provided educational enrichment, and comprehensive family services to youth from pre-school to grade three. The follow-up with youth was conducted 19 years later, and compared to the control group, some of the results showed that youth who had received the intervention years before had higher rates of school completion, attendance in 4-year colleges, and more years of education (compared to the

comparison group) (Reynolds et al., 2007). This is especially important because many low-income populations may not have access to post-secondary education, and education is known to influence income, and overall health and wellbeing (Mikkonen & Raphael, 2010). Although this program was school-based, education-related programs aimed at youth do not have to be linked specifically to the school system, but can be implemented in communities instead.

Employment programs. Programs that provide employment and vocational skills training to "at-risk" youth and youth living in low-income households and neighborhoods are important because they often lead to work experience and valuable skills that help youth move out of low-income situations, as well as better health. In one study, a 7-month employment-training program assisted 835 "at-risk" youth in finding work (Matsuba, Elder, Petrucci, & Marleau, 2008). The study's objectives included: implementing and evaluating the employment training program, helping youth learn employment skills, and improving youth's psychological well-being. There were pre-test and post-test measures taken before and after the employment-training program was implemented, and program effectiveness was determined based on whether or not there were changes in psychological well-being. Post-test measures indicated improvements in self-esteem and life satisfaction, decreases in loneliness, increases in aggressive behaviors, slight (but non-significant) increases in empathy and reactance (i.e., managing verbal and behavioral reactions), and decreases in feeling a sense of connection to the program (Matsuba et al., 2008). It is interesting that the program results reported both positive outcomes (e.g., improved self-esteem and decreases in loneliness), and negative outcomes (e.g., increased aggression, and a lack of feeling connected to the program) for

youth. Matsuba et al. (2008) suggest that such negative outcomes could be linked to the fact that after the program a small number of youth did not secure employment. However, Matsuba et al. (2008) did not suggest any linkages between the negative outcomes and the fact that the program was only offered for a short period of time. Perhaps the negative outcomes were due to the program lasting only seven months, and youth who are "at-risk" may need more long-term support to help them maintain employment and ensure positive psychosocial health.

Some community organizations also address employment by offering many forms of employment support to different populations, including youth. For example, in Halifax, Nova Scotia, the Phoenix Learning and Employment Centre (2017) provides youth (ages 16-24) in the community with access to employment-based programming and skills development, and opportunities to connect with employers. Many employment programs aimed at youth operate as social enterprise programs, and as a result they are discussed in the section that specifically outlines social enterprise programs.

Food security-focused programs. Programs addressing food security are necessary considering that it is a major issue in Canada and beyond (Mikkonen & Raphael, 2010). Many food programs target individuals and families living in low-income households and recipients of social assistance (Loopstra & Tarasuk, 2013). Food banks are one type of program addressing issues around food security, and they are common across Canada (Daily Bread Foodbank, 2016; Feed Nova Scotia, 2016). Although food bank programs offer food to those who may not be able to access it otherwise (including families of children and youth), many studies show that food banks do not adequately meet the food-related needs of food bank users. For instance, one study

showed that food bank users in British Colombia, Canada, did not receive the proper amount of produce to meet the daily recommendations from Canada's Food Guide, and this could have negative implications for their physical health especially in the long-term (Holben, 2012). In another study in Toronto, Canada, Loopstra and Tarasuk (2013) evaluated the perceptions and uptake of three food security programs (community gardens, community kitchens, and the Good Food Box program) targeting low-income individuals, and found that in most cases they were unsuccessful in adequately addressing food security because of issues around access, and "lack of fit" due to not corresponding to participants' time, interests, needs, and health needs (Loopstra & Tarasuk, 2013). This suggests a need to re-examine the structure of existing food programs, and consider additional program options for meeting the food-related needs of low-income populations.

Community garden programs. Community gardens are another type of program that address food security, and thus contribute to physical health. The research literature on community gardens often indicates that gardens are a physical space used to grow a variety of fruits, vegetables, herbs, and sometimes flowers (Hanna & Oh, 2000; Stocker & Barnett, 1998; Wakefield, Yeudall, Taron, Reynolds, & Skinner, 2007). Community gardens serve various populations in rural and urban area, and these populations include children and youth (and sometimes their families), immigrants, and adults, and often times these individuals are of lower income (Alaimo, Packnett, Miles, & Kruger, 2008; Castro, Samuels, & Harman, 2013; Parmer, Salisbury-Glennon, Shannon, & Struempler, 2009). Community gardens exist in different places, including school and community settings, and surrounding individuals' homes (Alaimo et al., 2008; Castro et al., 2013;

Evans et al., 2012; Farah, 2013; Parmer et al., 2009). Although community gardens have been established in various places (e.g., schools and urban and rural communities) making them potentially more accessible to many populations, the cooler climate in Canada (and elsewhere) reduces the growing season for fruits and vegetables, and hence limits individuals' access to healthy food.

Many studies show that those who participate in community gardening consume more fruits and vegetables, which reduces their risk of developing diseases such as diabetes, cancer, and heart disease (Alaimo et al., 2008; Hale et al., 2011; Heim, Stang, & Ireland, 2009). Alaimo et al. (2008) showed that households where at least one individual participated in a community garden resulted in adults consuming 1.4 times more fruit and vegetables per day compared to households with no community garden participation (Alaimo et al., 2008). Another study aimed at preventing obesity in Latino children showed that children participating in a community garden intervention increased their fruit consumption by 28% and their vegetable consumption by 33% (Castro et al., 2013). Other studies show that community garden interventions offering garden activities, nutrition education sessions, and sometimes cooking classes to children, increase fruit and vegetable consumption, improve dietary intake (e.g. vitamins A and C, and fiber), and reduce obesity (e.g. decreases in body mass index) (Castro et al., 2013; Davis et al., 2011; McAleese & Rankin, 2007). Besides having positive implications for physical health, reducing obesity rates for children and youth could possibly help improve their self-image and how they feel about themselves. Such positive changes could potentially result in better emotional and mental health for children and youth, but more studies are needed in order to determine this.

The aforementioned studies suggest that community gardens can positively impact both food security and individual behaviors (e.g., fruit and vegetable consumption) for both adults and children/youth. However, there seems to be a lack of research on community gardens and their potential impacts on youth's mental, emotional and spiritual health. This is not surprising considering that most community garden programs aimed at children/youth seem to focus on specific social issues (e.g. food insecurity) affecting health and individual behaviors of youth (e.g., frequency and quantity of fruits and vegetables consumed). Perhaps this focus stems from the obesity epidemic that currently exists in Canada and elsewhere. In one study, Program Coordinators of 20 different gardening programs in New York, Unites States completed a survey for the purpose of helping to identify characteristics of gardens that could maybe help guide community development and health promotion (Armstrong, 2000). According to the Program Coordinators, some of the reasons they believe individuals participate in community gardens is for mental health benefits, and to enjoy nature/open space (Armstrong, 2000). Although these findings indicate that gardens might have the potential to impact mental health, and maybe even spiritual health (by connecting people to nature), it is unclear how many of these gardens include youth participants, and so more studies are needed. It would also be helpful to gain the perceptions of the gardeners themselves.

Community gardens are depicted as not only addressing food insecurity and individual behaviors, but also as an important intervention for overall health. This is because they can contribute to physical activity, building social capital and relationships (and strengthening relationships), and knowledge and skills development (Armstrong,

2000; Carney et al., 2012; Glover, 2004; Guitart, Pickering, & Byrne, 2012; Hale et al., 2007; Wakefield et al., 2007). Community gardens have been linked to physical health by providing gardeners with an opportunity to engage in physical activity such as raking, digging, etc. (Hale et al., 2011). Park, Shoemaker, and Haub (2009) also report that community gardens are an effective way to improve the physical health of older adults because it engages them in physical activity. There appears to be less literature on community gardens and children with respect to physical activity.

Research indicates that participating in a community garden is also related to positive social health, and this is mainly because is helps foster a supportive social network for many individuals (Carney et al., 2012; Hale et al., 2011). For instance, some individuals who have taken part in community gardens have emphasized the importance of forming close relationships and connections with other gardeners, community members, and community organizations (Hale et al., 2011). One study that focused on educating and supporting Hispanic farmworker families showed that community gardening influenced social health by allowing family members to spend quality time together and build stronger relationships (Carney et al., 2012). Some studies show that social health is affected by establishing strong social bonds between garden members and community organizations (Hale et al., 2011). These strong bonds sometimes stem from the desire to share the food grown in the gardens with other community organizations (Hale et al., 2011). According to Hale et al. (2011) some community gardeners in their study shared the food with charitable organizations, such as housing projects, which led to stronger social ties within the broader community. Findings from the literature also show that community gardens not only allow individuals to build strong support systems

within the community garden, but extend these support systems beyond working together in the community garden. For example, many community gardeners stated that they have remained close with many individuals outside of the community garden (Wakefield et al., 2007). The issue with the studies above is that they focus mainly on adults, suggesting that community gardens may be overlooked for their potential to impact youth's social health.

According to the Halifax Regional Municipality (2016), community garden initiatives are being recognized in Halifax for their potential health-related benefits, and there appear to be quite a few gardens currently operating. For example, Mulgrave Park in the North End community has recently established a community garden, and this is not surprising considering that, like the Hope Blooms garden, it is located in the North End community where food security is a problem faced by many. Through a video titled *MGP* (Mulgrave Park) *Community Garden,* a community leader of Mulgrave Park commented that it is important for children and families to be part of the garden because it allows them to "work together as a whole" (Farah, 2013), in addition to providing healthy food. This suggests that gardens are being recognized for their potential to generate multiple health benefits for individuals and communities, and in this case, the benefits seem to be linked to physical and social health. However, this suggestion is based primarily on anecdotal evidence and so there is a need for more research studies.

Social enterprise programs. One type of extensively evaluated employment program is referred to as work-integration social enterprise (WISE) (Ho & Chan, 2010). These programs offer employment and business training to a variety of disadvantaged groups, some of which include people with disabilities, youth, ethnic minorities, and

individuals who are unemployed or have a low-income (Ho & Chan, 2010). The literature reveals that there are different types of social enterprise programs, and so *what* is offered (e.g. opportunities to design and sell products versus employment services) to the target population may vary.

Ho and Chan (2010) conducted a study on 51 different WISE programs in Hong Kong, China, and reported that these programs can benefit individuals (including many youth) by helping them learn job skills, enhancing employability, providing a source of income, expanding their social networks, and improving their psychosocial well-being, in addition to helping move people out of poverty, reducing the social exclusion of "marginalized and stigmatized groups" (p. 40) in the workforce, and contributing to social capital building. More specifically, social capital is being built in these programs because they foster "a self-help spirit and a sense of belonging among marginalized groups in poor neighborhoods", and the programs become a way in which individuals with low-income can "expand their social and supportive networks and cooperate with each other for mutual benefit on the basis of trust" (Ho & Chan, 2010, p. 40). This study shows that employment-based social enterprise programs not only impact employment for low-income populations, but can also affect other social determinants of health such as income, social exclusion, and social support networks. This is significant because impacting many determinants of health can have positive implications for the health and wellbeing of low-income populations. A key issue of this study is that only eight of the 51 WISE programs were aimed at youth (Ho & Chan, 2010, p. 39) and the findings were summarized in relation to all 51 WISE programs, meaning that there were no clear links

indicating how youth in particular may be experiencing program benefits to varying degrees compared to other populations (e.g. adults) in the programs.

Ferguson and colleagues' research also focuses on employment-based social enterprise programs, but they are specifically aimed at youth experiencing homelessness who are usually 18 years of age and older (Ferguson & Islam, 2008; Ferguson & Xie, 2008). These programs provide youth with skills training (e.g., job skills and business skills), employment opportunities, mental health services, and educational opportunities (e.g., health education, safe sex practices, and harm reduction strategies) (Ferguson & Xie, 2008). Ferguson and Xie (2008) recognized that many at-risk youth face mental health challenges, and so in helping youth prepare for employment they also integrated mental health support. The program outcomes for the youth included improved depression symptoms (although reported borderline significant); expanded and strengthened social and supportive networks, and for some individuals this included more family contact; higher levels of trust, sense of belonging, skills development, social esteem, and improved life and job satisfaction (Ferguson & Xie, 2008). These findings suggest that youth experiencing homelessness could possibly experience better social, mental, and emotional health by participating in employment-based social enterprise programs that also integrate support and mental health services. In a different study, Ferguson and Islam (2008) implemented and evaluated a social enterprise program for homeless youth to assist with employment. After the program was completed youth had enhanced business, computer, job (job searching), and money skills (how to be financially successful), improved relationships with peers and program staff, had better self-discipline (showing up to program), a motivation to avoid illegal activities, and a

more positive self-image that would help the youth show society that they have positive qualities (Ferguson & Islam, 2008).

Some social enterprise programs are very diverse in their approach to working with marginalized populations. For example, in Germany, a community-based social enterprise program operated as a housing cooperative in a disadvantaged neighborhood (Elsen & Wallimann, 1998). The program provided a group of community residents on social assistance with temporary, minimum wage jobs, and this was because they were responsible for helping renovate the housing complex that would soon be their home. Although the program could not guarantee secure employment for the residents, it allowed them to re-experience work, and provided a place for them to live that they were responsible to manage (Elsen & Wallimann, 1998). Since housing influences individuals' health, this social enterprise had the potential to improve the health of the residents.

Most social enterprise programs focus mainly on employment and income, but some of the programs also impact social support networks, and social exclusion in the workforce. Social enterprise programs appear to be one of the few types of social programs that address more than one or two social determinants of health. It is therefore not surprising that many of the studies have reported positive changes for youth linked to social and mental health.

Community-based programs. There is an abundance of research on "community-based" programs aimed at youth, and these programs vary in terms of what they provide to youth, as well as the outcomes and benefits youth experience. More specifically, many community-based programs target youth who are socially and economically disadvantaged, and these programs provide a diverse range of opportunities

to youth that they may not otherwise have, some of which include: participation in arts-based activities (e.g., dance and art), knowledge and skills development, and access to sports and recreation (Coholic, Eys, & Lougheed, 2012; Gottlieb, 1998). Given that many programs providing opportunities to youth have reported findings linked to youth's health and healthy development (Coholic et al., 2012; Gottlieb, 1998), and considering that Hope Blooms identifies as a community-based program, an overview on some programs identifying as community-based will be provided. In these programs, "community-based" seems to represent a particular target group that is affected by a certain issue. For example, youth who experience high rates of diabetes, or youth who lack access to sport and recreational activities.

Some community-based programs targeting youth focus on enhancing skills and knowledge, while at the same time tackling negative behaviors (e.g. criminal activity) or health issues (e.g. diabetes) (Lipman, Kenny, Brennan, O'Grady, & Augimeri, 2011; Wofford, Froeber, Clinton, & Ruchman, 2013). One study targeting low-income youth included an evaluation of a free, community-based afterschool program that focused on increasing youth's health knowledge, and impacting youth's choices in order to reduce risks related to type II diabetes (Wofford et al., 2013). The aspects of the program include time for healthy snacks, homework assistance, health lessons, team-building, and "active" activities such as dancing. Findings from this study indicate that youth in the program showed decreases in consumption of sugar-sweetened beverages and screen time, and increases in exercise and health knowledge, and this shows the program's positive influence on youth's physical health (Wofford et al., 2013). In a study conducted with young boys (ages 6-11) at-risk of criminal activity in Hamilton, Ontario, Canada, Lipman

et al. (2011) explored parent and child experiences of participation in a multi-component community-based program focused on reducing offending behavior, and improving social competence. The program recognizes that parents play an important role in trying to change their children's behavior, and so the program not only teaches the youth self-control and problem solving techniques in a group setting over a 12-week period, but it also teaches effective child management to parents (Lipman et al., 2011). The program also includes a sibling group, which provides siblings aged 2 to 12 an opportunity to participate in social recreation activities, as well as a group that introduces them to the same program concepts that are being taught to their brothers' group. A wide variety of services are offered to youth (and some to parents) such as academic tutoring, clinical services, individual parent counseling, youth mentoring, school support/advocacy, community advocacy, and victim restitution (Lipman et al., 2011). Findings showed that parents experienced increases in parenting skills, gains in more effective communication skills (particularly with their children), and that they formed relationships with other parents attending the program while gaining advice, which they perceived both the relationships and the advice to be beneficial (Lipman et al., 2011). Youth outcomes included enhanced anger management skills, social skills, impulse control, ability to recognize potentially "volatile" situations, and overall improvement in family relationships and school success (Lipman et al., 2011). Findings of this study show that the program positively influences many dimensions of the youth's health including social, mental, and emotional dimensions. It is not surprising that this program has shown such great success for youth and parents considering its multi-component nature, and the large range of services that are offered to both the youth and the parents.

Gottlieb (1998) argues that community-based programs serving youth often go unnoticed in terms of the role they play in fostering youth development. Community-based programs often allow youth to form secure, stable relationships with peers and adults, to develop leadership and life skills, to gain a sense of belonging and involvement within the community, and to acquire a sense of competence and usefulness to others (Gottlieb, 1998), and so they have the potential to improve many dimensions of youth's health. Some community-based programs provide activities such as yoga, art, and dance. For example, one study tested the effectiveness of a Holistic Arts-based Group Program (HAP) in enhancing the resiliency of children/youth (ages 8-14) (Coholic et al., 2012). Findings showed that compared to children in the comparison group (those who participated in an arts and crafts group) and control group (those who were waiting to attend the HAP), the children in the program showed enhanced resiliency (determined by a reduction in self-reported emotional reactivity), but no changes in their perceptions of self-concept (Coholic et al., 2012).

Not all community-based programs report success in the literature. For example, one community-based program focused on providing disadvantaged children and youth (ages 5 to 15) from a public housing project in Ontario access to sports and recreation (Gottlieb, 1998). The program was implemented in 1980, and children and youth from this program were compared to a control group (i.e. youth also living in a public housing complex) (Gottlieb, 1998). Findings indicated that for children and youth in the program there were no significant changes in self-esteem, school performance or behaviors at home (Gottlieb, 1998). However, during the 36-months the program was running, there were fewer police charges compared to the 24-months after the program ended (Gottlieb,

1998). Perhaps re-evaluating the different sport and recreation activities offered to youth, and reviewing the structure of the program (e.g., length of time offered and accessibility) from the youths' perspectives may help improve the program. The reduction in police charges could be a result of having the children engaged in a positive activity such as recreation.

Summary

This chapter indicates some gaps in the literature regarding social programs aimed at youth. Considering that many social programs discussed in this chapter have multiple components (e.g., social activities, skills development and counselling) it is surprising that so many programs aimed at youth only report on one or two dimensions of health, and this is an issue because health is comprised of more than one or two dimensions. This suggests a need to examine the potential health impacts of programs on youth by using a multi-dimensional health lens. However, in order for this to happen program planners and health professionals must first shift their thinking around the concept of health to a more holistic framework including multiple dimensions.

Another significant gap is the limited research on social programs that address the spiritual health of youth, and this is a problem because spiritual health is a key aspect of youth's psychosocial health (Donatelle & Thompson, 2011). Perhaps it is not that social programs aimed at youth have no impact on youth's spiritual health, but that studies on social programs are defining health to narrowly and do not focus on examining the spiritual dimension of youth's health.

Another gap in the literature is that there are relatively few studies on social programs for youth that focus on key social determinants of health, and this is concerning

because many key social determinants of health shape individuals' behaviours. For example, it may be challenging for individuals to change their eating habits (behaviour) if they live off of low income (social determinant of health), and as a result have limited access to healthy food (social determinant of health).

In regard to community garden programs aimed specifically at youth, there is a large focus on physical and social health, but very few studies that report on the mental, emotional, and spiritual health of youth. Although community gardens could serve as effective settings to improve multiple dimensions of health for youth (other than physical and social), more research is needed in this area.

Research on social enterprise programs show that many social determinants of health are being addressed, and youth are experiencing improvements in health along multiple dimensions, but there is a lack of studies on social enterprise programs for younger youth. Most programs seem to focus on older youth and young adults (e.g. ages 18-24), and this is an issue because social enterprise programs could potentially impact the health and wellbeing of younger youth.

Many social programs for youth operate for a short period of time (often less than a year), which is potentially problematic because it means that support for youth living in low-income situations will end, and this in turn could have adverse effects on their health. Although it may not be realistic to offer programs to youth that provide lifelong support, programs should aim to last for longer periods of time, if needed.

Considering the aforementioned gaps in the literature related to social programs and youth, and the nature of the Hope Blooms program (e.g., having multiple components and operating since 2008) this study has great potential to contribute to the body of

literature on social programs and youth's health. The Hope Blooms program has multiple components (e.g., a community garden and social enterprise), meaning that the program might be more likely to impact youth's health across multiple dimensions. Additionally, unlike most social programs that are short term, Hope Blooms began in 2008 and as of 2017, still continues to operate. This might increase the program's potential to impact the health of youth over the long-term because youth have the opportunity to be part of the program over a period of time. Also, Hope Blooms does not set concrete age criteria to determine which youth can and cannot participate. Instead, the program appears to see value in allowing youth of various ages to participate, and this in turn could increase the program's capacity to reach more youth.

Chapter Three: Methodology

The key purpose of this research was to explore and understand from the parents' perspectives how they think their children's participation in the Hope Blooms program has influenced the physical, social, mental, emotional and/or spiritual dimensions of their children's health. The research also sought to ask the parents about the components of the program they think have influenced their children's health. In addition, the parents were asked if they think any changes or additions could be made to the program that could perhaps influence their children's health. Parents were selected as participants for this study rather than youth mainly because it was assumed that parents would be better able to see and speak to changes in the youth's health than the youth themselves, particularly younger youth (e.g. youth ages 10 and 11) who may have had difficulty speaking to such changes. The Program Director of Hope Blooms provided contextual information on the program.

The interpretive framework and the researcher's position (reflexivity) are discussed below. The research approach and research design are discussed next, followed by a description of the study's methods and procedures.

Interpretive Framework

Constructivism. An interpretive framework, or paradigm, can be defined as a set of beliefs that represent individuals' way of thinking about the world and how they act in the world (Lincoln & Guba, 1985). For this study, a constructivist paradigm was used, and the main assumptions underlying this paradigm helped shape my thoughts and actions during the research process.

