



2010 Report Card on Child and Family Poverty in Canada: 1989 – 2010

Reduced Poverty = Better Health for All



"... Thousands of accumulated studies have come to the same basic conclusion: The incidence of poverty is a severe – if not the most severe – threat to the health and quality of life of individuals, communities, and societies in wealthy industrialized societies such as Canada." Dennis Raphael, 2007¹

END CHILD & FAMILY POVERTY IN CANADA

We are more than two decades after the House of Commons' unanimous resolution *"to seek to achieve the goal of eliminating poverty among Canadian children by the year 2000"* and one year after the entire House of Commons voted to *"develop an immediate plan to end poverty for all in Canada"*

House of Commons' unanimous resolutions, November 24, 1989 & 2009

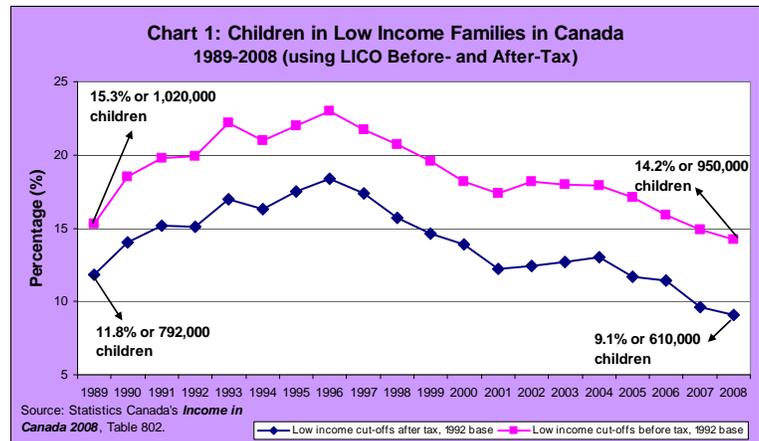
Nearly 1 in 10 persons, including 1 in 10 children, *still* lives in poverty!

| Rx | Poverty and Adverse Living Conditions in Canada: A Prescription for Action |
|---|---|
| SYMPTOMS | <ul style="list-style-type: none"> • About 1 in 10 children (610,000) and their families lived in poverty (2008 LICO after-tax) even before the recession. That's more than the population of Victoria and Kelowna combined but does not include 1 in 4 children in First Nations communities growing up in poverty. • Among all persons in Canada – those in families, singles and seniors - 1 in 10 lived in poverty. • Work is not an assured route out of poverty; 1 in 3 low-income children has a parent who works full-time throughout the year and almost 400,000 adult full-time workers earn less than \$10 per hour. • The majority of low- and modest-income families do not have access to affordable, secure housing or high quality Early Childhood Education and Care (ECEC) services. • Children of recent immigrants, of Aboriginal identity, in racialized families, in female lone-parent families and those with a disability are at a higher risk of being in poverty. • Low- and modest-income students face steep barriers as the costs of post-secondary education rise. |
| DIAGNOSIS: Chronic and Persistent Poverty Syndrome | <ul style="list-style-type: none"> • Canada ranks poorly among OECD nations on infant mortality (22 out of 31 nations). • In 2010, the highest rate of food bank use (867,948 individuals) since 1997 was reported. • Children and youth are 38% of food bank users in Canada but are only 20% of the population. |
| TREATMENT PLAN | <ul style="list-style-type: none"> • All federal parties work together to develop a plan to eradicate poverty in Canada in collaboration with provinces, territories, communities and First Nations. • Secure this plan within legislation that includes targets, timelines, a transparent accountability structure and a defined role for citizen participation, in particular low-income people. • The plan should include enhanced income supports, community services and good jobs (see more details on p. 12). |

Higher Poverty Rates Anticipated in 2009-2010

“... if past recessions are any guide, between 750,000 and 1.8 million more Canadians will be counted as poor before recovery is complete. More than one in seven Canadians may have tumbled into poverty before this is over. Many of them will be working.”
Armine Yalnizyan, Canadian Centre for Policy Alternatives. 2010²

Most recent statistics do not reflect the current situation or the full impact of the recession and continuing economic disruption. Data show that the rate of child and family poverty in Canada went down slightly to 9.1% in 2008 from 11.9% in 1989 (LICO after-tax³ in \$2008). This change is less than expected given the high level of growth from 1998 through mid-2008, as reflected in income growth of the wealthy. These numbers do not adequately show the shameful situation of First Nations communities where the young are a high proportion of the population and 1 in every 4 children is growing up in poverty.