One key assumption underlying the constructivist paradigm is that individual

interpretations of reality are subjective and different meanings are attached to their experiences (Creswell, 2013; Denzin & Lincoln, 2005; Rubin & Rubin, 2012). As a result, there is no one universal truth in understanding participants' interpretations of reality, and their interpretations are expected to be multiple and varied (Creswell, 2013; Denzin & Lincoln, 2005; Rubin & Rubin, 2012). Researchers operating from a constructivist paradigm accept that individuals' constructions of reality are complex. For instance, individuals have different experiences, knowledge and perspectives that contribute toward multiple and often conflicting interpretations of the same event or object (Rubin & Rubin, 2012). In addition, individuals' experiences are embedded in and influenced by particular contexts (e.g., social, economic, community) (Creswell, 2013; Lincoln & Guba, 1985). These various contexts are important because they influence how reality is constructed. For this study, it was assumed that context influences how parents of children in Hope Blooms construct their worlds. For instance, the Hope Blooms program is situated in a particular community (North End community), and parents' perceptions of their children's experiences in Hope Blooms were influenced by certain social and economic factors present in their own community and their own lives.

Another primary assumption of the constructivist paradigm is that the researcher and participants' backgrounds (e.g. cultural and historical) and experiences are unique, and will influence the way that the key research questions are answered and interpreted (Denzin & Lincoln, 2005). This means that the final results (knowledge) of a study are co-constructed by both the researcher and participants taking part in the study (Denzin & Lincoln, 2005). This study recognizes that both the researcher and the parents who took part in an interview, as well as the Program Director, shaped the final results.

Researcher Position

Creswell (2013) defines researcher position or “reflexivity” as a researcher’s attempt to explicate how his/her experiences (e.g., occupational and academic), values and beliefs influence research. Describing my experiences related to occupation and academia is important because it shows readers the links between my experiences and the research topic being explored and analyzed.

My interest in the health of populations who experience personal, social and economic challenges began in 2008 after working at an outreach center in Newfoundland and Labrador providing support to youth. This led to employment as a client support worker, where I assisted male youth experiencing homelessness. Both employment experiences exposed me to numerous socioeconomic challenges experienced by the youth. Some of these challenges included a lack of affordable housing, food insecurity, stigmatization and discrimination, acute and chronic health issues, addiction challenges, unemployment, and low-educational attainment. In 2009, I relocated to Nova Scotia and gained employment as a client support assistant working with women and children experiencing homelessness. I quickly learned that the social and economic issues experienced by these women and their children were often similar to the youth with whom I worked in Newfoundland and Labrador. At this point, I was eager to pursue an education that would help me further understand the socioeconomic challenges experienced by diverse populations, and how these challenges influence their physical and psychosocial health. This led to completing my Bachelor of Arts in Psychology at Saint Mary’s University, Halifax, Nova Scotia. As part of this program, I completed my Honours thesis, which focused on exploring the potential benefits youth who experience

social and economic marginalization may experience through volunteering. Although I used a mixed-methods approach, it was through this research experience that I developed an interest in qualitative inquiry. I enjoyed qualitative interviewing because it allowed me to listen and understand how individuals give meaning to their experiences. Additionally, my occupational experiences, some of which include listening to and assisting diverse populations with social, economic and personal challenges, have helped me develop effective communication skills useful for qualitative interviewing. During the completion of my Honours thesis at Saint Mary's I was determined to find a Masters program that would allow me to pursue two of my interests: learning about the health of populations who experience many disadvantages, and conducting qualitative research. At this point, I applied and was accepted into the Masters of Health Promotion program at Dalhousie University. Through this program I learned that policies and programs could have a major impact (positive and/or negative) on the health of marginalized populations. I was curious and eager to learn more about how (if at all) certain programs or policies were more (or less) likely to influence health.

My past experiences (occupational and academic) have shaped my values and beliefs. For instance, by working with diverse populations and learning about the health issues they face, I have come to value social justice and equality. I believe that despite individuals' socioeconomic status and/or the social and economic challenges they face (e.g., homelessness, unemployment, social exclusion), everyone should have equal access to resources needed for good health. I also believe that in order to reduce health disparities among marginalized populations and working toward achieving social justice, we need to explore and understand how certain programs "work" (or not) to improve the

health of marginalized populations. Another assumption linked to my work experience is that programs and policies have the potential to improve the health of populations experiencing many personal, social, and economic challenges. However, my academic experience in the Health Promotion program at Dalhousie has challenged this assumption as I learned that some programs and policies might be more influential in improving health than others. As a result, when developing the key research questions and interview guide for this study, I made sure that the parents had the opportunity to speak about how the program might be influencing their children's health positively and/or negatively. I have come to learn that if social programs are to be effective in improving the health of populations it is important to view not only the positive impacts of a program, but also the challenges that may exist.

Research Approach and Design

Qualitative inquiry. Creswell (2014) defines qualitative research as an approach used to explore and understand the meaning that individuals attribute to social and human problems or phenomena. A qualitative approach to research should be taken when a specific issue needs to be explored, and/or a complex and comprehensive understanding of an issue is necessary (Creswell, 2013). This is because a qualitative approach aims to explore the complexity of an issue by paying attention to the multiple meanings that participants ascribe to phenomena. A qualitative approach is also concerned with having researchers collect data in natural settings, use multiple methods such as observation and interviews, develop themes and concepts inductively, and establish the researcher's position (Creswell, 2013). This study used a qualitative approach to explore parents' perceptions of how the Hope Blooms program has influenced (if at all) their children's

health. There are many designs that can be employed when conducting qualitative research, and for this study elements of a grounded theory design were used.

Grounded theory design. Grounded theory can be defined as a systematic method used to collect and analyze data that focuses on explaining a process, action, or interaction, and constructing theory as more data are collected (Creswell, 2013). This study used a modified version of grounded theory. First of all, a researcher using grounded theory often aims to develop a theory on a particular phenomenon, but with data from only nine participants, and therefore relatively little data, this study aimed to develop a conceptual understanding of how the Hope Blooms program influences health rather than a theory. A modified version of grounded theory was also used because for data analysis, Corbin and Strauss (2008) have a three step coding system that involves open and axial coding, and developing a "core category" (theme). A core category was not developed for this research simply because there was no one category (theme) that linked all the themes and concepts in the data.

Grounded theory was first developed in 1967 by Glaser and Strauss in order to construct theories from research grounded in data (Charmaz, 2014; Corbin & Strauss, 2008). Although traditional approaches to grounded theory were largely aimed at constructing theory, today many researchers using grounded theory focus on describing and conceptualizing data rather than theory development (Charmaz, 2012; Corbin & Strauss, 2008). Corbin and Strauss explain that data can be analyzed on many levels and for various purposes. For instance, data can be analyzed in order to provide a rich description of participant experiences, to provide a conceptual understanding of phenomena, or for the purpose of constructing theory (Corbin & Strauss, 2008). The

flexibility within grounded theory analysis procedures was important for this study because it allowed the researcher to focus on describing and conceptualizing data rather than constructing theory. The parents in this study provided a rich, descriptive account about how they think the Hope Blooms program is influencing their children's health, and the data were analyzed for conceptual understandings of these descriptions.

Grounded theory techniques such as coding, constructing concepts and categories (themes), constant comparison and memo writing were used to analyze and interpret data, and are described in more detail in the data analysis section.

Research Methods and Procedures

Participants. This study aimed to recruit approximately 8-10 parents of children in Hope Blooms. Considering that, in 2015, when this study was conducted Hope Blooms had close to 60 youth participants, it seemed that obtaining the perspectives of 8-10 parents would provide sufficient data on the program's potential to influence their children's health. In total, nine parents of children in the Hope Blooms program took part in this study. All parents took part in a face-to-face, semi-structured interview and completed a short socio-demographic survey. Each participant agreed to have the interview audio-recorded and direct quotes used in the final research report as well as any publications and presentations. One face-to-face, semi-structured interview was also conducted with the Program Director of Hope Blooms.

Recruitment. In order to participate in this study the parents had to have a child or children who were between the ages of 10 and 17, and who were/was part of the Hope Blooms program for at least two years. These inclusion criteria were selected because most of the youth who participate in the program are within this age range. Also, two

years was assumed to be an appropriate amount of time for the program to potentially have an influence on the children's health. In addition, the parents and their children had to reside in the community where the program is located since the program is mainly aimed at youth from this community. All participants had to be able to speak and understand English because the lead researcher was not fluent in any other language. In order to show the parents and the Program Director that they were valued for the time they spent in the study, $25 cash was provided as a token of appreciation and thanks before the interview started. This token of appreciation was provided regardless of whether or not the parents completed the full interview or socio-demographic survey, because their time and effort is recognized as valuable (and the same was true for the Program Director).

For this study, three recruitment strategies were used to recruit parents. The first strategy involved posting recruitment posters throughout four main facilities in the North End community, and these facilities were selected because they were believed to be facilities used by many people in the community, including parents of youth. Permission from the appropriate individuals at the facilities was obtained before posters were posted. The second strategy involved the Program Director and Program Coordinator making contact with parents in person and providing them with a recruitment poster, or making contact with parents through telephone and describing the details of the study as indicated on the recruitment poster. Interested parents provided the Program Director or Program Coordinator with a telephone number that the lead researcher could call in order to confirm a time and place to schedule the interview. The final strategy used was snowball sampling, and this took place by providing the parents with a recruitment poster after

each interview was completed. The purpose of this strategy was for participants to inform other parents about the study. Although three recruitment strategies were used, assistance from the Program Director and Program Coordinator in recruiting parents was the only successful recruitment strategy. The Program Coordinator of Hope Blooms was well recognized within the local community, and also by many parents of the children in Hope Blooms. This helped with recruiting parents for this research, and this may have been because trust is often built when relationships are long-term.

Data collection. Face-to-face, semi-structured interviews were conducted with the parents to collect data on their perceptions of the Hope Blooms program and how the program may have potentially influenced the health of their children. All interviews took place in a private space at a public library, and were scheduled at a time convenient for the parents and the lead researcher. The parents were also asked to complete a short socio-demographic survey. The maximum amount of time each parent spent in this study was approximately 1 1/2 hours. Interviews were informal, and an interview guide was developed in order to facilitate interviews (see Appendix E). Donatelle and Thompson's (2011) psychosocial model of health, which includes social, mental, emotional and spiritual dimensions of health, helped guide the development of some interview questions. For physical health, interview questions were developed based on research literature indicating that many researchers define health in terms of the physical body, and assess the state of one's physical health in terms of individual behaviors (e.g., diet and level of physical activity). Before interviews started, the parents were informed that health is defined broadly because the Hope Blooms program has many components, and therefore may influence more than one dimension of their children's health. The five

dimensions of health included physical, social, mental, emotional, and spiritual and different examples were provided (e.g. physical activity) as examples of these dimensions. After each interview was completed the parents were thanked and given the chance to ask any final questions or address any concerns. One face-to-face, semi-structured interview was conducted with the Director of Hope Blooms in order to obtain knowledge on the program's history, purpose and objectives, and components. This interview also took approximately 11/2 hours.

Informed consent. Before agreeing to take part in this research, the parents were informed thoroughly on all aspects of the study. This included the purpose of the study, what they would be asked to do, how their data would be stored and protected, what happens if they decide to withdraw from the study, and the risks and benefits related to their participation in the study. The parents were provided with an informed consent document (see Appendix D), and gave verbal consent to participate in the study. Verbal consent was selected in order to maintain confidentiality of parents. Before the parents verbally agreed to take part in this study, the lead researcher reviewed the informed consent form verbally. A similar verbal consent script was used with all parents to ensure that each parent received the same description of what verbal consent meant. The researcher also ensured that all parents' questions and/or concerns were answered to their satisfaction, and that they completely understood the nature of the study. Before the interview began, the parents were reminded that they could stop the interview at anytime or refuse to answer any questions, and there would be no consequences. For example, they would still receive a token of appreciation for their time spent in the study, and their data would still be used in the study (if they wanted) regardless of their decision not to

respond to questions posed in the interview. The parents were provided with the contact information for the research supervisor, lead researcher, and the Dalhousie Director of Ethics in case they had any questions or concerns after the study ended. (Please note that the informed consent form, which was provided to all participants prior to each interview, stated that the two-page summary of the study results would be sent out after the thesis was defended "approximately August or September 2015." There was a delay in the thesis defence so this two-page summary was not prepared until after the March 2017 defence). Ethics approval was obtained from the Dalhousie Health Science Research Ethics Board prior to data collection.

Ethical considerations. Researchers are responsible for clearly communicating all elements of their study to participants. This includes during the informed consent process and anytime during the study. Researchers are also expected to anticipate ethical matters that may arise over the course of a research study (Creswell, 2014). This means taking ethical or sensitive matters into consideration before the study begins, as data are collected, during report writing, and when results are disseminated.

The risks involved in this study were believed to be minimal because they should not have been any greater than what parents experience during their normal day-to-day activities. In answering interview questions participants could have felt discomfort or anxiety but this potential discomfort or anxiety was expected to be minimal, and potentially not more than they might experience during their day-to-day lives. Another risk in this study was that information provided by the parents could be linked to them even though their names were not used. This is because this study was conducted in a small community and focused on one specific program. The parents were informed of

these risks before the study started. For the Program Director, risks in this study were also believed to be minimal because they were similar to typical daily activities. Additional factors that could have influenced the interview process or affected the comfort level of the parents were also taken into consideration, and included education levels, cultural differences, and power relations. In order to ensure that each parent was comfortable during the interview, documents (e.g. informed consent form) were written in plain language and interviews were conducted in an informal manner. Another way to ensure the comfort level of the parents was to offer choice in where the interviews were conducted. The parents had the choice to take part in an interview in their community or in a private office on campus at Dalhousie. The Program Director also had a choice to participate in the interview at a place comfortable and convenient for her. Ethics approval was given from the Dalhousie Health Science Research Ethics Board to name the program in this research. Naming the program as Hope Blooms in the research thesis, and two-page summary of final results was explained to all participants prior to interviews, and it was written on the informed consent form for both parents and the Program Director. The informed consent form explicitly stated, "Throughout the research thesis and in the two-page summary of the final results the program will be defined as Hope Blooms".

*Confidentiality and anonymity***.** Participants (parents and Program Director) who took part in this study were informed about how their information would be kept private, protected, and stored. Audio-recorded interviews, and typed documents or notes were stored under lock and key in the lead researcher's desk space at the School of Health and Human Performance, Dalhousie University. All computer files are stored on two

password-protected hard drives. The lead researcher and supervisor are the only individuals who have access to the passwords for both hard drives. Additionally, only the lead researcher and thesis supervisor (Lois Jackson) had access to the original audio-recorded interviews. All audio-recorded interviews were deleted after participant transcripts were checked for accuracy. All participants gave permission to use direct quotations. The parents were informed that these quotes would not be linked to their names at any time. However, direct quotes from the interview with the Program Director were linked to her personally because there is only one Director and so maintaining anonymity was not possible. In an attempt to maintain confidentiality of the parents, direct quotes were identified by participant number (e.g. P10). Initially, the direct quotations from parent interviews were to be identified by parent sex, child sex, and the number of years each child spent in the program. However, this was changed in order to better maintain the confidentiality of the parents given that the community is small and participants are likely to know each other.

Data analyses. Corbin and Strauss (2008) provide detailed procedures for novice researchers using grounded theory strategies and techniques. Some of these strategies and techniques include coding, constructing concepts and categories (themes), constant comparison, and memo writing (Corbin & Strauss, 2008). This study used procedures provided by Corbin and Strauss throughout the data analysis process.

Throughout this study, the researcher aimed to collect and analyze data at the same time. This allowed the researcher to proceed into the next interview with new knowledge. Once participant interviews were transcribed verbatim, transcripts were read multiple times in order to gain a sense of participants' thoughts (Corbin & Strauss, 2008).

Coding took place next, and for this study open coding and axial coding were performed. Coding involves labeling segments of data so the labels reflect what is occurring in the data. These labels are considered concepts and in grounded theory concepts are referred to as the "products of analysis" (Corbin & Strauss, 2008 p. 159). Concepts are constructed from raw data and allow researchers to group and organize segments of data (Corbin & Strauss, 2008).

Open coding involved breaking data apart and forming concepts (labels) that represent ideas present in the data (Corbin & Strauss, 2008). During the open coding process a large number of concepts were created, and then grouped together based on their similarities. After open coding, the process of axial coding was started. Axial coding required putting data back together by forming categories (themes) and sub-categories (sub-themes) and explaining any relationships that exists between them (Corbin & Strauss, 2008; Walker & Myrick, 2006). During the axial coding phase data began to reach a higher level of abstraction through conceptual ordering, meaning that the categories represented the complexity and meaning of participants' perceptions and lived experiences (Corbin & Strauss, 2008).

Throughout the analysis process constant comparisons were made in order to check for similarities and differences between incidents, concepts, and categories (themes). These comparisons helped add depth and variation to the data. Memos are analytic tools that add depth to data and help the researcher document ideas coming from the data (Corbin & Strauss, 2008; Creswell, 2013), and memo writing started once the first interview was analyzed. As key concepts were being developed during analysis, memos were written to help describe these concepts. In order to create detailed memos of

concepts, chunks of raw data from parent interviews were placed into the memos. Memos were re-read and details were often added to the memos as each interview was conducted. In this study, memos helped the researcher remain closely connected to the data by documenting important ideas coming from the data. Memos became more abstract as the data analysis process continued because memo writing allowed the researcher to compare what was occurring within and between interviews.

Findings from this research are presented in this thesis, and for each main category (theme) direct quotations are provided that reflect the parents' descriptions of their children's experiences in Hope Blooms. Data from the short socio-demographic surveys were used to provide a description of the parents who participated in this study, and some general demographic information (age) and program information on their children who participate in Hope Blooms. Results are summarized briefly in written format and are also presented in two tables in the results section.

Dissemination plan. The study will be presented in a two-page summary and available at Hope Blooms. A hard copy of the full thesis will also be provided to the Program Director after the thesis is completed. Results were presented in an oral presentation to some members of the Hope Blooms Board of Directors, the Program Director, and Program Coordinator. Presenting the study in person was an important part of the research because it provided a forum for the audience to ask questions and make comments. Aspects of the study (e.g., proposal and preliminary findings) were presented at various conferences prior to the defence, and final results will also be presented at a conference.

Research quality and rigor. In order to assess quality and rigor within this research study the following four criteria were applied: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Using these criteria helped to ensure that the process and techniques used for collecting and analyzing data were transparent to readers to the extent that they could make a sound judgment of the study's overall quality. In addition, applying these four criteria ensured that the researcher and participants' interpretations of phenomena were accurate representations of participants' lived experiences.

Credibility and transferability. Credibility means assessing whether or not findings within a study are representative of participants' lived experiences (Lincoln & Guba, 1985). Credibility was maintained in this research by spending a brief amount of time in the North End community while conducting interviews with the parents and Program Director, and when meeting with the Program Director and program Coordinator during the recruitment phase. Spending time in the community is important because it can help the researcher understand the social and cultural context of the community (Lincoln & Guba, 1985). I also worked in the North End community for eight years and this has helped me better understand the community context. Credibility was also maintained by providing the Program Director with the opportunity to review the final results constructed from her response to interview questions. Additionally, peer debriefing was also used throughout all phases of this study. This involved multiple meetings and critical discussion throughout the entire research process in collaboration with the supervisor and the thesis committee. Data collection, analysis, and presentation of findings were discussed in depth with the MA supervisor. Specifically, during data

analysis, the research supervisor reviewed participant interviews to make sure they were accurate representations of the emerging themes and sub-themes, and any differences in interpretations were discussed until agreement. After the results chapter was written, the research supervisor also reviewed participant quotes to ensure that the excerpts from the transcribed interviews were accurately re-written in the results section.

The research supervisor for this study has years of research experience in the same community where this study was undertaken. The supervisor's knowledge obtained from this research experience helped guide this study. The research supervisor and the two other committee members have extensive experience as professors and researchers in the field of health, and this experience also guided this study.

Transferability is established in a qualitative study if the findings are applicable in other contexts, and they have practical meaning to other individuals outside of the research study (Lincoln & Guba, 1985; Ryan, Coughlan, & Cronin, 2007). In order to ensure transferability, a detailed description of the study and study community is provided, as well as a rich description of participants' experiences, and the use of direct quotations from interviews. This includes direct quotations from the parent interviews and the interview with the Program Director.

Dependability and confirmability. In order for a research study to satisfy the dependability criterion other researchers should be able to replicate the research process and findings in a similar social setting (Lincoln & Guba, 1985; Ryan et al., 2007). A study that meets the confirmability criterion has taken measures to ensure that the findings are grounded in data, and represent the participants' true experiences rather than the researcher's own values, beliefs and assumptions (Creswell & Miller, 2000; Lincoln

& Guba, 1985). This study ensured that it was dependable by following a systematic approach to data collection and analysis highlighted in Strauss & Corbin (2008), and by keeping an audit trail through memo writing. This ensures that another researcher can replicate the study.

In order to meet the confirmability factor the researcher acknowledged that they influence the research process, and therefore monitored it by describing their position in the research at the beginning of this chapter, and also by using a reflexive journal to record their thoughts, beliefs, and assumptions during the research process. For example, early in the research process I noted in my journal thoughts and beliefs of how working in the North End community enhanced my understanding of the community. However, as the research process continued I came to realize that my interpretation of the North End community through work experiences could be much different than someone who has lived in the community. I have many different life experiences, but these experiences have occurred in settings outside the North End community and the province of Nova Scotia. As such, I have come to believe that regardless of my knowledge of the North End community, I cannot know what it feels like to be a resident without personally living there. Results of this research were co-constructed by the participants and myself, and so as an outsider to the North End community with different life experiences, it is likely that my experiences shaped the final research findings in addition to the participants' experiences.

Chapter Four: Results

This chapter is divided into three sections. The first section highlights the history and components of the Hope Blooms program based on the results from the interview with the Program Director. In the second section the results are presented from nine face-to-face interviews with parents whose children were participating in the Hope Blooms program at the time of the study. At the beginning of the second section is a table outlining some socio-demographic characteristic of the parents (see Table 1), as well as a table that presents program information regarding the parents' children who were participating in Hope Blooms (see Table 2). In section two, three key themes are also discussed. Theme one highlights the parents' discussion of how the Hope Blooms program provides their children with access to healthy food, a supportive social network, and a positive space often through the community garden. The second theme outlines the multiple opportunities (e.g. participation in physical activities), which the parents believe their children are provided through Hope Blooms, and that the children would not otherwise have. The third theme highlights the positive changes that the parents indicated are experienced by their children as a result of participating in the program, such as improved confidence. The third section is also based on parent interviews, and it describes the program challenges and some suggestions that the parents think could potentially help improve the program. At the end of Chapter Four is a brief summary of the three key themes that emerged from this research.

Section One: A Snapshot of the Hope Blooms Program

Program history. The idea for the Hope Blooms program came about in 2007, and was initiated by the Program Director who had worked for many years in the North

End community of Halifax, Nova Scotia, as a Dietician. The Director indicated that through this work, she became aware of two challenges in the community. The first was that gaining access to healthy food was often difficult for many people in the community. The second challenge was that youth were "being treated differently in a negative way" as they were sometimes experiencing acts of discrimination and, according to the Director, some youth were used to being treated this way. The Director explained that these two issues "got the seed going" on ideas for something that would be "super innovative."

First, the idea to create a program with an entrepreneurial aspect began. The Director expressed her appreciation for entrepreneurship by stating, "Um I love entrepreneurship because you don't have to be a certain age…it doesn't matter your background, or education…you know your imagination plays a big part, and a lot of hard work." As different ideas flowed, she pointed out that her intentions were to work with youth in the community in a way that would allow them to "have a voice," "feel a sense of pride," and change the way they see themselves; as well as have something so innovative that "the outside community would have to say wow, how did you do that?" and it would also be focused on health. A second idea occurred while the Director was walking on Brunswick Street in the North End community, and noticed a piece of abandoned land full of garbage. It was during this time that the idea to grow food emerged. The Director stated that both ideas were fused into a program plan when she came across a magazine during a plane ride back to Nova Scotia. In the magazine, two teenagers from the United States received a "presidential award" for their coffee roaster

business for "being actively involved" and "making their lives better." The Director indicated that it was at this point in time when the program plan became clear:

> It was like in that moment…the whole thing played out in front of my eyes...I was like, oh boy [emphasized]. We're gonna grow food, it's gonna be organic, and I don't know what it is, but we're going to start like an entrepreneurial project, and we're gonna have…like a product of excellence. And then we're gonna take the money and we're just gonna start building community capacity, and we're gonna give back… (Program Director)

After the program plan became clear, the Director sought out community members' thoughts on having youth run a garden in the North End community. The Director pointed out that some community members thought the garden was a good idea, but for others there was fear of it being vandalized and "fear associated with putting something new in place." A small committee was eventually formed with about twelve people in the community to discuss the idea of developing a program for youth in the North End community, and to identify who was willing to help with the program. The garden and social enterprise began the same year. According to the Director, in this first year about nine youth were involved in the garden and they planted tomatoes and hot peppers. This produce was used to make salsa, and the youth sold over 100 jars through the program. Some of the profit made from the salsa was re-invested back into the program by buying more seeds for the garden, and some of it was donated to a local homeless shelter because giving back to the community was an important part of the program. The Director also noted that the second year of the program was a period that involved "testing the waters" because it involved collaboration with other community

organizations so that youth in Hope Blooms could have more opportunities. For instance, the youth had an opportunity to attend a business camp through a program called Business is Jammin, which is offered by a local organization. The youth also participated in a science-based camp called Supernova Camp that involved conducting experiments in the Hope Blooms garden. The Director mentioned that the Hope Blooms program also offered the youth gardening lessons twice a week in the second year of the program.

After the second year salsa was no longer made as it was too much work, and instead the youth decided to produce salad dressings. The program continued to grow in terms of the number of youth involved; as noted previously it started with nine youth and, as of 2015, there were close to 60 youth participating in the program. The Director noted that the growth in the program was a result of "total community collaboration." An example of this community collaboration was receiving concerned calls from community members to inform her that (at three o'clock in the morning) they witnessed people entering the garden who should not have been in the garden during that time. The Director also highlighted the community collaboration in the program by providing an example of the community working together to obtain water for the garden: "Like ah you know we didn't have water, and people were putting their hoses together up to their kitchen sink to get water for the garden".

In discussing the history of the program the Director also described her role in the program:

> So I kept writing little grants that I got from the community health board…My whole thing um it was about leading from behind, so it was like putting the environment in place, putting the supports in place, keeping everything connected,

but for the youth and that to feel the ownership.

Program purpose, objectives, and target population. The Program Director indicated that the purpose of the Hope Blooms program is to have the youth as the key leaders working to change their own health as well as the health of their community by participating in a community garden, a social enterprise, and other community-based activities. However, over time the key purpose of the program has somewhat changed in that it is now more community oriented and provides many opportunities for community members, not just youth, to be involved. The change in purpose was a result of the community's positive reactions to the program. For instance, some community members associated the program with feeling positive emotions, and wondered if they could help with the program:

> So people you know that had no involvement in their immediate families, like people walking by would say, like this garden when I walk by everyday it's the highlight of my day, and ah…I feel so inspired that our community is doing something that we're proud of…is there any way I can help out? (Program Director)

Another example provided by the Director demonstrated that many community members felt more pride in their community because of the Hope Blooms program:

> I was talking to them [members of local businesses] one day and they're like you know we all feel a greater sense of pride in our community, and we are not related to any of the kids, but we just feel like our community is like, is a good place, like good things do happen…

In addition to describing the purpose of Hope Blooms, the Program Director also

discussed the three program objectives. The first objective is engaging youth in community garden activities in order to address issues around food security. The Director mentioned that in order to meet this objective the program is growing approximately 2000lbs of organic produce each year that youth take home; there are also community cooking programs, community suppers, and a soup for seniors program that help to address food security. Introducing youth to social entrepreneurship is the second objective, and this involves developing, running, and expanding your own business, and using the profit from the business to "affect change at a bigger level" within the community. The third objective is building community capacity so the "community at large" can see that they can also take action to improve their health. The Director pointed out that relationship building is imperative to achieving the program objectives by stating that in Hope Blooms it is important to understand that "everybody is connected to everybody else," and that at Hope Blooms we can "help each other" and "we're better together."

In discussing the program purpose and objectives, the Director provided information on the youth population that Hope Blooms targets, and why the program will remain within the North End community for this population. The Director pointed out that the program is for "youth that are in the inner-city" who may not have access to the resources that might be available in other communities. The Director also stated that research has pointed to the stigma that exists within the North End community, and that many of the youth have experienced "racialized poverty" and stigma related to living in a community that for generations has "lived in poverty." The Director argued that Hope Blooms is an inner-city initiative so it has to stay within the North End community, and if

it were to expand into other communities it would be for other communities to manage and own it themselves. Furthermore, the Director identified the importance of programs staying within the communities in which they originated, regardless of how successful they become:

> I think we make the mistake too often like oh we got to get bigger, and we got to reach more people…that we forget…where's your heart? This…you don't uproot a tree just because it starts producing a little more fruit and [think] that you can put it in a bigger field and like produce more…that tree can produce more fruit right where it's at.

Program components. The Hope Blooms community garden was described as one of the key components of the program because it helps address the issue of food security by providing youth, families, and the community with access to healthy food. The Director also noted that the garden is a key component because it provides the herbs for the youth's salad dressing business.

The social enterprise, which is the making and selling of the salad dressings, was also mentioned as an important component of the program because it provides youth with the opportunity to develop social skills, and key business skills. Also, a portion of the profits made from the salad dressing are invested into a scholarship fund for the youth, and this is intended to support the youth in pursuing postsecondary education. According to the Director, the scholarship money can be accessed by the youth after they are finished high school so they can continue their education.

As noted by the Director, the first greenhouse was "a whole learning process in itself" because it took many people working together to build it and maintain it. Although

it fostered learning for many, it is not used very often because it is a cold frame design that is not heated. The greenhouse is also difficult to use because it is geographically separated from the garden by being located on the property of a community church, and it has been difficult to obtain water for the produce in the greenhouse. A second greenhouse is currently under construction and it is located on the same property as the Hope Blooms garden, which will make it more accessible. The Director also commented that the second greenhouse will be an integral part of the program because it will allow the youth to grow herbs throughout the year for their salad dressing.

The final program component includes the many activities and events that youth participate in both inside and outside the community such as community suppers; and participating in the Dragons' Den competition, which involved the children presenting their business idea for their salad dressing business on television. This is an important component because the youth get to develop social connections with people inside and outside the community, and learn about business, agriculture and forming social relationships. In one example, the Director pointed out that seven of the children appeared on the business-related TV show Dragons' Den, and that this experience allowed the children to conquer their fears, and work as a team. The Director commented, "…Dragons' Den for us was another experience about excellence...about um putting yourself out there, about working through your fears, about working as a team, that collective you know relationship building amongst them [children]…". The Director went on to say: "Those seven youth that went have a bond that I hope stays…it was through not just the Dragons' Den, it was through working for two months on something".

Interviewing the Director of Hope Blooms to obtain information on the program's history, objectives and key components was important because it enhanced the researcher's knowledge of the program, and this knowledge helped when interviewing the parents, as well as during analysis.

Section Two: Parent Interviews

This section outlines the results from the nine face-to-face parent interviews. The information obtained from a short socio-demographic questionnaire is presented first. The three key themes will be highlighted next, and any interconnections between one or more dimensions of health, as indicated by the parents, will be described. Throughout the three themes, the parents describe the Hope Blooms community garden, the social enterprise (i.e. the youth-led salad dressing business), and the community-based component (i.e. activities for the youth that also involve the community, and that take place inside and outside the North End community) as the key program components related to positive changes in their children. This is important to mention because Hope Blooms has another key component: the greenhouses. It appears that parents may have spoken less about the greenhouses because during the time of the interviews the second greenhouse was under construction. In discussing the three key themes, some of the parents linked the themes to the family/household and/or community level and so this will also be highlighted.

Summary of parent socio-demographic questionnaire. Results from the parent socio-demographic questionnaire provided information on parents' socio-demographic background as well as some general information on their child/children who was/were participating in Hope Blooms. This information is summarized in Table 1 for parents, and Table 2 for children.

Table one: Parents. Out of the nine parents interviewed, eight were female and one was male. Most of the parents were between the ages of 40 and 59 years. Education and income characteristics were different for some of the parents.

Table 1: Parents' Socio-demographic Characteristics (N=9)

Characteristic Information	**n**
Sex	
Male	**1**
Female	**8**
Age	
30-39 years	**2**
40-49 years	**4**
50-59 years	**3**
Highest Level of Education Completed	
Some Community College	**1**
Completed Community College	**3**
Some Undergraduate University	**2**
Completed Undergraduate University	**1**
Some Postgraduate University	**1**
Other form of education (e.g. upgrading)	**1**
Main Source of Income	
Employed Part-time/casual	**1**
Employed Full-time	**7**
Other	**1**
Annual Household Income Range	
Under 20,000	**1**
30-39,000	**4**

40-49,000	**2**
Unknown	**2**
Parents' Number of Children in Program (ages 10-17)	
1 Child in Program	**5**
2 Children in Program	**4**

Table two: Children. Among the nine parents interviewed, their children's age ranged from 11 to 17 years. At the time of the interviews, most of the children were involved in the Hope Blooms program for four years or more.

Table 2: Program Characteristics for Children (N=13)

Characteristic Information	**n**
Sex	
Male	**6**
Female	**7**
Age at Time of the Interview	
Age 11	**1**
Age 12	**3**
Age 14	**3**
Age 15	**5**
Age 17	**1**

Years Spent in Program at Time of Interview	
2 years	**1**
4 years in program	**3**
4 years (or more) in program	**2**
5 years in program	**3**
6 years in program	**1**
7 years in program	**2**
Unknown	**1**
Note: One parent noted that their children have been in Hope Blooms for "4+" years, and this is represented above as "4 years (or more) in program."	

Theme one: Access to healthy food, a supportive social network, and positive space. Many of the parents argued that through the Hope Blooms program their children have access to (a) healthy food (and so do the children's families), (b) a supportive social network comprised of program mentors, peers, and community members, and (c) positive space. The parents linked the children's access to healthy food, a supportive social network, and a positive space to multiple dimensions of health and this will be outlined in the following section.

(A) Healthy food. All the parents argued that the Hope Blooms community garden provides their children with direct access to a variety of vegetables such as green beans, lettuce, zucchini, tomatoes, beets, carrots, potatoes and cucumbers. One parent demonstrated the children's direct access to vegetables by commenting, "…one year we planted cucumbers and they were massive…and they [children] are walking around and their whole faces engulfed in these cucumbers, and they're just slobbering these cucumbers and it's hilarious…" (P4). This parent also stated that their child's favorite

vegetable from the garden is peas, and “you can just sit there for hours and just pick peas and eat them, and they’re delicious” (P4). Another parent linked the children’s direct access to vegetables in the garden to the children’s physical health. This parent commented, “Oh yeah [emphasized] the food, so food for sure for physical health. Um…just being exposed to different foods, being interested in the food. You know they’re gardening, picking peas off the vines and eating them right there…” (P6). This parent also argued that having direct access to healthy foods through the garden appears to be a promising way to get the children to eat “green stuff”.

> Um…they try different foods, you know like maybe have access to different foods than they would usually, and to watch them like eating green stuff out of the ground just standing around in the garden. Well...that’s how you get them to eat green stuff. You know they’ll [children] just…you know [say] what’s that, it looks gross, and they’ll chomp on it and think it’s awesome. (P6)

In another example, a parent indicated that because the children are growing their own food in the garden they have a desire to taste what they grow, and this is linked to the children’s physical health.

> Um I think what they eat is tied in with physical [health] in a way because…it falls into like almost [a] natural consequence, when you garden you’re growing ah vegetables, well I want to taste this, you know what I mean? Like the child that never liked tomatoes all of a sudden well I grew it so it’s mine, and I like it now…because I grew it [emphasized]... (P4)

The parents spoke less about the program providing the children with direct access to fruit and herbs in the garden. Only one of the parents noted that the garden

provided their children with access to fruit, and more specifically strawberries. This parent commented, " And um…it [program] has really been good because um they [program mentors] introduced them to a lot of healthy food like…you know like carrots, strawberries, everything…" (P8). Some parents mentioned that the children grow herbs in the garden, but the parents did not describe the types of herbs available to the children in the garden. This may be because the herbs are used to make salad dressing for the social enterprise, and so the children may not consume the herbs as regularly as the vegetables from the garden.

From one parent's view, Hope Blooms is providing the children with access to healthy food at different program events, and not just directly through the garden. For example, this parent noted that "once in awhile" the children may have soft drinks at a program event, but usually "you don't see them drinking pop", instead, "…there'll be water there and inside the water…maybe lime or cucumber…" (P8). This parent also noted that at program events, such as when a dinner is hosted, the children are provided with healthy food.

Many of the parents mentioned that their children often bring vegetables home from the garden, and so both the children and their families have direct access to different vegetables. According to one parent, their children were excited to harvest the vegetables and bring them home.

> So…they were so excited…they couldn't wait for the harvest. So they planted in the spring…and then when the summer came it was like mom we got carrots, we got beets; they'd bring home like little baby beets and the beans… (P2)

In another example, one parent noted that their child loves to bring vegetables home to

the parent. This parent commented, “[Child] brought home the biggest zucchini that I ever saw in my life; the thing must have weighed 4 pounds” (P7). A different parent pointed out that many family members, including some outside the immediate family, have access to the vegetables because the children bring home what they plant.

> Like every little baggie will have the same thing regardless of whether the kid likes it or not, because when you take it home, mom or dad, or aunt or uncle, or grammy or nanny, or your brother, someone’s gonna like something in there. So you’ll have um beet, greens, or lettuce, or beans…or peas, or radishes, or whatever they happen to plant. (P4)

Some parents described “family plots” as plots of land in the Hope Blooms garden that the children and their families can use to grow vegetables for the household.

> They even…we have a family plot there like they give family there [at garden] you know who really want a plot like little space that everybody share, and we plant ah vegetable[s], and there are a lot of thing[s] that we plant. (P8)

Another parent also pointed out that the program provides families with plots of land to grow vegetables. This parent noted that their children maintain the family plot of land and use it to “grow tomatoes for the house” (P9).

One parent argued that family plots are helping make food more economically accessible to the children, their families, and the community (e.g., local organizations and community members) because they can sign up for a plot of land to grow healthy food and it is free. According to this parent, those individuals interested in having a plot of land to grow healthy food have to sign a contract stating that they will not let their plot of land “get over run with weeds.” (P4)

(B) A supportive social network. Most of the parents argued that Hope Blooms also provides their children with access to a supportive social network through: (i) program mentors (i.e. program staff that work with youth in Hope Blooms), (ii) peers, and (iii) community members. According to the parents, having access to this social network allows their children to form positive social relationships, and from these relationships their children receive different types of support, which in turn impacts their health.

Program mentors. Most of the parents argued that the Hope Blooms program mentors provide different types of support to their children such as emotional and/or social support. One parent indicated that the program mentors provide the children with emotional support by stating the following: "…I find that they [program mentors] foster that emotional support in the sense that they allow our kids to be who they are….they [program mentors] see you, they hear you, you're an active participant, and you're valued…" (P4). Another parent described how the program mentors support the children by being welcoming, and by helping the children move forward in their lives. According to this parent, the support seems to be important due to the potential unpredictability of some children's lives at home.

> It's like a whole family coming all together,…when they [children] open up the door to Hope Bloom…they [program mentors] welcome them with opened arms and these children's whole image just changes, they're like ok this is my home. There's my home there that I don't know what I'm going to go home to, but this is my home for now, and these are the people that are gonna make me happy right

now, and…make me go further in life… (P5)

In a different example, the parent described how the program mentors are "always very encouraging" of the children because they provide the children with positive affirmations and "build them up", even when the children are asked to leave the program for the day due to becoming frustrated.

> You did a great job watering the plants, you did a great job weeding, you know you helped so and so out, you were a great partner, but right now at this time you know we can see you getting frustrated. This is not gonna work out today, come back tomorrow, you did a great job today buddy. (P2)

This parent pointed out that even when the children are sent home because of their level of frustration, the program mentors highlight the children's positive contributions in the program that day and encourage the children to come to the program the following day. One of the parents highlighted that through the program the children have access to positive mentors who show that they care about the children. The parent comments that having positive mentors has been extremely valuable for their child and the children in the program because the children "…get to see these people who really care about them, but who really care about Hope Blooms, and really care about them doing well and doing great things…" (P6).

From one parent's perspective, the program mentors are supportive and accepting of all children in the community, even those children who are not participants in the garden and who exhibited destructive behavior in the garden. This parent explained,

> …there's been some kids that can be destructive and instead of just chastising them they'll [program mentors] be like, do you know what, that's really not ok,

> and they'll explain why it's not ok…and then [ask] would you like to join the garden and learn about it? (P4)

The parent stated that this response from program mentors can be "frustrating" but that it is actually "the best way to deal with it [destructive behavior]," and this is because when children "…understand something they are less likely to destroy it because they're going to appreciate it more…" (P4).

One of the parents highlighted the fact that not only is support provided by program mentors within the context of the program, but that the mentors also spend time with the children outside of the program doing ordinary tasks such as going to get haircuts. This parent pointed out that together, some of the children from Hope Blooms and the program mentors go to a local barbershop in the community and get their hair cut (P8). This seems to demonstrate the closeness of the social relationships between the program mentors and the children who participate in the program, and the fact that these relationships have extended beyond the parameters of the program.

Peer relationships. The parents argued that peers are also part of the supportive social network that the children have access to through Hope Blooms. Many of the parents described peer support that exists between the children in the program:

> Well they [children] all give each other a lot of buildup…they congratulate one another, they help one another, they build up each other's confidence, they make each other feel so comfortable around one another that um Hope Bloom…it just makes their spirits high…it's a place of when you open the door everyone is welcome. (P5)

In another case, one of the parents indicated that at a recent social event they noticed that

the children appear as one cohesive group that offer each other support. This parent noted that "what I noticed now is we were at the Christmas party recently, and they're just one. They, they defend each other, they stand up for each other, they are a team, they are a group now" (P1). A different parent also pointed out the cohesiveness between the children in Hope Blooms by commenting, "So [child's] friends…and [child's] had the same friends, and they've all stuck together very close, and they're all in the garden [laughs] with Hope Bloom and it's wonderful. They've stuck with it and everything, and they're a team…" (P5). Another parent described the children's relationships with peers as similar to a family bond, and this is partially because the older youth spend time with younger youth and provide support by acting as mentors.

> I think that there's a sense of family in the garden, you know you got all ages of kids from little wee ones up to the older teenagers. Um, so they have all those relationships, the older ones spend time with the younger ones, the younger ones watch what the older ones are doing… (P6)

Another parent pointed out that for their child, the peer relationships they have in the program seem to be important socially and emotionally:

> And I gotta give it credit because um for [child] it's definitely um very needed socially and emotionally you know. [Child] needs it because otherwise [child] would be in the house a lot, you know. So the garden and all of Hope Blooms gets [child] to…be more part of you know, part of a group that [they] may not necessarily be part of because again, [child's] friends don't live close… (P7)

Community members. Many of the parents argued that community members were also part of the supportive social network that their children are connected to through the

program. Some of the parents referred to individuals inside and outside the local community when discussing community members who provide support to their children. According to the parents, one way community members provide support to their children is by offering them guidance and advice. One parent mentioned that before the children made their appearance on the TV show Dragons' Den, the children received guidance and advice from an individual with previous experience on the show (P7). A different parent echoed a similar sentiment by describing a positive connection that their children made with an individual who traveled from another Canadian province to share information on youth organizations (P9). According to this parent, the information provided to the children included what to avoid, "how to present," and "how to talk." (P9) In another case, a parent noted that community members have been a source of guidance and support to the children during the development of their second greenhouse:

> One of the things that they've done over the years…is reached out to the community to find people who could act as role models to the youth for various things. So for example, um the green house, so developing the green house…like a certain group of youth were involved heavily…in the development of the greenhouse design. (P6)

Some of the parents indicated that community members are also providing support to the children because they recognize the children's work in Hope Blooms as valuable and believe in the children. One parent commented that community members are amazed by the children in Hope Blooms because they have "made something of themselves," and this positive response from community members is important to the children because "it makes them feel very important," and "like they've accomplished

more than what um they ever thought they could" (P5). Another parent shared a similar view by commenting, "Yeah so just…them hearing what the community thinks of them and what they're doing.…like that has a huge impact….Um you know that they matter, that what they're doing is important…" (P6).