The Recession Is Hurting Families

- The tattered safety net left Canadians less protected for this recession than any other since World War II.⁴
- Household debt reached a new high of \$1.41 trillion in December 2009. If divided among all Canadians, each individual would have carried \$41,740 in outstanding debt in 2009. That is 2.5 times higher than in 1989.⁵
- Massive job losses totaling 588,000 permanent jobs, including 503,000 full-time positions, occurred from October 2008 through July 2009. In the recovery period, the major sources have been self-employment, temporary (contract, seasonal and casual work) and part-time positions.⁶ One result is that competition for these precarious jobs has become fierce.
- There were 881,100 people working part-time in October 2010 because they couldn't find full-time employment, up from 682,900 two years ago in October 2008. This works out to an increase of almost 200,000 or 29% in involuntary part-time workers.⁷
- One in 10 workers still earned less than \$10 an hour in 2009, with 19% paid less than \$12. Over 60% of these are women. Full-time adult workers, aged 25+, were 28% of those paid less than \$10/hr -- adding up to almost 400,000 (393,000) adult full-time workers paid less than poverty line wages.⁸
- Only 1 in 2 unemployed workers received EI benefits at the height of the recession, and benefit levels remained so low that families required another income in order to lift themselves out of poverty.⁹
- When EI runs out, many families have no choice but to rely on social assistance. The recession caused an increase in welfare caseloads in all 10 provinces (October 2008 – December 2009). Provinces with the lowest proportion of unemployed workers receiving EI had the highest rate of increases in social assistance caseloads.¹⁰

Long-Term Structural Rate of Poverty

Annual poverty rates fluctuate with business cycles, but these changes up and down should not be mistaken for long-term improvement. The following chart shows that working age adults are worse off than they were two decades ago, and children are not substantially better off. Seniors experienced the greatest rate of growth in poverty as a result of the recession after a continuous decline since the mid-1970s; in 2008, 250,000 seniors lived in poverty, up from 204,000 in 2007.

| Using LICO After Tax | 1989 | 2008 |
|-------------------------------------|----------------------------|----------------------------|
| All persons in low income in Canada | 10.2% or 2,709,000 persons | 9.4% or 3,067,000 persons |
| Working-age adults (18 – 64 years) | 9.3% or 1,596,000 persons | 10.2% or 2,206,000 persons |
| Seniors (65 years and older) | 11.3% or 320,000 seniors | 5.8% or 250,000 seniors |

Poverty is a Threat to Good Health for All

*"The Infant mortality rate is more than a technical measure of the deaths of young children. It is an indicator of seismic fault lines in the delivery of the best we have to offer in health services for mothers and children. It is a proxy measure of the compassion of a society for its most vulnerable, and the commitment of a government to all of its citizens."*¹¹

UNICEF Canada 2009

Poverty is a key determinant of health. The dire living conditions that low-income children and their families experience daily have a powerful influence on their health. The impact of these childhood experiences carries far into adulthood.¹² Considerable research has examined the relationship of poverty and health status – from life expectancy, infant mortality, mental health, time spent in hospital due to chronic conditions – and determined that people with lower incomes consistently have worse health

than people with higher incomes. Children living in a low-income family are more likely to encounter any kind of health-related problem than other children.¹³ Conditions of inadequate nutrition, crowded or unsafe living accommodations, unaffordable prescription medications, dental or eye care, lower quality education are well-known challenges that low-income families face frequently. Yet, most low-income Canadians can not rely on these aids to achieve good health.

How Does Poverty Affect a Child's Health?