One of the parents explained a different type of support that their children received from community members, and that was tangible support, such as school supplies and new shoes. The parent indicated that their children were jumping around and "really really happy" about receiving the new shoes (P8).

According to some of the parents, children in Hope Blooms sometimes receive money for their work in the program. However, it was unclear how often the money is provided, and how much the children get paid for their time spent working in the program. Some of the parents also noted that the children receive money in the form of "tip" (donation) from the public when selling their salad dressing at the Farmer's Market. This was the only form of support that the children receive in Hope Blooms that the parents did not directly relate to any particular group of people (program mentors, peers, or community members). One parent indicated that their children receive money for working in the garden, and that they sometimes receive tips for selling their salad dressing. Then, before the new school year begins the parent's children "use that money to buy everything they want", and this includes clothes and shoes (P9).

(B) Positive spaces. Some of the parents argued that through Hope Blooms the children have access to positive space, and quite often they referred to the garden. One parent discussed how the garden (and program) provides a positive space for the children because it brings them relief. This parent believed that "no matter how bad of a day" the

children may have at school or in the community, once they arrive at the garden or even just knowing they will be going to Hope Blooms it is relieving for them (P2). A different parent also believed that the community garden is a positive space for the children because it is an alternative space the children can go to if they are facing challenges at home:

> You know, and I look at…the garden as sort of an oasis for them because we don't know what everybody's life is like…you know you could be the best looking person on the outside and really be falling apart. So…for the kids, the garden takes them out of you know parents who may be yelling at them…or parents who aren't there. Not having had too much food that day you know…they can eat what's in the garden. (P7)

One parent described how the garden is a positive space for children and families in the community:

> You'll see people, kids and families walking by…and it's always opened you know, and they'll just walk through, and they have benches and we have you know the balance beam things, and people like to stop and look, and they're curious about it, it's really pretty. (P4)

Furthermore, this parent described how the garden is a positive space for the children because they "play there constantly," and it is their meeting spot, and despite all the different recreational facilities/opportunities in the community, the children "still tend to radiate toward this garden" (P4).

Theme two: Providing youth with multiple opportunities. All of the parents argued that the program is providing the children with multiple opportunities, and these

include opportunities to: (a) participate in physical activities, (b) have a voice, (c) learn and develop skills, and (d) experience enjoyment.

(A) Participation in physical activities. Many of the parents argued that through the garden and the green space surrounding the garden, the Hope Blooms program provides their children with multiple opportunities to participate in physical activities such as gardening activities (e.g., watering the garden), specific sports, and games. Many of the parents indicated that in the garden their children take part in such activities as planting, weeding and watering, and because these activities are considered physical in nature their children are engaging in physical activity. One parent described the physical nature of gardening by stating the following, "…but I mean physically, gardening itself is an active, I wouldn't say sport, but it's an activity that…can be quite exhausting you know…especially in the beginning when you're first planting…and then when the weeds start…" (P4). This parent went on to say that in the garden there is a more "dormant and quiet" period with little activity. However, during the quiet times the children still engage in physical activities because they play games (P4). In another example, a parent explained the physical work associated with gardening.

> Well physical labor for sure, like watering, they have to lug those jugs of water and they have to do it themselves. They have to weed, they have to plant seeds, and sometimes they have to re-arrange the gardens as well. (P1)

A different parent commented that, "…the activity of just being in the garden, being busy, um that's all about physical health" (P6). This parent described various physical activities performed by the children in the garden.

> Ahh well everything they're doing in the garden is physical….it's tons of digging

> up the soil, hauling the new soil, putting it on the beds….And then the planting….and then as the foods growing…it's more you know watering, weeding….and then tending to it all summer and fall, and then harvesting… (P6)

The same parent also pointed out that at the end of the gardening season the children help in "putting the gardens to bed," meaning that they clear the remaining food out of the garden and then put cardboard or straw "over the beds for the winter." (P6)

Many parents also spoke about how the garden is surrounded by greenspace, and in this space their children take part in physical activities such as sports, and games (e.g. Frisbee). As one parent commented, the greenspace is a "gorgeous big green field" that the children utilize to play soccer (P4). Another parent noted that the children participate in many sports and games in the field such as running, Frisbee, soccer ball, and water fights, and that these activities are linked to physical health (P6).

One of the parents described different types of physical activities that the children engage in at Hope Blooms. For example, this parent stated that the garden helped their children engage in free play outdoors such as "rolling in the grass," and "playing in the garden." (P1) This same parent also felt that the children`s constant running around at social events was a form of physical activity:

> Hmm well I think for like a lot of the events…the kids are really responsible for…um taking care of like the barbeque, and for making sure that people are getting fed, and the ice buckets are filled up, and they're topping up you know the coolers and everything else like that. So I think that as well is a lot of physical activity because they're running back and forth. (P1)

Two of the parents indicated that their children do not always enjoy or participate in some of the sport-related physical activities offered by the Hope Blooms program, especially soccer. However, since the program offers different types of physical activities, such as gardening activities and games, the two parents indicated that their children who do not enjoy soccer usually engage in gardening activities instead. It appears that because the Hope Blooms program offers a variety of opportunities for physical activities, the youth are more likely to engage in some form of physical activity.

(B) Having a voice. Many of the parents argued that in Hope Blooms their children have a voice in the program because they offer their input, make decisions, and help plan the activities and direction of the program. Some parents distinguished the Hope Blooms program from other social programs and/or school settings because, in Hope Blooms, the children's thoughts and opinions are sought on almost everything that happens, and there is a large amount of respect and consideration for the children and their opinions. One parent pointed out that Hope Blooms is different than some social programs and school settings because rather than the youth being told what to do, they have a voice in the program, including in the garden.

> It's kinda like they're involved with the planning of the day-to-day things, and they're asked their input on what they want to see done with the vegetables, and what they want to grow, so they feel a lot more involved. Whereas in certain programs or school settings you're actually told what to do by adults, and they feel like its [Hope Blooms]…their own program….they have a lot of say in what goes on down there [in garden]. (P1)

Another parent also argued that the children have a voice in the program rather than being

told what to do by certain adults. This parent commented that their child "…will talk a lot about feeling like you know adults…they don't get it…they think we can't make good decisions.…teachers are always telling us what to do…". However, "you don't hear that about Hope Blooms" (P6). This parent explained that you do not hear such talk about Hope Blooms because the children are the active decision makers who decide on the salad dressing labels, how much to charge for the dressing, and where they would like to give presentations. This parent also explained that having a voice is why they think their child continues to participate in the program. As stated by the parent: "I think a lot of it [why they continue to go] has to do with they drive it, um…that their opinions matter, ah their ideas matter….they're responsible for it…it's generated from them rather than someone else telling them they have to do it" (P6). In another example, a parent illustrated how youth have a voice in Hope Blooms by commenting that "really it's driven by the kids," and that in the program "the kids are involved with decision making on every level, even the younger ones because [program mentor] listens to their input…" (P4). This parent went on to explain that although the [program mentor] guides the youth in the program, the youth are the key leaders.

> But then the junior leaders they meet and they actually discuss what they're going to do, and who they are going to mentor, and [program mentor] really lets them sort of lead it. And then [program mentor], like a mother, would…guide it [program] and just take it to Point A to Point B. But….as a general rule I think the kids are making majority of the decisions involved and the direction that they're going… (P4)

(C) Learning and developing skills. Most of the parents argued that the children participating in Hope Blooms have many opportunities to learn through the community garden. For instance, many of the parents indicated that the children are learning by growing their own food in the garden. One parent commented that, "…in general people have no idea where their food comes from, we are so disconnected…especially living in a city" (P6). According to this parent, this is not the case for the children in Hope Blooms: "So for these guys they get a chance to actually, from start to finish, see…how foods grown, what it looks like, [and] how different it can taste when you grow it yourself" (P6). One parent believed that in the garden the children have the opportunity to learn how many different vegetables grow:

> So you know…the kids learn things…they learn how corn grows, and they learn that potatoes don't grow on a bush, you know you have to dig for em, and they learn oh peas don't grow as peas, you have to open them up and the peas are inside. (P7)

This parent also believed that their child and all the children in Hope Blooms are gaining more knowledge on food:

> I think for sure [child] is more knowledgeable about food and where it comes from, and [child] can see and all the kids can see, who may never have known where a tomato comes from, you know that a tomato actually starts as a seed. (P7)

A different parent made a similar comment: "Oh, it's teaching them what the good healthy foods are, how they're growing, what they are grown from, how to start them off ah from either a seed or replant the seed [laughs], or how…mother nature works…" (P5). According to another parent, the experience of growing the vegetables in the garden

provided the children with the opportunity to learn an important life lesson, and that is: when you take pride in your work and you work hard, it can lead to success.

> I think…that [emphasized] is something they will take on through school, through their professional lives, is that if you work hard at something, and you nurture something, and you care for something, and you take pride in it, no matter what it is you can be successful at it. (P1)

Many of the parents argued that what the children are learning on healthy food has been visible on the family/household level. For instance, one parent explained that their children shared gardening knowledge with them about how to grow herbs and encouraged the parent to begin their own herb garden.

> …the kids came home and said mom, well you know you got to start a herb garden…and sure enough they came home with these little seedlings…and they were like 'mom put these in you know a little bit a dirt and they'll grow, you'll see, they'll grow into a little herb' [emphasis]….so they taught me ok you can grow your herbs and stuff, and you can also do this in your home… (P2)

This parent mentioned that because of the gardening knowledge their children learned in Hope Blooms and shared with the parent, the parents and their granddaughter started "a little herb section" in their kitchen window and grew parsley, oregano, chives, and baby tomatoes (P2).

In another example, a parent indicated that their child participated in a course offered through the program, and shared what they learned with their parent. The parent commented, "Yeah, I think that [child] has learned about um food safety because they did a course…" (P7). The parent also mentioned that their child shared with them how to

properly wash something by stating, “mama you are doing that right.” (P7) In a different example, the parent discussed how their children participated in a similar course on how to handle food properly, and the children shared their knowledge with their mother. This parent stated, “So when they come back home they say, oh now mommy when we close this we have to close it firmly…”, and if “…we don’t have to use it [food], it…[has] to go right in the fridge…” (P9). This parent went on to say that what their children learn in Hope Blooms “they practice at home,” and will carry with them for life, and “for the future.” (P9) This indicates that some parents perceive Hope Blooms as important for providing the children with knowledge that is potentially valuable through their lives.

Some of the parents indicated that through the garden the children are also learning because they get to experience and connect with different aspects of the physical environment (e.g. soil). According to one parent, some of the children got to experiment with manure and soil, and this was a novel experience for the children. This parent commented, “…when we got um the manure [laughs] and soil delivered it was…quite a novelty to city kids to have poop going into the ground, and I remember them standing on the pile of manure, and it was really a big deal” (P4). This parent went on to say that for their children, and other children in the program, the experience was: “…really exciting to them, and they couldn’t understand how food is clean if it’s coming from manure because it’s growing from a seed in the ground that we put poop on…” (P4). This parent also described how through the gardening process their children had the opportunity to learn about various aspects of the eco-system, and connections within the system.

> …see there’s so many things that piece in [to their learning] cause then ok so…why are the worms important? Why are the bees important? Why is this

> important? Why do we want to keep these insects away? How can we do this without adding chemicals? There's so many other little components that start to build in their learning experience that they don't even realize that they're learning. (P4)

Many of the parents pointed out that the social enterprise component of the program (i.e. the youth-led salad dressing business) is providing the children with opportunities to learn. For instance, some of the parents spoke about their children's attendance at a business camp that was hosted by a local organization. According to one parent, their child, and some of the other children in the program, also had an opportunity to learn by making an appearance at a law firm:

> I know a big moment for [child] is when they went and negotiated um a contract with um a law firm a few years ago for a huge number of salad dressing bottles for Christmas, and [child] was part of the negotiation team…and just the way [child] described you know the offices and the couches….And this is what we [children] said to them, and this is what they [law firm] said to us… (P6)

Another parent also pointed out that the social enterprise fosters learning about business among the children:

> So you know through the entrepreneurial piece they're learning to actually start their own business….but because the kids have…the opportunity to learn a little bit more in the whole marketing and networking…they could have a lemonade stand and sell out probably in an hour… (P4)

One parent discussed how their child used the business skills they learned through the

salad dressing business to run their own concession stand, and this indicates how the skills their child acquired from the program influenced another aspect of their child's life:

> They did quite a bit from this program here, one of my children took it upon themselves to start a little business type of thing, and it was all because of the things that were put in place from the Hope Blooms…it was all of [child's] doings, it blew my mind….So every weekend [child] would look in the flyer, see what [child's] product cost, go out and buy it, make up [prepare]…stuff, [and] have [child's] concession [stand]. (P2)

Although many of the parents linked the opportunities for the children to learn either to the community garden or the social enterprise, some parents believed that the community-based component of Hope Blooms also contributes to the children's learning. For instance, one parent stated that the children go on excursions to farms where they see things such as animals, "how to make cheese," and "the milking of cows." (P8) Another parent demonstrated that the children's visits to farms are fun and help foster learning:

> And their little excursions to the farms and things are really really fun because for some of our kids that was the first time they ever saw a real live cow [laughs]. So…I had heard like one kid ask so does you know chocolate milk come from brown cows and white milk comes from black and white cows [laughs]? (P4)

Some of the parents discussed how Hope Blooms provides the children with opportunities to learn hands-on skills. For example, one parent indicated that the children learned how to sew and make clothes by participating in a fashion show outside of the North End community.

> …they were doing the fashion show at Dalhousie…which is wonderful because

> it's brought them to even do more…not just with the salad dressing, but to be able to learn how to sew, and further themselves, and um make clothes. (P5)

This parent also believed that knowing how to sew could be passed on from their children to other generations. The parent remarked, "…they can go further than just the salad dressing. They can take any type of material, any type of craft, and they can put it together and they can carry it on to another generation" (P5). Participating in a fashion show appears to be a less common activity that children in Hope Blooms take part in. However, it shows that Hope Blooms provides a diverse range of learning opportunities to the children outside of typical activities such as gardening and selling salad dressing, and through these activities they are learning valuable skills.

Some of the parents argued that through the social enterprise and the community garden the children are provided with opportunities to learn and develop their strengths. For instance, one parent pointed out that by producing the salad dressing the children are able to learn the program tasks at which they excel.

> Yes, so for instance with making the salad dressings.…So not everyone of them is as ah great at the making part, but somebody is really good at pouring, and somebody else prefers labeling, and somebody else likes to organize the boxes and label the boxes for the [Farmer's] Market….they kinda develop their areas they're really good at… (P6)

A different parent had a similar view and argued that because the Hope Blooms program gives each child a chance to try all parts of the program, the children are able to "find their niche."

> Some kids like to be the waterer, and some…just want to do the selling of…the

> salad dressings, but…they move around and get a chance to explore each one [program part] until they find what they're really interested in. So I think…every day is a new day,…something new is keeping them interested [in program]. (P1)

Many of the parents also highlighted the fact that the children are learning a variety of social skills through Hope Blooms. One parent pointed out that the children learn many social skills because in the program the older children have a chance to mentor younger children:

> So its [mentoring] really really nice and it's a real learning experience. And I think they learn to listen and learn team work…because socially and mentally as you grow up in the world those are the skills that kids don't really get a whole lot of opportunity to learn, especially the kids that are not involved in sports. When you are involved in sports you're forced to learn team work and to communicate... (P4)

The same parent also argued that the children are learning additional social skills such as the importance of praising others, and this is because the program mentors model this type of social behavior:

> And [program mentor] just embraces them and…just fertilizes them like a plant….and then when [program mentor] does that...[program mentor] is also setting a tone and setting…the bar for the kids to follow pursuit. So…they might not necessarily get along with this other child but it gives them the ability to see the other child's strengths, and say wow you did a really good job, and they learn to praise people. (P4)

This parent believed that having program mentors to model social behavior was important because "If kids don't get praise they never learn to give it" (P4). In a different example, the parent noted that through Hope Blooms the children are being taught about socially equality and having respect for others.

> And um…they have no prejudices in this group, and it's just amazing because there's kids of every sorts of you know backgrounds and diversities. And ah one thing I know that they've been taught is that everyone is considered equal…so they learn quite a bit of…like respect and respecting others. So… they're [program mentors] teaching them social skills…things like that you know, it's a very cohesive program. (P2)

One of the parents highlighted an important social skill that one of their children gained from Hope Blooms was effective communication. The parent indicated that their child's improved communication skills are being used at home, and their child can now "actually sit down and say, well this is what's going on, and they can actually say it politely, respectfully, and with not so much raw emotion as they would when they were younger" (P1). The parent attributed their child's improved communication skills to social interactions with program mentors, and their children's participation in public speaking events through the program. The parent remarked, " So I can see that change in [child] like the public speaking has made [child] actually stop and think about what [child] wants to say before [child] says it, and then we [parent and child] can move forward with the conversation" (P1).

(D) Experiencing enjoyment. All of the parents argued that Hope Blooms provides their children with many opportunities to experience enjoyment. The parents

used different terms to describe their children's experience of enjoyment in the program such as enjoy/enjoyment, joy, fun, excited, happy/happiness, love and pride, and so forth. Many of the parents believed that enjoyment for the children was manifested in the experience of creating and harvesting their own food in the garden.

> So they really enjoy the fact like being outside, and growing their own food, and actually putting something in the ground and seeing it grow, and coming home and then they put it on the table. I think that's the biggest thing for them, like they really do enjoy the fact that they're creating something. (P1)

In another example, a parent described harvesting the food in the garden as a very enjoyable experience for the children and everyone involved.

> Um harvest time, that's always exciting…there's love involved with that you know….everyone just is excited, and happy, and joyful, and peaceful. You know everyone's harvesting, and singing and dancing. And you actually see that because there's always these little events…and the kids are constantly dancing…and singing… (P4)

Making reference to such experiences in the garden, this parent went on to say that "emotionally it's just all around a very healthy good experience", hence indicating the potential for Hope Blooms to positively influence the children's emotional health (P4). Another parent commented that planting, watering and observing the crops grow is an enjoyable experience for the children, and that through this experience, the children feel joy and recognize what they are capable of doing in the garden:

> You know they enjoy when they plant these ah crops, ah there's a seed, you know the joy of it growing, like seeing it growing every day because like they are there

> every day…to see, to water it…and they [crops] grow big you know…it's a good joy to them you know, it make them feel [like], oh so this is what we can do you know. (P8)

One parent believed that the children enjoy being part of Hope Blooms, in part, because they are responsible for serving food to people at community barbeques (including their parents), and having this responsibility allows them to feel good. The parent stated that serving all the food "…felt empowering to them because they know that this is what we started, and they're proud of what they've done, and you know what they've created" (P2). A different parent indicated that the garden was a source of enjoyment for their children because it was encouraging free play outdoors, and this was a positive change from regular structured sports.

> …what I wanted to see my kids do was just go outside, and run, and enjoy their selves,…and play. So I found like the garden really helped them do that....they weren't going outside to do a specific task, like…to play basketball….They were just going outside and enjoying the fresh air, and rolling in the grass, and playing in the garden. (P1)

This parent felt that the garden was influential because it was getting their children "out of the house" and "out of a routine," and this was particularly important because "There's a lot of rec centers around here [local community] where they [children] can stay inside…" (P1). Furthermore, along with being enjoyable to the children, this parent also felt that free play was "a plus" because it was releasing all their children's energy. The parent commented, " So when I see them just playing free style outside I know that

they’re actually physically enjoying themselves, and when they come home they are kinda tuckered out too [laughs], so that’s kind of a plus at the end of the day” (P1). One parent described how children in Hope Blooms are “not forced to go” to the program, but rather want to be there. This parent commented, “…they do what they do [be]cause they love it, they care about it…they’re not forced to go out the door to leave you know at 6am to go down to the market, or however many nights they are gardening, they just want to” (P6). In a different example, the parent stated that the children “really really love” going to the market, and although they get tips from customers, the main reason they are excited to go is “they just love the experience of being there.” (P8) According to this parent, one of their children in particular becomes so excited about going to the market that they do not sleep the night before.

Many of the parents highlighted the fact that in the program the children have a lot of fun. One parent believed that the children experience fun through a variety of program activities:

> Yeah there’s fun to it. There’s a lot of work that they do, but there’s a lot of fun in it as well. So the garden nights there’ll be games or activities involved too where they’re doing stuff in the field, or arts and crafts, or things like that… (P6)

A different parent had a similar view, and indicated that the children experience fun through certain program activities such as when they sell salad dressing in the community. This parent commented, “The kids would have so much fun. They would take turns standing at the tables selling…there’d be music playing, and they would be running and playing in the field…” (P4). The parent also discussed the process of harvesting the food in the garden and then selling it as relaxing and fun for the children.

This parent remarked, "…there's that very relaxed, natural, fun component of when they just pick something, they bundle it, and they sell it, and the kids just really have fun doing it…" (P4). One parent discussed how they attended a fashion show that their child and other children in Hope Blooms participated in, and described it as a fun experience for their child. The parent explained that when the children walked out to present the costumes they designed for the fashion show "it was like a volcano sound erupted because we were so loud," and "we were just hooting and hollering." (P7) The parent went on to say that their child was in their glory at the fashion show, and "had so much fun." (P7)

Some of the parents argued that their children's participation in Hope Blooms brings them happiness. For example, one parent commented that Hope Blooms makes their child feel happy, and that when they participate in the program they are "always happy coming home" (P3). According to another parent the garden contributes to their children's happiness because they are engaging in something positive. This parent commented, "So they're just happy about you know, like they know they're gonna get down there, [and] they're gonna be doing good things" (P2). One parent argued that the program contributes to their child's happiness because there are no high expectations like there are in school:

> I think generally the program makes [child] happy. You know I see [child] smiling more than anything you know [child's] laughing and [child] can just relax because…it's not like oh I'm gonna get graded on this…you know that kind of thing. Like where there's not really a lot of pressure on them [children] they can

do what they have to do… (P7)

This parent also stated that in the program “the children know what their duties are” and “they know that they have to do them,” but the pressure is not like in school because they don’t have to worry about obtaining “a good grade.” (P7)

Theme three: Positive changes experienced by youth. According to the parents, their children participating in the Hope Blooms program have experienced many positive changes, and these changes include: (a) healthy eating practices, (b) improved self-confidence, (c) a positive self-identity, (d) hope for the future, (e) improved emotions and behavior, and (f) community connectedness and inclusion. Some of the parents pointed out that the positive changes experienced by their children also occurred on the family/household and community levels, and so this will be discussed throughout this section.

(A) Healthy eating practices. Some of the parents argued that the Hope Blooms program is positively influencing the children’s eating practices. One of the parents indicated that their children in the program have improved their eating practices, in part because the program is helping their children gain knowledge on healthy foods.

> More often than not we go to the grocery store, or I put something on their plate, [and] they can tell me what it is or that we grow this [in garden]. So the knowledge of what they’re growing and what they’re eating…that plays hand in hand and it’s changed their eating habits tremendously. (P1)

Some of the parents highlighted that the children’s healthy eating practices gained from the program are visible on the family/household level. From one parent’s view, the program is influencing the children to make healthier food choices, and the children are

encouraging their parents to do so as well. This parent commented, “If I [parent] eat a lot of butter they say no…don’t put a lot of butter….it’s too much.…it’s not good….I mean they learn what is good [to eat] and what is not good, and those thing[s] impact their health…” (P9). A different parent also discussed how one of their children engages in healthy eating practices on the family/household level by taking the initiative to prepare salad, rice, and spaghetti sauce with the vegetables from the garden (P1). The same parent reported a difference in healthy eating practices between their children who participate in the Hope Blooms program and another one of their children who was never involved in the program.

> And now they’re telling [sibling not in program] well you should eat this, it’s good for ya….So the younger ones are trying to get [sibling not in program] involved in eating [their] vegetables…, and that’s a big change for me with having one child that wasn’t in the program to having [many] children who are in the program, [is]seeing a difference in how they want to eat healthy and…make their food from what they grow. (P1)

Although some parents indicated that the program is improving the children’s eating practices, some parents discussed in the interviews that their children are choosing not to eat fruits and/or vegetables. For example, one parent commented that their child is “not a lover of fruits and vegetables” and that this started when the child was “very young.” (P7) This parent did note, however, that their child’s eating practices have “changed in little ways” and that the parent will “just keep praying” that these changes continue to happen. Another parent made a similar comment: “…my [child] right now…[would] prefer not to eat vegetables, so… that’s been a change into teenage

hood…" (P6). This parent further noted that their child "used to eat you know all that stuff", but now their child is "not so interested". This suggests that the teenage development stage could possibly influence youth's eating practices.

(B) Improved self-confidence. Most of the parents argued that participating in Hope Blooms has helped their children gain self-confidence in different aspects of their lives. For instance, many of the parents believed that their children's social lives are being enhanced because Hope Blooms has helped their children gain social confidence. One parent reported that their children's confidence has increased due to different social experiences Hope Blooms provides to the children:

> So…the program also brings other community programs in and other organizations into the neighborhood, and they're [children] not afraid to talk about what is going on. So I find that it [Hope Blooms] builds their confidence, whether it's…them doing the barbeques, whether it's them talking at the market about their product [salad dressing] that they're selling. No matter what they're doing…[their] confidence level is like at one hundred. (P1)

Another parent also echoed this view by highlighting the fact that in the program the children "do a lot of presenting" at conferences and other events, and that this "builds their confidence in speaking not just with their like peer group, but with other adult[s]" (P6). This parent argued that the salad dressing business also helps to improve the children's confidence because it provides the children with opportunities to speak and interact with the public:

> Um…you know particularly though the salad dressing business cause that would be more where you see that happen is in their interaction with the public. The

> gardens much more amongst themselves…but the salad dressing business I think really gives them an opportunity to build confidence in just talking to people, and just feeling confident in what they know… (P6)

One parent argued that the program has helped one of their children to talk and socialize more:

> I know that…one of my kids…was a little introverted, but ah you know since the program um they're more out there socially, they're more inclined to talk. So you know when they're out amongst their friends or even you know they're around other people they you know, because where they've been going out and meeting the public and things like that, they're more inclined to socialize now. (P2)

This parent went on to say that the program helped one of their children "quite a bit" because before they "didn't want to talk that much and now you can't stop them." (P2) A different parent stated that their child is "not the most vocal person in the room," but that through the program their child was able to find their voice, and as a result the child is now more willing to speak up in social situations. According to this parent, now, if the child "sees something that doesn't make any sense" or "somebody is saying something that's so not right," the child can speak up and say "you're not right" or "that doesn't make any sense." (P7) In another example, the parent indicated that the program is influencing the children's social health because they have the chance to socially interact with people, and this creates confidence to speak in public:

> I think that kind of thing does really I mean influence them; like when they go out they meet people, they talk…so that is social health aspect that I can see. That's why…to me it's like they kind of have this confidence of like talking in public…

(P8)

Some of the parents indicated that their children have gained self-confidence through the program, but discussed self-confidence more broadly. One parent believed that Hope Blooms is helping their children reduce fear and become more confident. This parent argued that because of their children's participation in the program, they no longer have anxiety or fear of trying, tasting, "or experiencing new things." (P1) The parent associated this reduction in fear with improved confidence for one of their children in particular: "My [age] year old…doesn't have that fear anymore like [child] has grown into a young [man/woman]…who's really confident and…very proud of what [child's] doing, but also very secure in what [child] wants to do" (P1). The parent also believed that their children are gaining confidence in the program because they get to "think" and "make decisions" on their own. This parent commented, "I think a lot of the social events have…changed them a lot. Like I said, once again them just getting out there and being able to think on their own, and make decisions on their own, and be independent and confident…" (P1). This parent seemed to believe that replacing fear with confidence is particularly important for their children because in the North End community it appears that some children seem to be held back by fear. The parent stated that the "fear alone in my neighborhood could make a person stagnant for their whole life", and "There's people that go to high school and choose not to do anything else because they're uncomfortable in their own skin, in their own surroundings" (P1). Another parent commented, "Oh their confidence, I know that my kids confidence level went up a whole lot since this program, and I know that because now… they believe in themselves like I can do this you know…" (P2). In a different example, a parent linked the children's improved confidence

and self-esteem to the praise that the children are receiving from the program mentors at Hope Blooms. This parent noted that the program mentors continually embrace and praise the children in the program with comments such as: “I can’t believe what a great job you did selling,” “I can’t believe how wonderful you are,” and “look at this beautiful crop you planted and look how it’s grown, you’re amazing.” (P4) As highlighted by the parent, from these positive comments the children’s confidence and self-esteem are being built:

> They grow and it builds self-confidence [and] self-esteem, and then it makes them more confident just within themselves and to go out in the world, because if they don’t get that [praise] anywheres else but you get it here [in program], it still affects the other pieces of your life where maybe you had no confidence before… (P4)

(C) Positive self-identity. Some of the parents indicated that the program has helped shape who the children are as individuals. For example, one parent noted that the program has made their child “be who [child] is today.” (P5) Another parent echoed this comment by stating, “it’s kinda what they do, it’s part of their life.” (P6) The parent also discussed that their child has been in Hope Blooms for so long that the parent “don’t see it as a program,” but as something “that’s been part of [child’s] life for a long time.” This parent further stated, “I don’t know what it’s like for [child]…not to be in the Hope Bloom’s community” (P6).

A few of the parents pointed out that some individuals view the North End community negatively, and this influences how some individuals in the community (including children in Hope Blooms) see themselves. The parents argued that Hope

Blooms is playing an important role in creating a more positive identity for their children. In one example, a parent stated, “from my generation to this generation we went to school and we didn’t tell people where we were from” (P1). However, since the Hope Blooms program was established, living in their community is viewed more positively, especially by the children (P1). According to this parent, “These children are now proud to say yes, I am from [community area]; this is where I live, this is where I grew up, because there’s a positive connotation that comes along with when you say it now versus before there was negativity” (P1). According to another parent, the program is also helping their child develop a positive identity despite outsiders who view the children and their community negatively:

> Hmm…one time [child] did an interview.…they were talking about how everybody perceives them as not good kids and this is a bad area, and um [child’s] answer to the question was we have Hope Blooms you know, so…they can’t be that bad because we have Hope Blooms… (P7)

(D) Hope for the future. Many of the parents argued that the Hope Blooms program is creating a sense of hope for their children because the children believe they can become somebody, and accomplish many goals in their future (e.g. pursuing post-secondary). From one parent’s perspective, the program is instilling hope in the children by helping them see that they have potential. This parent believed that the program is “…making the children see themselves as like their hope can bloom…and they can be somebody regardless of where you are from, your color and everything…” (P8). A different parent noted that Hope Blooms is helping expand their children’s capacity to think and achieve. This parent stated, “I mean they…think very big now and I think that

this program make [s] them see you know…the sky is the limit you know, you can do anything…" (P9). One parent believed that the program is providing the children with important experiences that will be beneficial now and in the children's future:

> So…it's just amazing how ah the kids go through…this program and they're having all these different experiences and stuff.…It's gonna make them you know a better person as they develop into an adult or experience things at a young, at a young young time in their life. So as they do grow older, if they take these little things with them it's something they can carry for the rest of their life. (P2)

More specifically, some parents argued that Hope Blooms helps their children envision a positive future in areas of education, employment, and entrepreneurship. In one example the parent pointed out that Hope Blooms is positively influencing their children's view of the future in regards to pursuing post-secondary education and meeting new people. This parent commented, "They have a level of thinking…it's a good thing you know to think…I want to go to…[university]…,I want to go to the best college because I want to learn a lot, I want to meet people, I want to do this and this for me…" (P9). Another parent indicated that Hope Blooms has encouraged one of their children to attend business school, and this parent remarked, "So from this program it started [child] in an entrepreneur type of field," and so when they graduate they want to "go to a business school." (P2) A different parent believed that their child's experience in the Hope Blooms program could be beneficial when trying to obtain future employment:

> Um like when I think about [child] applying for [child's] first job, the things [child] can put…on a resume at that age having never been employed are gonna be huge.…I think as a young person getting a job is really gonna be in [child's]

favour… (P6)

Another parent echoed this sentiment by stating, "I think the program is good, I think it ah betters [child], like…it helps [child] out for ah trying to get a real job…" (P3). One parent pointed out that one of their children believes they can be a cook and feels proud of themselves. This parent commented, "but just the pride [child] takes in this program, and now feeling that [he/she] can actually…be a cook. The parent also discussed that their child is "growing the vegetables…making a salad, and now [child] does cooking classes on Saturdays", and as a result "…it's changed [child] so much because [child] is proud of [their] self " (P1). In a different example, the parent discussed how Hope Blooms has helped one of their children envision starting their own coffee business. According to this parent, their child has thought of a unique idea for a coffee shop where instead of regular flooring there would be "sand on the floor," customers would not have to wear shoes, and it would be a "very natural" environment for a coffee shop (P9).

(E) Improved emotions and behavior. Some of the parents argued that their children's participation in Hope Blooms is positively influencing some of their emotions and behavior, thus indicating the programs impact on the children's emotional and mental health. One parent explained that their child often feels down, in part, because of challenges they experience around learning, especially if they stay home and are not active at Hope Blooms. This parent stated, "…if [child's] in the house and…not um at Hope Bloom…[child] will get very depressed" (P5). However, the parent indicated that once their child decides to go to the program and participate they come home and present as "a whole different child" who is acting like their self again. In this example, the program seems to be positively influencing the child's emotional and mental health

because it can help them overcome feeling depressed. A different parent pointed out that their child experiences mental health challenges and therefore becomes “frustrated and angry quite easily.” (P4) This parent believed that gardening plays an important role in helping their child manage these emotions because it is “relaxing and calming.” (P4) One parent believed that the program is helping reduce worry for some of the children who might experience challenging family situations.

> And I think everyday that the kids go to the garden from whatever their family situation is you know, could be you know some anger…some drug issues or whatever. They can go to the garden and not worry about any of that, they just go and you know we’re going to the garden, [and] have some fun… (P7)

Some parents discussed how the program has a positive influence on the children’s behavior. One parent described their children’s behavior as impulsive and stated that they would “just blurt out stuff.” (P2) According to this parent, their children’s participation in Hope Blooms has helped them manage these behaviors because now “they’re sitting back and taking it all in” before they respond (P2). A different parent pointed out that their children’s participation in Hope Blooms is important because it is engaging them in positive activities, and this helps deter them from engaging in potentially negative behaviors. The parent stated that it is “very important they have activity” because otherwise the children can “be in the street,” “follow the bad boy,” and try smoking and drinking (P9).

(F) Community connectedness and inclusion. Many of the parents argued that Hope Blooms is enhancing the children’s sense of connection to the community by uniting the children and the larger community (including families of youth) through

different program activities and events. One parent highlighted the community connectedness by describing how the program often hosts community barbeques that the children and their families attend, and at these events everyone feels like a family. This parent commented, "…everyone was just doing their own little thing but it just…it felt like a family, like a whole community family" (P2). In a different example, one parent reported, "there's lots of food sharing through Hope Blooms" because many community members (i.e. youth, families, and seniors) come together for barbeques at the garden, community supper[s], breakfast weekend (which specifically included seniors), and even a family picnic that was hosted one year (P6). One parent described how the children in the program feel connected to the local and broader community by commenting, "I think…it's a community [the children feel connected to], and it's no longer just our community when I say that now because it's grown. Umm so it's…the local food community, the non-profit community,…everybody that's ever been involved…" (P1). This parent stated that the connection the children have to many individuals in the community is so significant that it is difficult to find words to describe it:

> I think the connection that they have is…an overwhelming feeling of…pride in their work, and connection to their community, and to their friends and to their family, and…it's huge [emphasized]. It's, it's, it's huge [emphasized] because they're connected to everything in this neighborhood now. (P1)

This parent also described how overtime they observed change in the social connections the children were making, and that these connections fostered other social connections for the children.

> When they first started you could see who was from what neighborhood and you

> could see who was just visiting, and now it's everybody. And now they [children] talk to neighbors that we wouldn't normally talk to, and then there's churches involved that they wouldn't normally talk to, which opens the doors to other programs… (P1)

Many of the parents demonstrated community connectedness by pointing out local community members (e.g. a well know reverend) who come to Hope Blooms to bless the community garden (and the fixed site) at least every year. According to one parent, the blessing of the garden influences the spiritual health of "youth and families." This parent commented, "that kind of spiritual acknowledgement of the garden and the space helps also to create that sense of importance, and belonging, and community and value…" (P6). A different parent indicated the children's connection to community by describing how in Hope Blooms the children spend time with seniors in the community:

> Yes [children participate in] community suppers…[and] I was really surprised by what they've been doing for the community, the seniors in the community…making their stuff and going down serving them….Going to the…senior homes or the buildings you know the Sunrise or Northwood [local living facilities] and…giving back….So it's really great that they're out there branching out to the community… (P2)

This parent believed that the program has changed their children spiritually because besides giving back, the children are beginning to see the value in connecting to others and helping.

> Um there has been times when you know they come home and say mom what if Hope Blooms does this, maybe we can feed some kids….So their perspectives are

changing like they're understanding…not just themselves but like other people, and having um some connection with you know other parts of society… (P2)

One parent demonstrated community connectedness by describing how the children are recognized and deeply involved in the community.

So they're known in the community so they feel involved in the community. They're not just Hope Blooms who's down in the garden. Everywheres they go [people say], hey how are you? You guys…down at the garden today? Oh you guys doin this? Like everybody knows them…you know they're involved in everything. (P1)

Some of the parents spoke about how Hope Blooms is inclusive in that it includes children/youth, family members, and community members from inside and outside the local community. The inclusiveness of the program is important because it can help create the sense of community connectedness described above. According to many of the parents, everyone has an opportunity to take part in the program regardless of who they are or their background, and one parent demonstrated this quite intensely.

So I feel like you know no one's ever, ever, ever ignored, ever [emphasized]. Not a parent, not a child, nobody, like they really foster a holistic approach in all these areas because it's always very inclusive. Parents, children, you know siblings, whoever. (P4)

Another parent argued that the program is inclusive because it unites individuals from the community regardless of certain demographic characteristics, and whether or not they participate in Hope Blooms:

So it brings the community together, even those people that don't even know

about the garden…they are welcome you know they have some burger, hotdog, juice…stand by the band play, all those fun things. So…you see people come and no matter what the race everybody is there you know to relax. (P8)

Section Three: Program Challenges and Suggestions for Program Improvement

In their interviews the parents also discussed the challenges as well as the potential additions and modifications that they think could be made to Hope Blooms. The parents' descriptions of the program challenges and suggestions for possible additions and modifications to the program were quite variable.

Program challenges. One parent pointed to time management as a key challenge in the program. According to this parent, there is sometimes "too much accommodation" for children who are frequently late. The parent described this as frustrating to the other children because it can prevent them from being on time for certain events (P7). Some program challenges mentioned by the parents were centered on age limitations that influenced the children's participation in certain program activities. For instance, one parent stated that their child was unable to participate on the Dragons' Den television show because they were too young, but it was unclear if this was due to the show's eligibility criteria or rules set by Hope Blooms. A different parent also discussed age limits (but in the garden), and it appeared that depending on the activities that were occurring in the garden one of their much younger children could not always participate; the parent believed this age limitation exists for safety reasons (P8). Another challenge mentioned by some parents was a lack of communication between the program mentors and the parents themselves. Most parents believed that this lack of communication was due to the program being "homeless" for a while as they were waiting for a new facility

to be built. The parents explained that not having a home (i.e. a fixed site) was a challenging time for everyone involved with the program as it led to disorganization. For example, one parent noted that activities were often scheduled in any community space that was available and for a limited amount of time.

> …you know with Hope Blooms being I guess technically homeless for awhile you know everything was up in the air. So they were really just scrambling…it was planned but it was thrown together quickly, lets grab a couple kids, lets go do this because we only have a few hours and it's a rented space… (P4)

Parents' suggestions for change. The parents provided different suggestions when discussing the potential additions and modifications that could be made to the program. One modification mentioned by a parent was to create a balance between selling salad and salad dressings in the local community, and selling it at the Farmer's Market. According to the parent, selling the products in the local community was more enjoyable for the children, and it felt more community oriented rather than business oriented (P4). Another parent suggested that the program could create more opportunities for the children to travel to different schools and speak specifically to other youth about their experience in the program. This parent felt that by the children sharing their experience, they could empower other youth to come together and create something positive by working together (P5). A different parent suggested that the program be extended to other communities because it helped change how people see the North End community, and thus could potentially change how other communities are perceived as well:

> So I think the experience of the garden changed the way the whole Nova Scotia or

> the whole Halifax see the North End, as a ghetto, as everybody selling drugs, blah blah blah, because the garden was a sanctuary for those guys. People took our kids…,and the program turned it [negative image] around…[for] the world to see… (P9)

Another modification suggested by a parent included increasing the amount of information that the parents receive about their children's activities in the program. This parent suggested that receiving more phone calls is one way that more information could be provided to the parents.

Some parents described additions that could be made to the program in order to improve it. For instance, one parent suggested that providing a job description to the children would help clarify their duties, and increase accountability in regards to completing important tasks (P7). Another parent stated that it would be very important to ensure that as the children grow and their needs change, the program evolves to meet those needs (P6). This parent expressed that although they feel the program is currently evolving to meet the needs of the children, many children who joined the program at the beginning are getting older, and therefore this should be a key goal. Finally, one parent explained that the program should offer the salad dressing at a discounted price for the children and their families because this would make the dressing more affordable, and therefore more accessible to the children and families (P4).

Summary of Key Themes

The key purpose of this research was to understand if parents think that the program and its multiple components are influencing their children's health. The parents linked three key themes to changes in their children's health. However, across the three key themes some parents did not always link a specific program component to their

children's health. Theme one (access to resources such as healthy food) and theme two (opportunities provided to youth) are similar in that both themes highlight *what* Hope Blooms provides to the youth, but these two themes are also different. Theme one points to youth's *access* to resources and this access indicates what is more *directly* available to the youth in Hope Blooms. For example, as participants in Hope Blooms the youth have direct access to a supportive social network. Theme two refers to opportunities available to youth that require them to be more actively involved in order to take advantage of the opportunity and experience potential benefits. For example, youth have the opportunity to have a voice in Hope Blooms, but this would require speaking up and offering input in order to experience possible benefits. The parents linked themes one and two to theme three (positive changes) by highlighting that having access to some resources and opportunities is creating positive changes in their children such as improved confidence and hope for the future. These positive changes have positive implications for their children's health across multiple dimensions.

Chapter Five: Discussion

Summary of Key Findings

This study aimed to understand if parents of children in the Hope Blooms program think that the program and its many components are influencing multiple dimensions of their children's health. From the parents' perspectives, Hope Blooms is positively influencing the children's physical, social, mental, emotional and spiritual health. However, not all parents spoke about every dimension of health. Although most parents discussed linkages between their children's health and the three key components of Hope Blooms (i.e., the community garden, social enterprise, and community-based component), some parents discussed positive changes linked to their children's health and health-related behaviors in relation to the program as a whole. As a result it was sometimes difficult to identify how a specific program component affects a particular dimension of health.

Theme one specifically points to how the parents view the program as affecting access to vegetables and herbs, access to a supportive social network (e.g. program mentors), and access to a positive space. Theme two highlights the multiple opportunities that Hope Blooms provides to the youth, including opportunities to participate in physical activities, have a voice, learn and develop skills, and experience enjoyment. The third theme points to the positive changes that the youth experience as a result of their participation in the program, including healthy eating practices, improved self-confidence, a positive self-identity, hope for the future, improved emotions and behaviors, and community connectedness and inclusion. All the parents spoke of the three key themes, but some only spoke about certain aspects of the particular themes. The

parents sometimes linked different aspects of the three themes (e.g. access to healthy foods, and opportunities to learn and develop skills) to the family/household level in that some of what the youth experience in Hope Blooms has an impact on the home environments where youth live, and in connection to family members of youth. The parents also linked different aspects of the three themes (e.g. access to a supportive social network and building a positive self-identity) to the community level in that some of the youth's experiences in the program are related to the social dynamic of the community (e.g. stigmatization of the local community), and social relationships with community members.