- Low-income children are more likely to have low birth weights, asthma, type 2 diabetes and suffer from malnutrition.
- Children living in poverty are 2.5 more times likely than those from wealthier families to have a disability, and are the least likely to access medical and community supports.
- Children in low-income working families are unlikely to have benefit plans for prescription drugs, vision and dental care.
- Low-income children are more likely to have learning disabilities, emotional difficulties and behavioural problems.
- Children who grow up in poverty are, as adults, more likely to experience addictions, mental health difficulties, physical disabilities and premature death.¹⁴
- Low-income children have higher rates of death due to unintentional injuries than other children.¹⁵ Unintentional injuries are the leading cause of morbidity and disability in Canada.

Other Symptoms of Persistent Poverty Syndrome

- Recent cross-national research has shown that infant mortality rates are related to national poverty rates.¹⁶ Canada's infant mortality rate is ranked 22 out of 31 OECD nations.¹⁷ Infant mortality rates among First Nations communities have been decreasing steadily over the past thirty years, yet they are still three to seven times higher than the average in Canada.¹⁸
- Food insecurity is, unfortunately, too common among low-income children and their families; they experience this situation when the quality and/or amount of food in their family is being reduced because of a lack of money.¹⁹
 - Parents on limited incomes may skip meals to allow their children to have an adequate diet.²⁰
 - Of food bank users, over 50% are families with children. In 2010, 328,000 children used food banks. Children are 38% of food bank users while only 20% of the Canadian population.²¹
 - Limited food budgets and the lack of fresh produce may lead to poor dietary habits which often result in Type 2 diabetes. Formerly seen only in adults, Type 2 diabetes is increasing in children due to poor dietary habits.²²
 - Across Canada, self-identified First Nations, Métis, and Inuit peoples account for 12% of food bank usage. This has steadily increased over the past three years.²³



Photo by Liam Sharp @ Liam Sharp and the FNCFCS

Why Governments Must Pay Attention to the Impact of Poverty on Health

There are legal, economic and ethical reasons to be concerned about the impact of poverty upon health. Canada is a signatory to international covenants including the UN Covenant on Economic, Social and Cultural Rights, the 1989 Convention on the Rights of the Child (CRC) and UN Declaration of Indigenous Rights. Periodic reviews by the UN have identified where Canada has much work to do to meet its commitments to ensure a healthy standard of living for all children.

The level of poverty in Canada and the health consequences of living in low income matter to us all since Canada has adopted a collective approach to providing a universally accessible, publicly-provided health insurance. The tax revenues of Canadians help support a health care system that Tommy Douglas designed to ensure that purchasing health care did not lead to impoverishment and that the poor were not sentenced to death, disability and suffering when they could not afford health care. This publicly-funded system supports visits to physicians and hospital care and reduces some of the financial hurdles to treatment and referral.²⁴ As health care expenditures become the largest share of public sector expenditures, we need to support strategies to ensure continued equal access to health care services for all. Both the federal and provincial/territorial governments have key roles to play. The federal government, which will transfer \$57.7 billion to the provinces and territories for health, education and social programs in 2010-11, needs to collaborate with the provinces and territories which oversee the delivery of health care services to Canadians.

As the agreements which guide the Canada Health Transfer and the Canada Social Transfer expire in 2013-2014, it is important to plan now to ensure that sufficient

and predictable funds are made available, including planned growth in these transfer payments.²⁵

The relationship between income and health care expenditures shows that there will be significant economic savings if we improve the incomes of people in poverty. Researchers have examined the use of health care services according to household income. As the incomes of people rise, their proportion of total health care expenditures decreases. The poorest 20% of Canadians were responsible for more than 30% of all publicly-funded health expenditures while the wealthiest Canadians consumed less than 15% of total health care expenditures. If we could raise the incomes of the poorest 20% and reduce their health care expenditures to the same level as the richest 20% of Canadians, the estimated savings in health care would be \$7.6 billion per year.²⁶

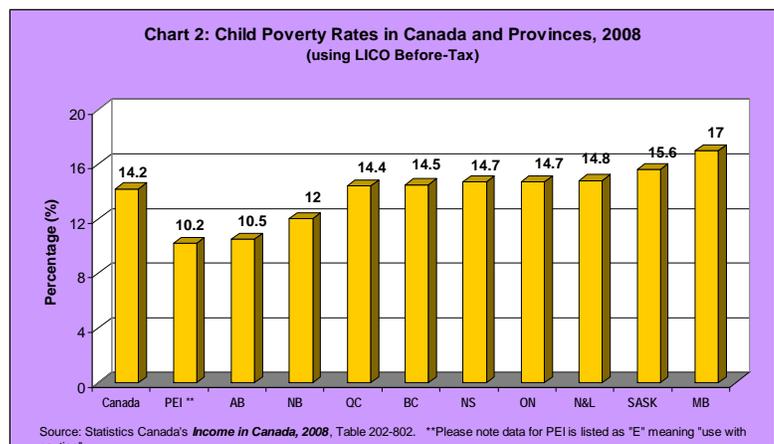
The impact of poverty upon chronic diseases illustrates why action is needed. For example, the increase in type 1 and type 2 diabetes is expected to multiply. While managing diabetes by healthy eating, exercise and medication can stabilize people's lives, unmanaged diabetes can lead to amputations, blindness, kidney failure and heart attacks. Experts agree that living in poverty makes it much more difficult to manage diabetes and avoid serious complications. The personal cost to individuals and the cost to society can be great. A recent study by the Canadian Diabetes Association predicts that in Ontario alone, diabetes will affect 1.9 million people – nearly 12% of the population by 2020 - with an estimated cost of \$7 billion.²⁷

Living Conditions across Canada Leave too Many Families with Insufficient Income

“... Premiers will also continue to promote sustained economic recovery by... strengthening Canada's labour market, and reducing poverty.”

Council of the Federation's News Release
August 5, 2010²⁸

As of 2010, six provinces have adopted poverty reduction strategies and the territories are also addressing poverty. Manitoba and Saskatchewan, with high proportions of Aboriginal population, had the highest rates of child and family poverty.



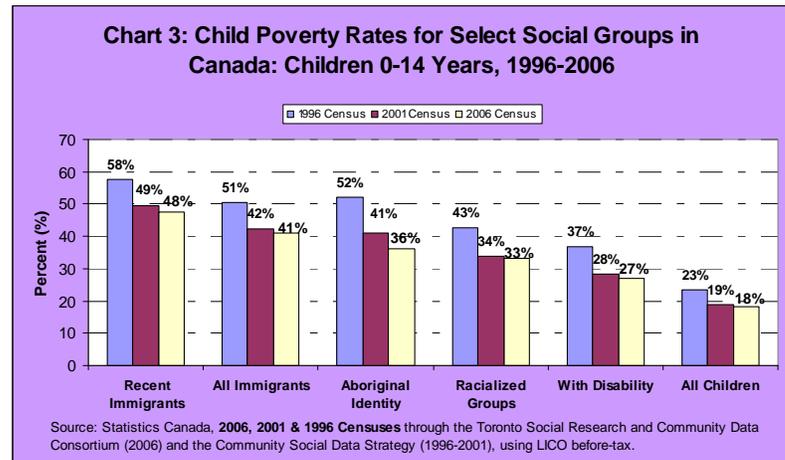
Some Children and Families Are at Greater Risk of Poverty than Others

Census data is the only reliable source of information on poverty rates with demographic breakdowns. If the Federal government's decision to cancel the Long Form census is not reversed, we will not be able to track child poverty rates among selected social groups for 2010 or after.

➤ **Lone Mothers still at high risk for poverty.** While some progress has been achieved, female-led lone parent families carry a disproportionately high burden, with a child poverty rate of 38% (2008 LICO before-tax). Lone mothers face the challenge of being the sole provider while also having to find adequate child care and secure housing which are often unaffordable. They also struggle to balance education or training, community service and/or paid work with family responsibilities. More than half (52.1%) of female lone mothers with children under six live in poverty.²⁹

➤ **Children of immigrants, of Aboriginal identity,³⁰ in racialized families and those with a disability are clearly at a higher risk for poverty.** This is often the result of persistent social and economic inequality which threatens social cohesion.