Key Components of Hope Blooms and Their Influence on Youth's Health

The community garden. As noted previously, food insecurity is a social determinant of health, and a major problem impacting many individuals in Canada (Mark, Lambert, O'Loughlin, & Gray-Donald, 2012) and specifically Nova Scotia (Canadian Centre for Policy Alternatives, 2014). The Hope Blooms community garden was established because food insecurity is also a problem in the North End community impacting many individuals, including youth. According to the parents, it appears that the Hope Blooms community garden is helping improve youth's physical health, in part, by providing the youth with access to healthy foods such as vegetables and herbs. Research on community garden programs support this finding as they report that children/youth, adults, families, and immigrants are gaining access to healthy foods (e.g., fruits and vegetables) that are affordable through community gardens (Baker, Motton, Seiler, Duggan, & Brownson, 2013; Castro et al., 2013; Wakefield et al., 2007). This access is important because some of these groups often face economic challenges that may

compromise their ability to obtain healthy food, and having individuals grow food themselves through a community garden may help eliminate the burden of trying to access healthy foods that are costly. In addition, access to healthy foods is especially important for youth because it may help them improve their diet and nutrient intake, which can have positive implications for their long-term health.

The parents pointed out that in Hope Blooms the youth are not simply given food from the garden. Instead, they are actively involved in helping grow the food from start to finish. The practice of having youth grow food themselves is important because, as the parents indicate, this appears to foster a sense of pride and ownership for the youth that can lead to a desire to taste and eat the food which, in turn, could have positive implications for youth's physical health. This suggests that in a garden setting, when youth are provided with the opportunity to grow their own food, physical and emotional dimensions of health may overlap. There seems to be few studies that identify linkages between positive emotions associated with growing one's own food, and tasting/eating food, especially studies targeting youth, and the fact that this study shows this linkage makes it a significant finding. One study that included 67 participants from 28 urban gardens reported that garden participants enjoyed the taste of the vegetables and formed emotional connections with the garden, but this study included adult participants rather than youth (Hale et al., 2011).

Although some studies report that gardening helps improve levels of physical activity (Armstrong, 2000; Dickinson, 2003; Park, Shoemaker, & Haub, 2009; Wakefield et al., 2007), few studies report on community gardens as settings where youth in particular are physically active. One study on families who participate in community

gardens reported increases in physical activity, but it is unclear whether it was adults, children, or both groups who were physically active (Carney et al., 2012). In this study, parents argued that Hope Blooms seems to influence youth's physical health by providing them with opportunities to take part in physical activities (e.g., raking and weeding). It seems that community gardens can help promote engagement in physical activities for youth; yet they appear to be overlooked as important contexts for encouraging such activities.

According to the parents, besides participating in garden activities, some youth also take part in sport activities and games, and these are performed in the green space that surrounds the Hope Blooms garden. A study on children's preferences of indoor and outdoor spaces (including a garden) shows that when a particular space includes a variety of activities, the space is more likely to be utilized by children (Arbogast, Kane, Kirwan, & Hertel, 2009). Hope Blooms provides a variety of physical activities to youth, and with such a variety of activities, the program may be able to engage more youth in physical activities by meeting their preferences, and hence impact their physical health.

Many parents indicated that the Hope Blooms community garden appears to support youth's social health because strong social relationships are being formed in the garden between the youth, their peers, and program mentors, and the closeness of the social relationships are reflected in descriptors used by the parents such as feeling like "family." This suggests that community gardens may have the potential to impact many determinants of health, and specifically social support networks, which in turn could improve youth's health and wellbeing. For instance, besides impacting food security, community gardens could potentially help strengthen youth's social support networks.

Similar to findings in this study, the community garden literature points to the capacity of gardens to foster social network and social capital building (Wakefield et al., 2007), which in turn may lead to improvements in youth's social health.

According to the parents, the Hope Blooms community garden seems to positively influence youth's mental and emotional health. Many of the parents describe the garden as a space associated with little worry and pressure (especially compared to school settings) for youth, a "relieving" place for youth to go, and "an oasis" for some of the youth who may encounter challenges at home. Further, some of the parents point to a range of positive changes in youth's emotions and behaviors linked to the garden (e.g. reducing worry). The parents also suggest that the garden provides the youth with opportunities to experience enjoyment. Collectively, these findings seem to indicate that Hope Blooms has a large impact on youth's mental and emotional health, yet only some studies on community gardens support this. For instance, Clatworthy, Hinds, and Camic (2013) conducted a review and concluded that gardens could serve as useful mental health interventions because gardening benefits may include: a reduction in depression symptoms and anxiety, improvements in attention capacity and self-esteem, reductions in stress, and improvements in mood (Clatworthy et al., 2013).

The fact that the Hope Blooms community garden is helping improve youth's mental and emotional health is important because these dimensions are "intricately connected" (Donatelle & Thompson, 2011, p. 32). For instance, when an individual experiences an emotional crisis their ability to think clearly and rationally may decline (Donatelle & Thompson, 2011). The community garden's positive impact on youth's mental and emotional health could serve as a protective factor against mental illness. This

is important because the onset of mental illnesses often occur during adolescence (Chief Public Health Officer's Report on the State of Public Health in Canada, 2011).

Social enterprise. According to the parents, the social enterprise component (the youth-led salad dressing business) of Hope Blooms appears to be influencing youth's social health by providing the youth with access to a supportive social network that includes community members who provide guidance and advice (e.g. information about running a business), and some studies on social enterprise programs report similar findings. For example, Ho and Chan (2010) point out that many social enterprise programs, centered on assisting marginalized populations obtain employment, can help expand individuals' social and supportive networks, and therefore help build social capital. Supportive social networks are identified in the literature as a key determinant of health (Mikkonen & Raphael, 2010), and so social enterprise programs impacting this determinant of health may have the potential to influence the health and wellbeing of populations, including youth.

The parents indicate that for some youth participating in the social enterprise, there seems to be an interconnection between social, mental, and emotional dimensions of health. This is because the youth are forming new relationships in different social contexts, and this in turn appears to improve how they feel about themselves. For example, many parents describe improvements in youth's social confidence as a result of the youth engaging in social dialogue with the public, namely when selling salad dressing from their business, and when talking about the salad dressing business to community members. According to the parents, this finding is important because it seems to indicate a shift in social behavior for some youth in the local community in that, before Hope

Blooms existed, some youth seemed to interact mostly with people from within their community rather than with people from outside it. Some parents suggest that by participating in social enterprise activities, such as selling salad dressing at the local Farmer's Market, the youth are interacting with a certain "demographic" of people that they typically do not associate with on a daily basis. This is important because it appears that Hope Blooms is helping break down some discomfort for youth linked to interacting with different social groups.

From the parents' point of view, the social enterprise also appears to support youth's emotional and mental health by giving the youth opportunities to have a voice in the salad dressing business, which in turn helps the youth feel that their opinions matter and they are valued. Although there appears to be relatively little literature linking social enterprise programs and youth voice to youth's health, social enterprise programs can help promote autonomy, decision-making, and active participation (Defourny & Nyssens, 2012, as cited in Roy, Donaldson, Baker, & Kay, 2013), and these are key characteristics of youth voice.

Although some of the parents indicate that, for many of the youth, the social enterprise aspect of Hope Blooms is helping create hope for the future, the parents did not explicitly link this positive change to any particular dimension(s) of the youth's health. Having hope for the future, from the parents' perspectives, points to the fact that some youth are thinking positively about going to business school, or starting up their own business. Since there is a clear change in youth's positive thinking about their future, this might contribute to youth's mental health, but more research would have to be conducted before making this conclusion. Having hope for the future seemed to be especially

important considering that some of the parents talked about how some youth in the local community do not always pursue a path toward education, and some may even proceed in a more undesirable life direction. It seems that in some ways the social enterprise is helping youth stay focused on the positive aspects of their lives and future.

This study shows that the social enterprise component of Hope Blooms operates differently than other social enterprise programs described and evaluated in the literature in that youth in Hope Blooms are provided with opportunities to learn certain business skills (e.g., selling, marketing, and how to run a business) at a very young age, and in other studies, social enterprise programs seem to focus on youth age 18 and over (Ferguson & Islam, 2008; Ferguson & Xie, 2008). It is interesting that skills development is an important aspect of healthy youth development, yet skills particularly related to business appear to rarely be taught to youth. The parents did not link learning business skills to any particular dimension(s) of youth's health, but by the youth learning such skills, and having hands on experience with producing and selling salad dressing, they could possibly be more employable than youth with fewer or less diverse skill sets. This is important considering that employment is a social determinant of health that impacts health and wellbeing. Enhancing employability for the youth population may help enhance their future economic wellbeing, and this is significant because economic wellbeing is linked to other dimensions of health (e.g. access to healthy food) (Mikkonen & Raphael, 2010).

This study points to numerous ways, from the parents' points of view, that the Hope Blooms social enterprise is influencing youth's health or healthy development (hope for the future, and skills development). This is important because although the

social enterprise literature points out that "social entrepreneurship in health is common" (Kidd et al., 2015, p. 777), there is less evidence from studies that report on social enterprise and the health of younger youth.

Community-based component. Findings of this study suggest that youth's health is likely to improve when programs provide opportunities for youth to interact with community members. The parents and the Program Director point out that Hope Blooms unites youth with community members from both the local and broader community. The shared experiences (e.g., community suppers and garden events) have resulted in youth feeling more connected to and included in their community, and this appears to have a positive influence on youth's spiritual health. This is a significant finding since studies on social programs for youth rarely report on youth's spiritual health.

The Importance of Creating a Sense of Enjoyment for Youth Through Social Programs

Parents argue that their children's participation in Hope Blooms has resulted in a sense of enjoyment for the children. This is important because experiencing joy, fun, and happiness could have positive implications for youth's mental and emotional health, and few studies report on programs that youth find enjoyable.

As the parents argue, having the children actively involved in growing food in the garden helps foster a sense of enjoyment. One community garden study found similar results, and reported that children have fun when they work in the garden, taste-test fruits and vegetables, and help prepare snacks with fruits and vegetables (Heim, Stang, & Ireland, 2009). Many garden studies aimed at youth report outcomes linked to physical health (e.g. improved consumption of fruits and vegetables)(Robinson-O'Brien, Story, &

Heim, 2009), and this suggests the need to consider re-structuring garden programs so youth have opportunities to experience enjoyment which could positively impact their mental and emotional health.

Although Hope Blooms offers a diverse range of activities to youth, parents indicate that the program appears to be maintaining a balance between the intensity of different activities offered to youth in that some activities seem to require hard work (e.g., maintaining the garden and producing and selling salad dressing), while some activities appear to be associated with freedom, play, and creativity (e.g., designing clothes for a fashion show, and engaging in unstructured play in and around the garden). It seems that maintaining a balance for youth between activities that are more labor intensive, and those that are less demanding, as well as having a diverse range of activities available to youth, contributes to their sense of enjoyment and fun in the program.

Considering that most parents describe Hope Blooms as being enjoyable and fun for youth, the lack of studies on youth programs that describe or evaluate youth's experiences of enjoyment and fun in programs is quite surprising. The few studies that report fun or enjoyment as a benefit experienced by youth in particular programs seem to point to enjoyment/fun as an indicator linked to maintaining youth's participation in programs (Beaulac, Olavarria, & Kristjansson, 2010), and/or discuss enjoyment/fun as an important characteristic linked to engaging youth in physical education and physical activity (Bungum, Pate, Dowda, & Vincent, 1999; Bush, Laberge, & Laforest, 2010; Dishman et al., 2005; Visek et al., 2015). These studies pay little regard to youth's emotional or mental health, and this is an issue because this research indicates that when

youth experience enjoyment and fun it could have positive implications for their mental and emotional health.

There is a relatively little literature on youth's enjoyment of social programs, and the potential implications of such enjoyment. Youth may perceive and experience social programs as enjoyable and fun, but to what extent this is the case is largely unknown as it does not appear to be information that is routinely collected in research studies of youth programs. Collecting such information is important because it might help show how 'enjoyable' and 'fun' programs contribute to better mental and emotional health for youth, and this information could then be used to inform other youth programs. Without this information, it is difficult to know what aspects or activities to include in youth programs in order for youth to experience a sense of enjoyment, and it is also difficult to know if a sense of enjoyment is influencing participation in the program.

The Need for Social Programs That Focus on Influencing Youth's Spiritual Health

According to the parents**,** Hope Blooms influences youth's spiritual health by helping youth feel more "connected" to their community. Feelings of connectedness appear to be a result of the youth and other individuals coming together within a community context and taking part in purposeful activities (e.g. community gatherings). This connectedness felt by youth reflects a key element of spiritual health that Donatelle (2009) refers to as *interconnectedness*–defined as a connection with the self, others, and a larger purpose or meaning. Although Donatelle and Thompson (2011) state, "Attaining and maintaining spiritual health does take time and experience" (p. 33), and youth have less life experience compared to adults, it does appear that some aspects of the Hope

Blooms program support youth's spiritual health, and specifically a sense of connectedness.

Many scholars point out that the association between spirituality and health remains unclear (Bourdillon, 2014; Donatelle, 2009). This may be because spirituality was originally perceived as "rooted exclusively in religion" (Donatelle & Thompson, 2011, p. 32). Today, however, spirituality is defined more broadly and so it is recognized as representing something different depending on the individual (Donatelle & Thompson, 2011). For example, some individuals may enhance their spiritual health by spending time volunteering and giving back to the community, while others may look to religion, nature, fulfilling social relationships, art, nature, mindfulness practices like yoga and so forth.

Despite a broader definition of spiritual health, many argue that this dimension of health is still undervalued. For instance, in an article titled: *neglected dimensions of child-wellbeing*, Bourdillon (2014) argues that there is a paucity of research exploring the concept of spirituality and its relationship to children's health, especially those children who are poor. Bourdillon (2014) suggests that the lack of research on this topic may be because professionals working with poor children realize the "multiple shocks" and "risks" these children endure, and so efforts are placed on 'material privation' and maybe even "the political economy behind them". According to Bourdillon, this can reduce attention to *when* and *how* these children still create "satisfying and meaningful" lives, and find happiness in a supportive community (Bourdillon, 2014, p. 500). Bourdillon also argues that fostering spiritual well-being may be more challenging because it is commonly viewed as "culturally specific", and so efforts to increase spiritual well-being

may be perceived as “ethnocentric and imperialist” (Bourdillon, 2014 p. 501).

Although many researchers point out that spiritual health has been a neglected dimension of health in the literature, there are some studies on social programs that report positive impacts on youth’s spirituality (Boynton, 2014; Grabbe, Nguy, & Higgins, 2012). However, these studies have limited relevance to the current study because they are enhancing youth’s spirituality, in part, by focusing on mindfulness practices such as meditation and yoga. Hope Blooms uses a different approach as it is influencing youth’s spiritual health on a community level, and is doing so by enhancing youth’s sense of connectedness to the community. It is surprising that despite many broad definitions of health and wellness, which include a spiritual dimension, that the spiritual health of youth is still disproportionately underrepresented in the program literature targeting youth. Findings of this study help fill this gap because they show that when social programs provide opportunities for youth to connect with the community, youth may feel a strong sense of connectedness, and this in turn can impact their spiritual health.

Significance of Results in Relation to Community Context

As Silver (2011) indicates, the issue of gentrification in the North End community could potentially put lower income populations at risk of displacement from their homes and communities, as well as losing access to spaces they may use on a regular basis. Due to the political processes involved with gentrification, community members (including youth) may not always have opportunities to voice their opinions regarding the developmental changes in their communities, and this could possibly leave some residents feeling a sense of hopelessness, hence impacting their health. Findings of this study indicate that an abandoned piece of land in the North End community was used in

order to establish the Hope Blooms garden. In addition, parents point out that their children's participation in the garden has resulted in a sense of ownership for the children. Considering the potential lack of control that may be experienced by community members during gentrification, the community garden may play a significant role in the lives of the youth and other community members.

Another issue that exists within the North End community is the stigmatization of the community, and both the parents and Program Director describe this problem. Stigmatization can have negative effects on individual's health, and so it is important that community members work together in an attempt to break down negative perceptions of their community. The parents point to Hope Blooms as a program model that appears to be working well for their children in that it seems to have helped others view the North End community more positively. This is significant for youth because it has led to some youth feeling more positive about who they are, where they come from, and what they are capable of accomplishing in their lives.

In communities where there are many people living on low incomes it is important to provide access to programs and services for longer periods of time. This is because without such programs and services low-income populations many not have access to certain resources and supports necessary to help them improve and maintain their health. Hope Blooms has been operating since 2008, and it is an ongoing program available for youth in the North End community. Parents mention how their children in Hope Blooms have been a part of the program for so long that they cannot imagine their children's lives without it. Although sustaining funding and resources to operate

programs may be challenging, programs established in low-income communities should aim to run for longer periods of time whenever possible.

Some Key Program Characteristics That "Work" for Youth

Findings of this study indicate that Hope Blooms has some key characteristics that have been identified in the literature as critical to "successful" programs for youth in terms of engaging youth in the program. In particular, the parents identified three key program characteristics of Hope Blooms that overlap with the literature, and these characteristics are discussed in this section.

Strengths-based approach. In the literature, strengths-based programs are often defined as programs focused on developing individuals' "strengths" and "assets" rather than focusing on individuals' problems or potential deficits (Maton, 2004; Scales, 1999). Social programs applying a strengths-based approach are not oblivious to problems and challenges faced by the program's target population, but rather such programs see more value in building on the strengths of individuals and/or communities in order to keep youth engaged in the program so they can potentially benefit. Fine and Vanderslice (1992, as cited in, Posavac, 2011) argue that "Critics of social programs fault some well-intentioned planners for ignoring the strengths of communities and residents when developing programs" (p. 112), hence demonstrating a need for program planners to pay closer attention to potential strengths that may exist in individuals and communities.

In Hope Blooms, the strengths of youth are, according to parents, fostered rather than "ignored." This is important because, in Silver's research (2011), which was focused on poverty, housing and health in the North End community, many strengths (e.g., leadership and resiliency) of residents living in Uniacke Square, North End were

outlined. Silver (2011) argued that these strengths are often overlooked, in part, because of the stigmatization that exists in the community. However, these strengths appear to be part of the Hope Blooms approach. Although the parents did not explicitly state that Hope Blooms is a “strengths-based” program, findings of this study show that Hope Blooms resembles *positive youth development (PYD)* programs, and such programs are recognized in the literature as a type of program centered on building youths’ strengths. According to Lerner (2004) PYD programs effectively contribute to youth development by focusing on three key areas: opportunities for youth to actively participate in and demonstrate leadership in activities, skills development, and “sustained” and “caring” relationships between adults and youth. According to the parents, Hope Blooms also impacts these three key areas, and this is important because acting in leadership roles, acquiring skills, and having supportive relationships can have positive implications for youth’s health and wellbeing. A recent systematic review conducted by Brownlee et al. (2013) indicates that strengths-based (and resilience) intervention programs are particularly important for improving children and youth’s psychosocial health, and it appears that this may also be the case for the Hope Blooms program.

Although Hope Blooms uses a strengths-based approach specifically with youth, other researchers argue that there is a need for such an approach with other populations that may experience marginalization. A strengths-based approach is recognized in the literature as a highly valuable approach for certain populations, such as individuals who identify as part of the lesbian, gay, bisexual, transgender and queer (LGBTQ) population, First Nations youth, and youth experiencing homelessness (Crooks, Chiodo, Thomas, & Hughes, 2010; Gahagan & Colpitts, 2016; Karabanow & Clement, 2004). This approach

is significant because it offers an approach to programming that is more positive in spite of the numerous socio-economic and health challenges that these populations often face. Research points to the need to transform the commonly used “deficits” approach in the health sector to a more positive strengths-based approach. For example, Gahagan and Colpitts (2016) point out that early health research for the LGBTQ population has been influenced by a biomedical framework underpinned by a deficits approach, and so the focus has been on health risks/characteristics linked to poor health among the LGBTQ population. Gahagan and Colpitts (2016) argue for a shift “away from a focus on deficits to strengths-based health promotion approaches” in order to put into action “appropriate and inclusive health policies, services, and programs to meaningfully engage and promote the health of LGBTQ populations across the life course” (p. 3). In another example, Karabanow and Clement (2004) point out that in the literature effective interventions include those that aim to help individuals build on their strengths, yet correctional and rehabilitation approaches still persist with “street youth” despite the fact that these approaches resemble a deficit approach by focusing on “personal pathologies”, and in some cases even “blame” individuals for the challenges they face. This suggests a need to re-evaluate the underlying approaches that guide programs, because programs that only focus on identifying and treating negative behaviors/issues could be disempowering to populations that are already living with challenging social and economic conditions.

Level of youth participation. At the core of health promotion is the goal of striving to help individuals increase control over and improve their health (World Health Organization, 2016). One effective way to achieve this goal, particularly in programs aimed at improving youth’s health, is to promote youth participation by providing them

with opportunities to voice their opinions, and engage in decision making. In this study, parents demonstrate that a high degree of youth participation seems to exist in Hope Blooms in that the youth have a voice, make decisions in the program, and take the lead in mostly all program activities with the support from program mentors. This suggests that Hope Blooms is youth-centered, and not only recognizes the importance of having youth actively participating in the program, but also practices it. Further, the parents argue that giving youth a voice in the program is not only linked to youth wanting to stay involved with Hope Blooms, but that it may also have positive implications for their emotional and mental health because it can help youth feel valued and important.