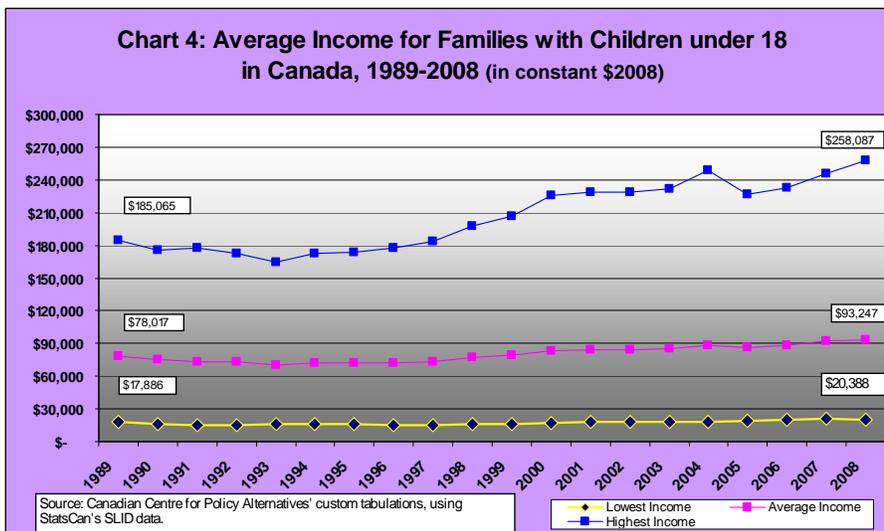
➤ **The employment status of parents with a child with a disability is affected;** more than one-third (38.4%) of parents reported working less hours in order to care for their children; about one in four parents had not accepted employment. More than 6 in 10 mothers modified their work in contrast to 1 in 10 fathers.³¹



The Growing Gap Between Rich and Poor

Inequality between the rich and poor in Canada has grown more than in any other OECD country during the last decade, with the exception of Germany.³² For every dollar the average family with children had in the poorest 10% of the population, the average family in the richest tenth of the population possessed almost 13 times as much (\$12.66) in 2008. Clearly, the wealth generated during good economic times was not distributed equitably.

- The average income of the wealthiest share of families with children increased more than twice as much (39% over the past 19 years) as family incomes for the poorest tenth of Canada's population (14% from 1989 to 2008). The slow growth of the average income of all families with children (20% over 19 years) demonstrates why middle-income families experience economic insecurity.³³



- Since the early 1990s, tax changes at all levels of government have altered a somewhat progressive tax system into a less progressive one in which high-income Canadians gained the most and inequality was aggravated.³⁴

The Unique Situation of Aboriginal Children and Families in Poverty

Canada's Aboriginal population is young and is growing rapidly. While the median age in Canada is 38, the median age among Aboriginal people is 25.³⁵ The conditions that Aboriginal peoples now experience are rooted in the legacy of colonialism and harmful policies that separated children from their families for many decades. This need not be the future direction. The well-being of Aboriginal children is woven into the health of their mothers and their communities and is bound to the 'health' of the different governance systems that shape their ability to access resources.³⁶

Poverty is a critical issue for First Nations communities and for urban Aboriginal people, who now comprise more than half (54%) of the Aboriginal population. In a recent survey on poverty and social exclusion, the 118 friendship centres in cities across Canada reported that these very serious issues of poverty and social exclusion affect tens of thousands of

children, youth and lone-parent families in their daily lives and are having a detrimental impact on their health, social, educational and economic well-being.³⁷ Low income, followed by low levels of education and poor housing were rated as the most crucial factors for those in poverty. While the friendship centres provide a range of community, recreation and social services, funding levels unchanged since 1996 for the Aboriginal Friendship Centre Program result in pressure on limited core funding to meet community needs.³⁸ Similarly, while the First Nations population grows, the federal government's cap on budget increases for services to First Nations' communities remains at 2% and for health expenditures at 3%. These pressures, coupled with the jurisdictional responsibility which is often disputed between the federal and provincial governments, can have disastrous consequences for children and families seeking care and services.

These determinants of health among Aboriginal children and their families require action

- 117 First Nations communities are under drinking water advisories.³⁹
- There were three times the number of First Nations children in care in 2010 (27,500) than at the height of the residential schools during the 1940s, yet First Nations Child Welfare agencies receive 22% less per capita funding than provincial agencies.⁴⁰ The Auditor General of Canada reported in 2008 that the funding formula has not been reviewed since 1988 nor adjusted for inflation since 1995.
- For children in First Nations communities, immunization rates are 20% lower than the average for all children. One result is increased rates of hospitalization. In the first year, First Nations children are hospitalized 50 times more often with streptococcal pneumonia and 80 times more frequently with chicken pox than non-Aboriginal children.⁴¹
- Youth suicide is more prevalent in First Nations communities than among all youth in Canada. While the suicide rates vary widely among First Nations communities, the suicide rate in these communities is between three and seven times greater than in Canada overall.⁴²

Encouraging signs of positive change

- Breastfeeding, a foundation for lifelong health, is widely practiced. 42% of First Nations children in selected reserves and 43% off-reserve were breastfed for longer than six months while 34% of all babies in Canada breastfed for longer than six months.⁴³
- Aboriginal women are finishing secondary school and obtaining university degrees at a higher rate than Aboriginal men.⁴⁴
- The Income gap between Aboriginal peoples and the rest of Canadians who have earned a Bachelor's degree diminished from \$3,382 in 1996 to just \$648 by 2006.



7 Free Ways to Make a Difference

- [Be a Witness](#) To the Canadian Human Rights Tribunal case and help 160,000 First Nations children get culturally based and equitable child welfare services
- [Sign Jordan's Principle](#) Put an end to government red tape depriving First Nations children of government services available to all others
- [Support Shannen's Dream](#) Support Shannen's Dream for safe and comfy schools and equitable education for First Nations children
- [Sign the Touchstones of Hope](#) Principles to guide services to Aboriginal children
- [Engage Young People](#) Learn how to respectfully engage young people in your movement or organization
- [Many Hands One Dream](#) Principles to improve health care for Aboriginal children
- For more information, contact First Nations Child and Family Caring Society. <http://www.fncfcs.com/what-you-can-do>

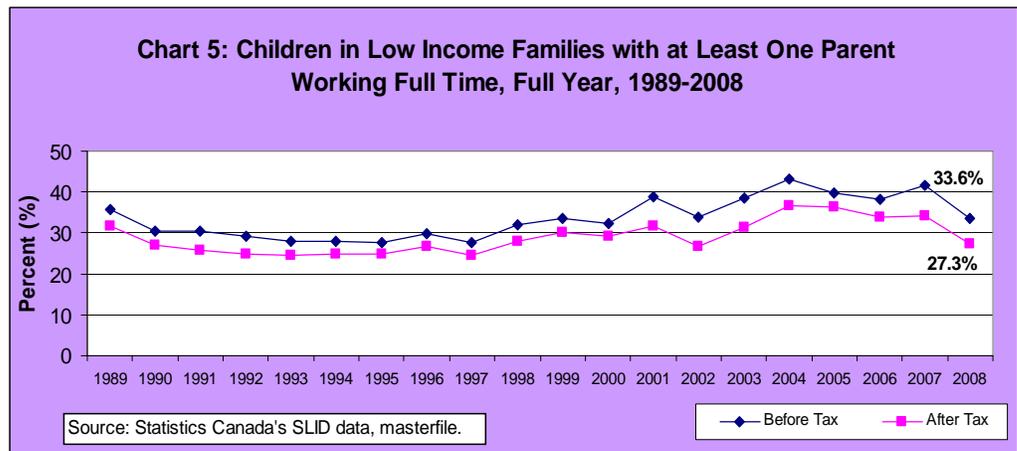
Employment: Not An Assured Pathway out of Poverty

Even during Canada's unprecedented period of growth (1998-2008) employment was not a guaranteed path out of poverty. As the chart below indicates, many low-income families have some employment income, yet are not finding jobs with sufficient pay, hours and benefits to get above the poverty line. Public policies, including the National Child Benefit and GST credit, are needed to assist families to lift themselves out of poverty.