The concept of youth participation is often referred to as youth voice, decision-making, empowerment, engagement, or participation (O'Donoghue, Kirshner, & McLaughlin, 2003), and this is the case in Mitra's research where youth's level of participation is described in terms of "youth voice" (Mitra, 2006). Research conducted by Mitra (2006) points to the important role that "youth voice" plays in youth development, and in creating positive change that may be linked to youth's health, such as enhanced self-worth (Mitra, 2003, as cited in Mitra, 2006). Mitra's research on youth voice has been conducted with youth in school settings, yet it appears to support findings on youth voice from this current study. Mitra has developed a three level pyramid on youth voice (Mitra, 2006). The first level, at the base of the pyramid, is labeled "being heard", and this indicates "the most basic level" of the pyramid where youth share their "opinions of problems and potential solutions" and are being "listened to" in programs (Mitra, 2006, p. 7). In this study, parents pointed out that youth in Hope Blooms have the opportunity to voice their opinions, and are "being heard" by the program mentors in the program. The

second level of the pyramid is termed "collaborating with adults", and it represents situations where youth work with adults in order to "address problems", "make changes", and help execute solutions (Mitra, 2006, p. 7). This study indicates that youth in Hope Blooms are making some positive changes related to their own health and the health of their community, with the help of program mentors. For example, youth have helped to address the issue of food security in the North End community by growing vegetables and herbs in a community garden. At the third level, which is at the top of the pyramid and labeled "building capacity for leadership", the focus is on allowing youth to be leaders in programs, and take the "lead on seeking change" (Mitra, 2006, p. 7). In this research, parents point out that the youth in Hope Blooms are the key individuals taking the lead in most activities and aspects of the program (e.g. running their own salad dressing business), and through such work youth demonstrate responsibility and leadership in their community. Mitra (2006) argues that the third level of youth voice, which focuses on youth leadership, is "the least common" form of youth voice (Mitra, 2006, p. 8), and so it is quite impressive that, according to parents, youth in Hope Blooms appear to have a voice in the program, that is reflected in all levels of Mitra's pyramid of youth voice.

Diverse activities. The parents point out that Hope Blooms provides the youth with opportunities to participate in many different activities, and according to the literature on youth programs, having diverse activities is key to healthy youth development because it provides more enriching experiences for youth to learn and develop skills. The literature provides many examples of linkages between different activities and skills development for youth. Riley and Anderson-Butcher (2012)

conducted a study on disadvantaged youth and gained the parents' perspectives of their children's participation in a sports program. One of the key findings was that when the children had many different sport activities to participate in, it resulted in the children acquiring more skills (Riley & Anderson-Butcher, 2012). Given that Hope Blooms has a variety of activities such as engaging youth in garden activities, public speaking, and planning and preparing community suppers, it appears that the program has the capacity to impact youth's learning and skills-development, hence contributing to healthy youth development.

Some of the parents point out that some youth were not always interested in participating in certain program activities (e.g. playing soccer), and that because the program offers many different activities, which usually take place at the same time (e.g. gardening and sports games), these youth were never left out as they had an alternative activity in which to participate. This suggests that social programs offering many different activities to youth may be better positioned to ensure that no child is excluded from program activities, and this could have positive implications for youth's health.

Another important point made by the parents is that the different activities being offered to the youth through Hope Blooms appear to contribute, in part, to the youth's sustained involvement in the program. The parents argued that Hope Blooms seems to constantly offer something new for youth to experience and explore, and so their children want to be part of these new experiences, thus continue to participate. Although in this study there were no clear connections between diverse programs activities, youth's continuous involvement in Hope Blooms, and impacts on youth's health, continued participation would be necessary in order for youth to experience the potential benefits of

the program. This study suggests that including diverse activities may help retain youth participants, which in turn could increase the likelihood of youth experiencing program benefits such as positive changes in health and health-related behaviors.

Limitations

None of the parents interviewed for this study had a child who had left the program. As a result, it is not known if parents whose children left the program had similar or different thoughts on the influence of the program on their children's health. Given that discussions with parents were mostly positive, there may have been few youth (if any) that stopped participating in the program. This is a limitation of this study and further research is needed of parents whose children have left the program to assess potential impacts of the program on the children, including whether or not they think the program influenced the health of their children.

Program mentors helped recruit parents of children in Hope Blooms for this study, and this recruitment process was effective in gaining access to parents of children in the program. However, parents who responded to the invitation to participate may be those who are more inclined to share their children's positive experiences in the program, including perceptions of the positive influences on the children's health than those who did not volunteer. Thus, this research may have found more positive than might otherwise be the case, and this is a limitation of this study.

Conducting research as part of a Master's Thesis program is challenging due to time restrictions, and this is a third limitation of this research. Time is an important factor when it comes to building rapport with participants in a study. When a researcher has more time to spend with participants it allows a stronger relationship to develop, and this

might influence the participant's comfort level when responding to interview questions. With more time, researchers can also interview different groups of people rather than only one group, and this may help expand the breadth of knowledge on a research topic. For instance, if time was not a factor in this research, interviews could have been conducted with youth participating in Hope Blooms. Youth interviews could have provided a firsthand perspective on if, and how, Hope Blooms influences multiple dimensions of health, in addition to the information obtained from parent interviews.

Practical Suggestions for Social Programs

This section presents key aspects of Hope Blooms that many parents believe are helping positively influence their children's health and wellbeing and in some cases, helping to maintain their children's participation in the program. These suggestions are of value as they may help to inform other youth programs in Nova Scotia and throughout Canada.

Include the voices of program participants. Parents describe the Hope Blooms program as different from most social programs and school settings, and one of the key reasons for this difference is that instead of their children being told what to do, the children have a voice in Hope Blooms. Being given the opportunity to have a voice appears to allow the children to feel important and valued, which in turn, according to parents, supports the children's emotional and mental health. Providing youth the opportunity to have a voice in how the program 'works' is a component of Hope Blooms that other programs for youth may consider given that it appears to play a role in improving health.

Include enjoyable and fun activities. Findings from this study show that through participation in a diverse range of program activities the children experience enjoyment in many forms (e.g., fun, happiness and laughter). Considering that in any given program the needs and interests of the target population and the program context (e.g., capacity to access resources, location and so forth) may vary, it may not be possible for programs to adopt the same activities included in Hope Blooms. Instead, it may be more appropriate for other social programs to seek out what individuals perceive as enjoyable and fun and then integrate these suggestions into the program. For example, some of the activities that the parents believed their children enjoyed were directly related to the Hope Blooms social enterprise. However, rather than trying to produce and sell salad dressing like Hope Blooms, other programs could: (a) collaborate with youth to find out what they believe is a product or service that might be suitable and in demand for a particular population; and (b) discuss with youth their perceptions of what type of product or service they think would create a sense of enjoyment if they were to create it and provide it to the public.

Include opportunities for community members to participate. Although Hope Blooms was youth-focused from its inception, the Director and the parents point out that the program expanded in terms of who could be involved, and this included community members. According to the parents, having community members participate in program activities alongside their children was important to the children's health because it helped them feel more included and connected to their community, which the parents linked to the children's spiritual health. It also helped the children build relationships and expand their supportive social network, which was linked to improved social health, and better mental and emotional health because of the support received from community members.

Further, many community members came from different backgrounds with different knowledge and skill sets, and this helped contribute to the children's learning and skill development. Since including community members in programming is beneficial to youth's health along many dimensions, future programs for youth should attempt to partner with the broader community and allow community members to become involved in program activities.

Implications for Health Promotion

Social determinants of health lens. Impacting social determinants of health is central to the work of health promoters, researchers and other health professionals as they are aware of the association between certain determinants of health and the significant impact these determinants have on health. Blas et al. (2008) argue that "The implication of the social determinants approach…is that causal chains run from macro social, political, and economic factors to the pathogenesis of disease" (p. 1684), thus indicating the relationship between social determinants of health and the health of individuals. According to Wilson, Eyles, Elliott, and Keller-Olaman (2009), "In Canada the first listing of determinants came from the 1974 Lalonde report entitled *New Perspective on the Health of Canadians*…" (p. 374), which shows that an awareness of the importance of social determinants of health existed as early as the 70's. However, despite this awareness, decades later Canada is still criticized for insufficiently addressing some determinants of health such as food insecurity and child and family poverty (Health Canada, 2007; Raphael, 2007, as cited in Raphael, Curry-Stevens, & Bryant, 2008).

Considering the issue of little improvement over time that appears to exist across some social determinants of health in Canada, this study has significance because it

suggests that community-based programs can be effective in impacting some social determinants of health on a local level. From the parents' perspectives, Hope Blooms is positively influencing youth's health through many social determinants of health including food security, supportive social networks, positive social environments/space, skills development, education, and social inclusion. It is quite impressive that Hope Blooms has managed to positively impact so many determinants of health on the local (community) level considering that they are a non-profit organization, and therefore may lack access to resources.

Program scale. "Scaling up" refers to expanding a program to reach more people (Harvard Family Research Project, 2017). This can be done by implementing a program in multiple locations or increasing the capacity of an existing program to reach a greater number of individuals (Harvard Family Research Project, 2017). "Scaling up" social programs that "work" for youth is important because more youth would have the opportunity to participate in such programs, and potentially experience better health. In addition, social programs that expand to serve more youth may gain recognition from government bodies and the community, and this in turn could lead to increased program funding and support.

In order for Hope Blooms and similar social programs to "scale up", it is paramount for governments to see such programs as valuable and provide resources (e.g., money, infrastructure, and knowledge) to support them. However, some social programs might be able to "scale up" with limited government support if they have support from the local community. Since Hope Blooms has a large amount of support from the community, it is possible that this may have enhanced the program's capacity to serve

more youth. Findings of this study indicate that when Hope Blooms started in 2008 there were nine youth participants and, to date, the program has expanded to include close to 60 youth. Perhaps obtaining community support can help with the scaling up of social programs when obtaining government support is uncertain.

Suggestions for Future Research

A broad, multidimensional model of health was used in this research, and so after analysis this study was able to report findings on how the parents think Hope Blooms is influencing their children's health along five dimensions. Studies on social programs that examine health more broadly are important because many social programs are comprehensive and integrated like Hope Blooms, and so they have the potential to influence more than one or two dimensions of health. Since a lot of research on social programs view health more narrowly by focusing on only one or two dimensions, future research on youth programs should aim to examine health through a more comprehensive, multidimensional lens.

A key goal of health promotion programs is to empower people and communities by developing programs where they have the power to be highly involved in, and shape, program activities. Findings of this study show that youth's level of participation, demonstrated by the range of opportunities for youth to have a voice in the program, plays a role in improving their health. As a result, future research should examine if programs that provide youth with more extensive opportunities to have a voice (e.g. acting as leaders) differ in how they influence youth's health, compared to programs that provide youth with fewer opportunities to have a voice (e.g. consulting with youth to hear their opinions on a topic).

Future research should also focus on developing longitudinal studies that track the potential long-term impacts of social programs on youth's health. Many parents point out that Hope Blooms could potentially impact their children's ability to obtain employment and pursue post-secondary education in the future. This is important because education and employment are key social determinants that influence health. If longitudinal studies were conducted on Hope Blooms and similar social programs, a better understanding of the long-term impacts of programs could be determined, and hence help inform future programs for youth.

Finally, spiritual health is a key aspect of psychosocial health, which can help create purpose and a sense of connectedness for individuals (Donatelle & Thompson, 2011). Since this dimension of health is rarely examined in the literature on social programs for youth, future studies should attempt to understand if (and how) programs aimed at youth have the potential to impact their spiritual health.

Summary and Final Thoughts

One of the unique findings of this research is that Hope Blooms is positively influencing five dimensions of youth's health. This helps fill a gap in the literature because research on social programs aimed at youth rarely report on more than one or two dimensions of health. This lack of reporting on multiple dimensions of health is an issue as health is multi-dimensional, and so to ensure that populations (including youth) experience good overall health and wellbeing, it is important to look at all dimensions.

Another important finding of this research is that when social programs for youth are comprehensive (i.e. have multiple components that help provide youth with access to

many important resources and opportunities) they have the potential to positively affect both behaviors, and determinants of health that influence youth's health and wellbeing.

Hope Blooms is influencing the spiritual health of youth, and this is a significant finding because out of all five dimensions of health explored in this study, the literature points to spiritual as the most neglected.

Hope Blooms recognizes that in order to help youth succeed and be healthy it is important to build programs from the ground up and have youth actively involved in all aspects of the program, while at the same time providing an environment where youth and the community (including parents of youth) can come together, learn and build relationships.

The key research questions of this study centered on whether or not parents of children who participate in Hope Blooms perceive the program as influencing (positively and/or negatively) the youth's health, broadly defined, and what specific components are potentially linked to youth's health. Findings indicate that parents perceive the program as having a positive influence on multiple dimensions of youth's health. However, what the research did not find is a clear and direct link between key components of the program (e.g. a community garden) and youth's health. That is, participants did not always speak about changes in health related (necessarily) to a particular component. Instead, the parents appeared to think of what the program had to offer in general in terms of resources and opportunities – and how these resources and opportunities impacted their children's health.

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Appendix A: Recruitment Poster

Are you a **PARENT/GUARDIAN** living in the **NORTH END** of Halifax with one or more **CHILDREN** who are (or have been) part of the **HOPE BLOOMS** Program?

Is your **child currently** between the ages of **10 and 17**?

Has your **child** been part of **Hope Blooms** for at least **two years**?

If so, we would like to invite you (parents/guardians) to take part in a research study exploring your thoughts/beliefs of how the Hope Blooms program may have potentially influenced the health of your child(ren). This study will include one face-to-face interview, and a short survey with questions about your background (e.g. your age range). This study will take place at either the North End Community Library or a private office at Dalhousie University (your choice!). You will be provided with $25.00 cash for your participation in this study. It will take about 1 1/2 hours of your time to participate in this study.

If you are interested in taking part in this face-to-face interview, or if you would like more information on this study please contact:
Jennifer O'Reilly
Dalhousie University
jn405174@dal.ca or (902) 405-9578.

This research has been reviewed by, and has received ethics approval from the Dalhousie Health Science Research Ethics Board at Dalhousie University.
Project #: 2014-3350

Appendix B: Informed Consent Form for Key Informant (Program Director)

Title of Research: Exploring a Community Program Seeking to Improve the Health of Inner- City Youth

Lead Researcher: Jennifer O'Reilly, (MA student), Dalhousie University

Research Supervisor and Thesis Committee:

Dr. Lois Jackson (Supervisor), Dalhousie University
Dr. Karen Gallant, Dalhousie University
Dr. Susan Hutchinson, Dalhousie University

Please feel free to contact Jennifer O'Reilly at jn405174@dal.ca or (902 405-9578) if you have questions or comments about this study, or if you would like more information.

Introduction

I, Jennifer O'Reilly, am inviting you to take part in a research study I am conducting. I am a student at Dalhousie University in the Masters in Health Promotion Program, and this is my MA thesis research.

Taking part in this research is your choice. It will involve taking part in one interview. If you decide to take part in this study, you can stop the interview at anytime, for any reason, and you can refuse to answer any questions. You also have the right to withdraw from this study up until one week after the interview. The information below tells you about what is involved in this research, what you will be asked to do, and the benefits, risks, and possible discomforts you may experience by taking part in this study.

Purpose

The key purpose of this research is to understand parents'/guardians' perceptions of how their child/children's participation in a community program (Hope Blooms) influences (or not) the health of their children, what components of the program parents/guardians think may have influenced their child/children's health, and if there are any modifications or additions that parents/guardians think could be made to the program that might help to improve their child/children's health. This study defines health broadly to include physical, social, mental, emotional, and spiritual dimensions of health.

In addition, the study is aimed at understanding the history, main objectives, and components (e.g. community garden) of the Hope Blooms program. In order to accomplish this goal YOU are being invited to participate in this study.

Who can take part in the study?

Parents/guardians who live in the **North End of Halifax** and **currently** have a child/children between the ages of **10 and 17** who is, or has been, part of the Hope Blooms program for at least **two years**, are being invited to take part in this study.

In addition, you are being invited to take part in this study as a key informant to provide information on the history, main objectives, and components of the Hope Blooms program.

How many people are taking part in this study?

This study will involve interviews with approximately 8-10 parents/guardians who currently have, or have had, a child/children ages 10-17 in the Hope Blooms Program for at least two years.

This study may also interview you, a key informant (Program Director) of the Hope Blooms program.

What will I be asked to do?

For this study, you will be asked to meet once for a one-on one face-to face interview at the Hope Blooms main facility, the North End Library, or a private room at Dalhousie University (i.e. the supervisor's office or another room at The School of Health and Human Performance that ensures confidentiality). You will be asked to give **written consent** if you agree to take part in this research. You will have a chance to review the informed consent form before agreeing to take part in this study, and I will also review it verbally with you. The informed consent process will take approximately 10 to 15 minutes. The interview will take about 1 1/4 hours to complete and will be scheduled at a time that is convenient for you and the researcher either during the day or early evening. With your permission, the interview will be audio-recorded and direct quotes may be used in the final research results. If you are not comfortable with having the interview audio-recorded, it can be documented through hand-written notes. In this case, short hand-written notes will be taken and therefore direct quotes would not be used. After the interview is completed, the audio-recordings (if applicable) will be transcribed (typed word-for-word) by me (Jennifer O'Reilly).

What are the possible benefits of this study?

By exploring parents/guardians' perceptions of the Hope Blooms Program and how (if at all) the program has influenced the health of their child/children, we hope to help inform this program as well as future similar programs in Canada, and elsewhere that target youth. Although this study may not benefit you directly, this research could potentially create awareness of how (if at all) the Hope Blooms program influences youth's health, and potential components that could be modified or added to help improve the health of youth.

By gaining information on the history, main objectives, and various components of the Hope Blooms program, a comprehensive understanding of the program can be developed.

What are the possible risks, and discomforts of this study?

You may experience anxiety or discomfort responding to interview questions, and this is a risk of participation. However, any potential discomfort should not be any greater than

normal day-to-day experiences (e.g. public speaking). Also, you can refuse to answer any questions, at any time that make you feel uncomfortable, or you can stop the interview at any time.

Given that you are the Director of the program your responses will be linked to you even though we might not use your name. **Therefore, please only provide information you are comfortable sharing, as the information will not be confidential.**

What will I receive for taking part in this study?

You will receive a $25 cash honorarium for taking part in this research, which will be provided to you before the interview begins. This honorarium will be provided to thank you for taking the time to participate in this interview.

How will my information be protected?

Any information provided during the interview that may personally identify other individuals involved with Hope Blooms will not be transcribed (or typed up if notes are taken). For example, names of specific people such as parents or children taking part in the program. All information that you, and parents/guardians provide during this study will be stored under lock and key in the lead researcher's student office (Jennifer O'Reilly) at the School of Health and Human Performance, Dalhousie University during data analysis. This includes audio-recorded interviews, typed up documents, and surveys that are filled out by parents/guardians. All computer files will be stored on 2 password-protected hard drives under lock and key at The School of Health and Human Performance. Only the lead researcher and the supervisor will have access to the passwords. (The passwords will be recorded in the student's file, and kept in a locked filing cabinet in the supervisor's office).

Only I (Jennifer O'Reilly) and my supervisor (Lois Jackson) will have access to the original audio-recorded interviews and notes if the interview is not audiotaped. The thesis committee (Karen Gallant and Susan Hutchinson) will have access to the transcribed interviews and notes after personally identifying information has been removed. After the audio files have been transcribed and checked for accuracy, they will be immediately destroyed. All other data and the consent forms will be destroyed five years after the thesis had been defended.

If you give me permission to use direct quotations the quotes will be identified either by your name or 'Director of Hope Blooms'. You will be given the opportunity to review your transcript before it is used. This will also help to ensure that the information you have provided during the interview is accurate and that you are comfortable with it. If you decide to review your transcript, it will be sent to you through email. Once the transcript is sent to you, it must be returned to the lead researcher (Jennifer O'Reilly) after ONE WEEK, otherwise information from the original transcript will be used. If you give permission, some quotations may be used in the final research thesis, publications, and presentations.

During the interview, if you (share) any information with me where **I suspect the abuse or neglect of a child under the age of 16, I have a duty to report this information to Child Protection Services.** If such information is disclosed at anytime during this study I will contact Child Protection Services as soon as possible, and inform the supervisor (Lois Jackson) overseeing this study.

What if I decide to stop participating?

You can stop participating in this study at anytime and there will be no negative consequences. This means that during the interview you can stop the interview, and up until one week after the interview you have the right to withdraw from this study. If you decide to withdraw after the interview please contact me (Jennifer O'Reilly at my email address or phone number listed above).

How can I receive the research results?

If you are interested, you can receive a hard copy of the final thesis, as well as a two-page summary, which will highlight the main findings of the study.

If interested, parents/guardians that participate in this study can receive the results through the Hope Blooms main facility located on Cornwallis Street. Results will be written as an approximately two-page summary and will be sent out shortly after the thesis is defended. This will be approximately August or September 2015. You will be provided with hard copies of the two-page summary for any participants (or other individuals) that are interested in obtaining the results.

Throughout the research thesis and in the two-page summary of the final results the program will be defined as Hope Blooms.

Who do I contact for questions or problems?

If you have questions about this research please feel free to contact me (Jennifer O'Reilly) anytime at: jn405174@dal.ca or (902) 405-9578.

Also, if you have any problems or ethical concerns about taking part in this research, please contact Catherine Connors (Director of Research Ethics at Dalhousie University), at (902) (494-1462) or Catherine.connors@dal.ca.

Signature Page: Participant (Key Informant- Director of Hope Blooms)

Title of Research: Exploring a Community Program Seeking to Improve the Health of Inner- City Youth

Lead Researcher: Jennifer O'Reilly; Dalhousie University; Email: jn405174@dal.ca; Phone: (902) 405-9578

Informed Consent

I have read or had read to me the consent form that explains the details of this study. I have been given the chance to ask questions and I agree that I am satisfied with the answers before I give **written consent** to participate in this study. I fully understand what taking part in this study means, and what the possible risks or discomforts are. I understand that I have the right to stop participating at any time during the interview, and I can withdraw from this study up to one week after the interview has been completed. I have received $25.00 cash for taking part in this study. In addition, I have been provided with a copy of this consent form and ***I fully agree and am providing written consent to voluntarily take part in this study.***

Participant's Signature **Date of Interview**

Researcher's Signature **Date of Interview**

Circle YES or NO below:

1 a) I agree that the researcher may **audio-record** the interview with me.

Yes No

If 'no' go to 2

1 b) I give the researcher permission to **use direct quotations** for publications, presentations, and/or reports.

Yes No

2) I agree that the researcher can **take notes** during the interview.

Yes No N/A (if agreed to be audio-recorded)

3) I give the researcher permission to **attach my full nam**e to direct quotations used for publications, presentations, and/or reports.