- Most recent figures show that 1 in 3 (33%) low-income children had at least one parent who worked full time throughout the year in 2008 but could not rise out of poverty. This is down from early in the decade when 4 out of 10 (40%) low-income children lived in a working yet poor family.
- It is estimated that the growth of precarious jobs increased during the recession as the economy lost full-time jobs at a much faster rate than part-time jobs and part-time jobs replaced full-time

positions.⁴⁵ Even before the recession in 2008, 35% of all jobs were "non-standard" - part-time, temporary, contract or self-employed, often with low wages and few or no benefits. Four out of 10 women in contrast to 3 out of 10 men were in non-standard work.⁴⁶

- Food bank users provide another perspective. In Ontario, for most food bank clients in 2010, the main issue is lack of full-time work, and work that does not provide benefits. The main reason new clients (6 months or less) stated for using food banks: 40% had lost their job.⁴⁷

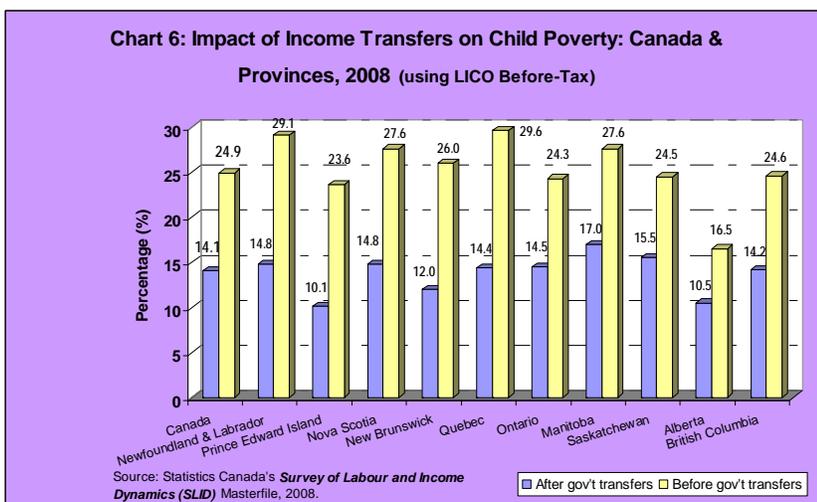


Public Investments and Good Jobs Are Central to Poverty Eradication

- Government programs like the GST credit, the Canada Child Tax Benefit (CCTB), the Universal Child Care Benefit (UCCB) and Employment Insurance help prevent families from falling into poverty, particularly during times of economic instability. Closing the child benefit gap is essential to ensure that parents working full-time, full-year

can lift their families out of poverty and that those unable to work can live in dignity.

- A full child benefit of \$5,400 (\$2010), coupled with fair minimum wages, is necessary to achieve substantial poverty reduction. With the maximum now at \$3,436, the benefit level is about two-thirds of what is needed.



- Chart 6 shows that without the income transfers in 2008, 1 in 4 children (24.9%) would have lived in poverty. Canada's public programs brought the child poverty rate down to 14.1%, preventing almost 725,000 children from living in poverty.

- A pathway out of poverty for a lone parent with one child begins with full-time work at \$11.00 per hour and a full child benefit of \$5,400 (\$2009).

High Quality Early Childhood Education and Care (ECEC) Programs Meet Multiple Health Goals

A key social determinant of health

Early childhood education and child care -- regulated child care, kindergarten and nursery school - is known to have a determining long-term effect on health in a variety of ways. Considerable evidence shows that early childhood education and care (ECEC) programs can meet multiple health-related goals -- *if* they are well-designed and have adequate public financial support.

ECEC Goal 1: Enhancing children's well-being, healthy development and lifelong learning

High quality ECEC programs provide the intellectual and social stimulation that strengthens cognitive development and social competence. Low-income children may derive higher benefits but good ECEC programs have a positive impact regardless of social class or parent's labour force status. The evidence is overwhelming -- that only high quality programs are associated with positive effects for children. Indeed, poor ECEC quality may have negative effects, especially for children from more poorly-resourced homes.

ECEC Goal 2: Supporting parents in education, training, and employment

ECEC that supports parental employment, education and training is linked to determinants of health like family income.