Yes No

4) I would like to review my transcript of the interview before the researcher uses it.

Yes No

Researcher's Signature **Date of Interview**

If you have any difficulties with, or wish to voice concern about, any aspect of your participation in this study, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University at (902) 494-1462, ethics@dal.ca

Appendix C: Interview Guide for Key Informant Interview (Program Director)

Introduction: I would now like to ask you some questions about the history, objectives, and main components of the Hope Blooms program. Please remember that you should only answer questions that you feel comfortable with answering, and that you can stop the interview, or refuse to answer any questions at anytime with no consequences.

Questions:

1. Can you tell me the story of how Hope Blooms began?

Probes: When did it start? Who was involved with starting it? Why did it start? How many participants at first?

2. What was the purpose of the Hope Blooms program when it first started? Can you explain?

3. Do you think the purpose of the Hope Blooms program has changed since the program first started? If so, how and why?

4. What are the main objectives of the Hope Blooms program? How many people are involved?

Probes: Have the objectives changed over time? Why? Can you explain? Have the numbers involved changed over time? Can you explain?

5. What are the main components of the Hope Blooms program (e.g. the community garden), and what are the goals of the different components?

Probes: Are the components aimed at improving participants' health? Can you explain?

6. Is there anything else you can tell me about the Hope Blooms program in terms of the history, and objectives that you think is important for me to know?

Appendix D: Informed Consent Form for Parent/Guardian Interviews

Title of Research: Exploring a Community Program Seeking to Improve the Health of Inner- City Youth

Lead Researcher: Jennifer O'Reilly, (MA student), Dalhousie University

Research Supervisor and Thesis Committee:

Dr. Lois Jackson (Supervisor), Dalhousie University
Dr. Karen Gallant, Dalhousie University
Dr. Susan Hutchinson, Dalhousie University

Please feel free to contact Jennifer O'Reilly at jn405174@dal.ca or (902) 405-9578 if you have questions or comments about this study, or if you would like more information.

Introduction

I, Jennifer O'Reilly, am inviting you to take part in a research study I am conducting. I am a student at Dalhousie University in the Masters in Health Promotion Program, and this is my MA thesis research.

Taking part in this research is your choice. If you decide to take part in this study, you can stop the interview at anytime, for any reason, and you can refuse to answer any questions. You also have the right to withdraw from this study up until one week after the interview. The information below tells you about what is involved in this research, what you will be asked to do, and the benefits, risks, and possible discomforts you may experience by taking part in this study.

Purpose

The purpose of this research is to understand: a) your perceptions (i.e. your thoughts, beliefs, and opinions) of any potential influences of the Hope Blooms program on your child/children's health; b) what parts (e.g., community garden, social enterprise, etc.) of the program you think may have influenced your child/children's health; and, c) if there are any modifications/changes or additions that you think could be made to the program that might help to improve your child/children's health. This study defines health broadly to include physical, social, mental, emotional, and spiritual dimensions of health.

Study Design

In order to understand your perceptions of how (if at all) the Hope Blooms program influences the health of your child/children, this study will conduct interviews with parents/guardians of children who are currently between the ages of 10 and 17, and who are, or have been, in the program for at least two years. You will be asked to take part in one face-to-face interview. It is believed that completing interviews with parents/guardians will help gain an understanding of your child/children's experience in the Hope Blooms program in terms of how it potentially influences your child's health. This study will also ask you to complete a short survey. This survey will help to describe

specific characteristics about you such as your age range, sex, income range, and education, and your child/children such as their sex, age, and number of years spent in the program.

Who can take part in the study?

If you live in the North End of Halifax, and have a child/children **currently** between the ages of 10 and 17 who is, or has been, part of the Hope Blooms program for at least two years, you are welcome to take part in this study.

How many people are taking part in this study?

This study will involve interviews with approximately 8-10 parents/guardians who have, or have had, a child/children who is currently age 10-17, and who is or has been in the Hope Blooms Program for at least two years.

This study will also include an interview with the Director of the Hope Blooms program in order to gain a better understanding of the program's history, main objectives, and key components of the program.

What will you be asked to do?

For this study, you will be asked to meet once for a one-on-one, face-to-face interview at the North End Library, or at a private office at Dalhousie University (i.e. the supervisor's office or another room at The School of Health and Human Performance that ensures confidentiality). You will be asked to give **verbal consent** if you agree to participate in this study. We will review the informed consent form before beginning the interview, and receiving **verbal consent** for your participation in the study should take approximately 10-15 minutes. The interview will take about 1 1/4 hours to complete and will be scheduled at a time that is convenient for you and the lead researcher (Jennifer O'Reilly) either during the day or early evening. At the end of the interview you will be asked a few questions, which are part of a short survey. This will include the sex and age of your child/children, the length of time your child/children has spent in the program, and your sex, age range, education level, source of income, and household income range. The survey will take approximately 5 minutes. In total, your participation in this study will take approximately 1 1/2 hours.

With your permission, the interview will be audio-recorded, and direct quotes may be used in the final research results (e.g., the thesis, presentations, publications). However, your name will not be linked to these quotes. If you are not comfortable with having the interview audio-recorded, I will document what you say through hand-written notes, and no quotes will be used in my thesis or other publications or presentations. After the interview is completed, the audio-recordings (if appropriate) will be transcribed (typed word-for-word) by me (Jennifer O'Reilly) with any personally identifying information (e.g., your child's name) not typed up.

After the interview ends, and if you are interested, I can provide you with some recruitment posters that you can pass on to any parents/guardians who may be interested in participating in this study.

What are the possible benefits of this study?

By sharing your perceptions of how (if at all) you believe the Hope Bloom program has influenced the health of your child/children, the study will help provide some information that may help with future development of the program. The information you provide may also help to inform other similar types of programs in other places in Canada and elsewhere. Although this study may not directly benefit you or your child, this research could potentially create awareness of how (if at all) the Hope Blooms program influences youth's health.

What are the possible risks, and discomforts of this study?

You may experience anxiety or discomfort responding to interview questions, and this is a risk of participation. However, any potential discomfort should not be any greater than normal day-to-day experiences (e.g. attending public events). You may also experience anxiety or discomfort responding to the survey. This is because the survey includes questions that are sensitive in nature and ask about your child's age, sex, and length of time spent in the program, and your sex, age range, education level, source of income, and household income range. You can refuse to answer any interview or survey questions, at anytime that make you feel uncomfortable, or you can stop the interview at any time. Also, you can withdraw from the study up to one week after the interview, if you desire.

Given that his research will be conducted in a small community (North End of Halifax) and questions will be asked about a specific program (Hope Blooms), it is possible that others could link the information you provide to you. **Please only provide information you are comfortable sharing, as complete confidentiality cannot be guaranteed.**

What are the potential conflicts of interest?

As the lead researcher of this study, I will be the only individual conducting interviews with you. When you first contacted me through email or phone and expressed interest in this study, I let you know that I work at Barry House, a homeless shelter for women and children located in the North End of Halifax. Since the North End is a small community it is possible that I may know you. If you are not comfortable being interviewed by me I understand, and appreciate your interest in this study. You will still receive the 25$ cash honorarium for your time spent coming to the interview.

What will I receive for taking part in this study?

You will receive a $25 cash honorarium for taking part in this research. The honorarium will be provided to you before the interview begins. The $25 cash will be yours regardless of whether or not you complete the interview. This honorarium will be provided to thank you for taking the time to participate in this interview.

If you are interested in receiving contact information for local services in the community (e.g. health services, employment programs, etc.) we will be pleased to provide you with a list after the interview ends.

How will my information be stored and protected?

When you first contacted me about this study, you were asked if you wanted to provide your email or phone number in order to receive a reminder of the meeting 24 hours in advance, or incase you had to re-schedule the meeting. If you provided me with your email and/or number it will be recorded on a participant contact information sheet and stored under lock and key in the lead researcher's home office. All contact information (i.e. email or phone number) will be destroyed/deleted after the face-to-face interview is completed. This includes contact information recorded on the participant contact information sheet, and email system (if you contacted me through email).

If you were told about this study by the Hope Blooms Program Coordinator then you may have been asked to provide the Coordinator with your first name, telephone number and/or email, and a time and place for an interview. This information was given to me so I could contact you to confirm the time and place of your interview. The Program Coordinator was asked to sign a confidentiality form indicating that this information will only be shared between the Program Coordinator and myself, and the Coordinator will destroy the information after it has been given to me.

Any names you provide during the interview that may personally identify you will not be transcribed (or typed up if notes are taken). For example, names of specific people (e.g., child's name). During data analysis, data will be under lock and key in the lead researcher's student office (Jennifer O'Reilly) at The School of Health and Human Performance, Dalhousie University. This includes audio-recorded interviews, typed transcripts and notes, and information from surveys. The computer used during data analysis will be password protected and stored at all times under lock and key at The School of Health and Human Performance. After data analysis, computer files will be stored on two password-protected hard drives under lock and key at The School of Health and Human Performance in the lead researcher's student office, until the thesis defence. Only the lead researcher and the supervisor will have access to the passwords. (The passwords will be recorded in the student's file, and kept in a locked filing cabinet in the supervisor's office). After the thesis defence, these hard drives will be stored in Lois Jackson's office (Supervisor) under lock and key, and will be destroyed after five years.

Your information will be kept confidential, which means that only I (Jennifer O'Reilly) and my supervisor (Lois Jackson) will have access to the audio-recorded interviews and notes if the interview is not audiotaped. The thesis committee (Karen Gallant and Susan Hutchinson) will have access to the transcribed interviews and notes after personally identifying information has been removed. After the audio-files have been transcribed and checked for accuracy, they will be immediately destroyed. Data from surveys will be summarized into a table and individual surveys will be stored in a locked filing cabinet in the supervisor's office at the School of Health and Human Performance. The surveys and

all other data (e.g. typed transcripts) will be destroyed five years after the thesis had been defended.

If you give me permission to use direct quotations the quotes will be identified by your sex, and your child/children's sex and number of years your child/children has been in or has spent in the Hope Blooms program. These quotations will be used to highlight the main themes and ideas that are found in this study. Some quotations may be used in the final research thesis, publications, and presentations. However, your name will not be attached to these quotes.

During the interview, if you (share) any information with me where **I suspect the abuse or neglect of a child under the age of 16, I have a duty to report this information to Child Protection Services.** If such information is disclosed at anytime during this study I will contact Child Protection Services as soon as possible, and inform the supervisor (Lois Jackson) overseeing this study.

What if I decide to stop participating?

You can stop participating in this study at anytime during the interview and there will be no negative consequences. Up until one week after the interview you have the right to withdraw from this study. If you decide to withdraw after the interview please contact me (Jennifer O'Reilly at my email address listed above) within ONE WEEK AFTER THE INTERVIEW. If you withdraw all information that you provide will be destroyed.

How can I receive the research results?

If you are interested, you can receive summary results of this study through the Hope Blooms main facility located on Cornwallis Street. They will be provided by the Director of Hope Blooms. Results will be written as an approximately two-page summary and will be sent out shortly after the thesis is defended. This will be approximately August or September 2015.

Throughout the research thesis and in the two-page summary of the final results the program will be defined as Hope Blooms.

Who do I contact for questions or problems?

If you have questions about this research please feel free to contact me (Jennifer O'Reilly) anytime at: jn405174@dal.ca or (902) 405-9578.

Also, if you have any problems or ethical concerns about taking part in this research, please contact Catherine Connors (Director of Research Ethics at Dalhousie University), at (902) (494-1462) or Catherine.connors@dal.ca.

Signature Page: Participant (Parents/Guardians)

Title of Research: Exploring a Community Program Seeking to Improve the Health of Inner- City Youth

Lead Researcher: Jennifer O'Reilly; Dalhousie University; Email: jn405174@dal.ca; Phone: (902) 405-9578

Informed Consent

I have read or had read to me the consent form that explains the details of this study. I have been given the chance to ask questions and I agree that I am satisfied with the answers I have received before **verbally agreeing** to participate. I fully understand what taking part in this study means, and the possible risks or discomforts. I understand that I have the right to stop participating at any time during the interview, and I can withdraw from this study up to one week after the interview has been completed. I have received $25.00 cash for participating in this research study. In addition, I have been provided with a copy of this consent form and ***I fully agree and am providing verbal consent to voluntarily take part in this study.***

Researcher's Signature ______________________ **Date of Interview**

____

Circle YES or NO below:

1 a) I agree that the researcher may **audio-record the interview** with me.

Yes No

If 'no" go to 2

1 b) I give the researcher permission to **use direct quotations** for publications, presentations, and/or reports.

Yes No

2. I agree that the researcher **can take notes during the interview**

Yes No N/A (if agree to being audiotaped)

Researcher Signature____________________________Date________________________

If you have any difficulties with, or wish to voice concern about, any aspect of your participation in this study, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University at (902) 494-1462, ethics@dal.ca

Appendix E: Interview Guide for Parent/Guardian Interviews

Introduction: I would now like to ask you some questions about when and why your child became involved with the Hope Blooms program, and the components of the program they are/were involved with. I would also like to ask you how (if at all) this program might have influenced the health of your child, and why you think this is the case. Please remember that you should only answer questions that you feel comfortable answering, and that you can stop the interview at any time with no consequences. After the interview, you will be asked to fill out a short survey. This will include information on your child/children's age, sex, and length of time spent in the program, as well as information on your sex, age range, education, and income. You can refuse to answer these questions if you do not feel comfortable answering them.

Questions:

1. First, can you tell me about how you think your child has, in general, experienced the Hope Blooms program?
Probes: Are there one or two important experiences that your child has had that express this overall experience?

2. Can you tell me a little about your child's involvement in the Hope Blooms program? For example, when did they first become involved? Why? What type of involvement have they had?
Probes: What do you think may have led to them joining the program? What components of the program does your child take part in (e.g., social enterprise, community garden, green houses, or other Hope Blooms programs such as community suppers, soup for seniors)?

3. In the next section, I am going to ask if you have noticed any influences of the Hope Blooms program on your child/children's health including health-related practices such as eating practices, sleeping practices, physical activity, developing relationships with others etc. If so, please explain. I am interested in all types of influences and whether or not they are positive and/or negative.

a) Let's start with potential influences on their **physical health** or practices related to their physical health (e.g., physical activity, diet, and sleep). Can you tell me a little about that? Do you think there have been any influences on their physical health? Are there any specific components of the program that you think have had an influence on their physical health? Can you explain?

Probes: Can you provide one or two examples where your child may have shown a change in their physical health as a result of taking part in the Hope Blooms program?

b) Next, let's talk about **social health** changes (e.g., relationships with others such as peers or family members). Can you speak a little about that? Have you noticed any changes? Do you think parts of the program may have influenced their social health? Can you explain?

Probes: Can you think of one or two examples where your child has developed a healthy relationship with another individual or group (peers, community members etc.) that may be of value to your child?

c) Could you now speak about any **mental health** changes you have noticed? For example, changes in your child's thinking, reasoning, and/or decision-making? Are there parts of the program that you feel have influenced their mental health? Can you explain?

Probes: Can you think of an example where your child showed a change in their ability to make decisions? Maybe it was a decision that came of surprise to you because it represented a change in their thinking (e.g., deciding to organize an event for the community, deciding to help a family member)?

d) Let's now talk about any possible changes in your child's **emotional health** (e.g., coping with stress and/or expressing their feelings). Have you noticed any changes (positive or negative)? Are there parts of the program that you think may have influenced their emotional health? Could you explain?

Probes: Are there any specific examples you can think of that show a change in your child's emotional health? Have they coped differently with negative events or expressed their emotions differently since joining the Hope Blooms program?

e) Finally, could you talk about any changes you may have noticed in your child's **spiritual health** (e.g., your child's sense of feeling connected to peers or family members, the program, the community)? It could also refer to their sense of belonging or fitting in with people, groups, or the community. Are there parts of the program that you think may have influenced their spiritual health? Could you tell me more about this? Probes: Are there parts of the program (e.g. community garden) that you think your child may find meaningful? Are there activities or events that happen in the program that may help your child feel more connected to others or the program (e.g., planting the garden, feeling connected to nature)?

4 a) Are there any parts or components of the program you think should be modified (changed) or added to have an influence (or perhaps a greater influence) on the physical, social, mental, emotional, and/or spiritual health of your child?

b) If so, why do you think those changes will affect their health? Can you explain?

Appendix F: Parent/Guardian Survey

These questions can be filled out by you or answered verbally if you prefer.

Questions 1 and 2 ask about the age and sex of your CHILD/CHILDREN and how long they have spent in the program. If you have MORE than ONE child in Hope Blooms please fill out 2 (A-C) below.

1) a) Please WRITE **current** age of child:______________

b) Please CIRCLE sex of child: M F In transition

c) Please WRITE how many years your child has been in Hope Blooms:_______

2) a) Please WRITE **current** age of second child:_____________

b) Please CIRCLE sex of second child: M F In transition

c) Please WRITE how many years your second child has been in Hope Blooms:__

Questions 3 to 7 ask about YOUR sex, age, education, and income

3) Please circle YOUR sex: M F In transition

4) What is YOUR age range?

- ❑ Below age 20
- ❑ 20-29
- ❑ 30-39
- ❑ 40-49
- ❑ 50-59
- ❑ Age 60 or above

5) What is YOUR highest level of education completed? (check ONE box below)

- ❑ Some High School
- ❑ Completed High School
- ❑ Some Community College
- ❑ Completed Community College
- ❑ Some Undergraduate University
- ❑ Completed Undergraduate University (e.g., BA, BSc)
- ❑ Some Postgraduate/Professional University Degree (e.g., Masters of Arts, MD)
- ❑ Completed Postgraduate/Professional University (e.g, Masters of Arts, MD)
- ❑ Other:____

6) What is YOUR **source of income**? (check ALL boxes that apply)

- ❑ I am Employed Part-time or Casual
- ❑ I am Employed Full-time
- ❑ Social Assistance (e.g. unemployment, income assistance, disability)
- ❑ CPP
- ❑ Old Age Security (OAS)
- ❑ Other:________________________________

7) What is your yearly HOUSEHOLD income range? (check ONE box below)

- ❑ Under $20,000
- ❑ $20,000 to 29,000
- ❑ $30,000 to $39,000
- ❑ $40, 000 to $49,000
- ❑ $50,000 to $59,000
- ❑ $60,000 to $69,000
- ❑ $70,000 or over

Appendix G: Research Ethics Approval Letter

Health Sciences Research Ethics Board
Annual Renewal - Letter of Approval

August 12, 2016

Jennifer O'Reilly
Health Professions\Health & Human Performance

Dear Jennifer,

REB #: 2014-3350
Project Title: Exploring a Community Program Seeking to Improve the Health of Inner-City Youth

Expiry Date: September 02, 2017

The Health Sciences Research Ethics Board has reviewed your annual report and has approved continuing approval of this project up to the expiry date (above).

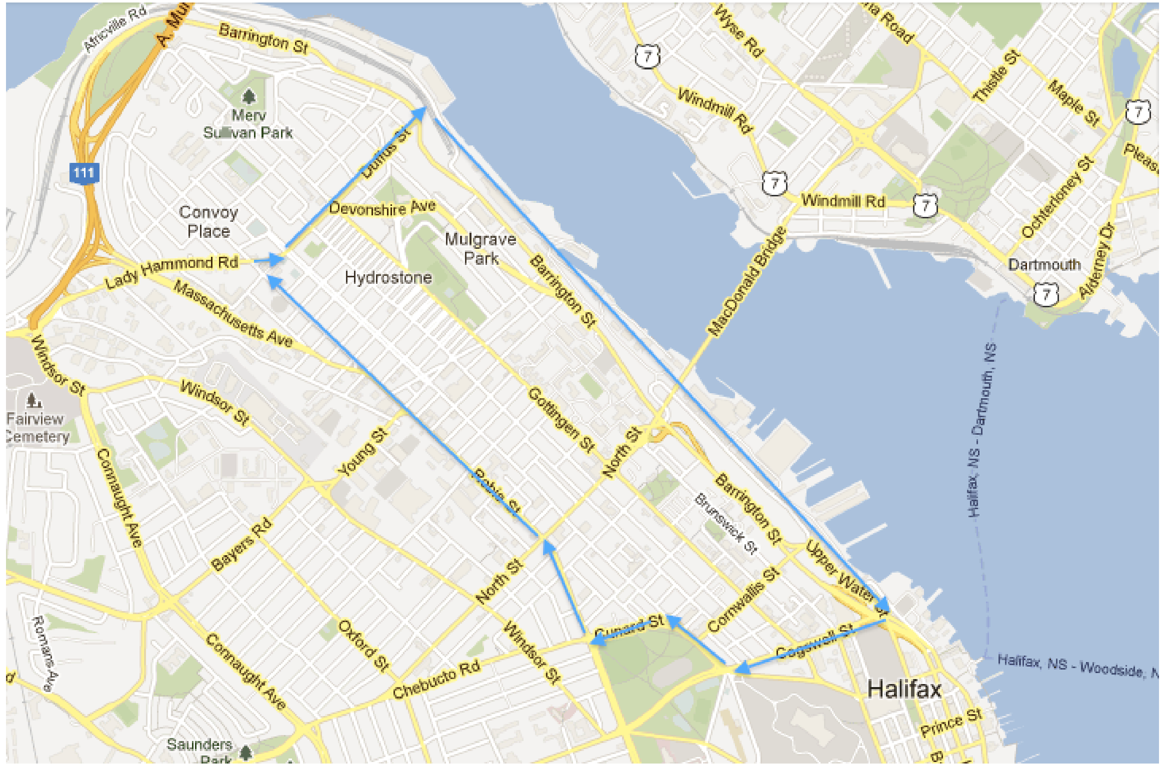
REB approval is only effective for up to 12 months (as per TCPS article 6.14) after which the research requires additional review and approval for a subsequent period of up to 12 months. Prior to the expiry of this approval, you are responsible for submitting an annual report to further renew REB approval. When your project is complete and no longer requires REB approval, please complete a Final Report to close your file in good standing. Forms are available on the Research Ethics website.

I am also including a reminder (below) of your other on-going research ethics responsibilities with respect to this research.

Sincerely,

Dr. Tannis Jurgens, Chair

Appendix H-Map of North End Community



(North End Community Health Center website, 2014)