ECEC Goal 3: Strong communities

Inclusive ECEC programs can play two key roles in building healthy communities: first, ensuring that young children learn both to respect diversity and to develop their own identity in this critical period of development. Second, ensuring that parents -- linked by mutual interests in their children -- come together to build social networks and support.

ECEC Goal 4: Providing equity

ECEC helps ensure the rights of children with disabilities and their parents -- who are more likely to be low income. And while access to ECEC is a fundamental equity issue for all women, it is doubly so for low-income lone mothers.

The State of ECEC in 2010

The absence of a systematic approach to ECEC is directly linked to poor accessibility and inadequate quality. Canadian families and children must fit into narrow eligibility categories, segregated into class, income, and lifestyle "silos" to gain access to different ECEC programs. This not only means that ECEC is insufficiently accessible but that the potential of ECEC as a broadly-based social determinant of health is severely undermined for most categories of families.

In 2010, Canada still lacks a national approach to ECEC and regularly fails to meet international benchmarks for best policy practice.⁴⁸ There are still only enough regulated child care spaces to cover about 20% of children aged 0-5 years⁴⁹ and -- based on the available research⁵⁰ -- the quality is too often less than optimal. While just about all five year olds have access to publicly-funded kindergarten, these programs don't meet working/studying parents' schedules and only one province -- Ontario -- offers kindergarten to most four year olds.

There are, however, some encouraging developments in this gloomy ECEC picture as some provinces have begun to examine, reform or even transform their ECEC situations. Generally, these efforts are moving toward a more systematic approach, blending early childhood education and child care (or at least moving them into the same ministry) as the OECD

has recommended⁵¹ and improving accessibility. A recent study⁵² found clear agreement from the ECEC field across Canada that growing involvement of the education sector in ECEC is Canada's most important current trend, although developments are far from complete or perfect and many key issues remain. At the same time, the absence of the federal government from the ECEC policy and financing table significantly hinders even the most forward-looking efforts on the part of individual provinces and territories, while services for Aboriginal families and children remain fragmented and significantly underdeveloped.⁵³ The table on P. 9 shows the assortment of provincial/territorial developments at the end of 2010.



What Should Happen: Scaling-up and Joining-up ECEC in a “Race to the Top”

Campaign 2000 remains committed to a universal system of early childhood education and care for all families as part of a strategy to combat child poverty.

We urge commitment to a renewed federal presence in early childhood education and care in a collaborative inter-governmental effort across Canada. While ECEC – like health care -- clearly falls under provincial jurisdiction, it will continue to remain under-resourced and under-developed as a social determinant of health and a key part of an effective anti-child poverty strategy unless all levels of government – federal, provincial/territorial, First Nations and local -- are engaged to play a full role.

Developments in ECEC across Canada (November 2010)

| | |
|------------|--|
| NL | Five minister Early Learning Council; two concurrent initiatives - Ten Year Early Learning and Child Care Initiative (Child.Youth/Fam); Early Learning Strategy (EDU) |
| PEI | All ECEC has been moved to Ministry of Education/Early Childhood Development; full school-day kindergarten for all 5s - 2010; developing Early Years Centres 0-4s under local community governance structure; will regulate parent fees and staff wages; require ECE training for all early years teachers |
| NS | No commitments or developments (Full school-day kindergarten has been available for all 5s for some years) |
| NB | While the previous government had announced a “ten year plan” for child care, a new Conservative government was elected Sept. 2010, with child care a “big priority”; announced ECEC will all be moved to EDU Oct 2010. (Full-school-day kindergarten has been available for all 5s for several years) |
| QC | Full-day kindergarten has been available for all 5s for some years; 25% of 0-4s in Centres de la petite enfance (CPEs), garderies, family day care (FDC) at \$7/day fee; growing for-profit sector |
| ON | Provincially-commissioned report recommended comprehensive ECEC policy 0-12 years; all ECEC has been moved to EDU; Phase 1 rollout for 4s and 5s - full-day early learning-kindergarten - 2010; developing Child and Family Centres under municipal management for 0-4s |
| MB | 2008-2013 child care plan; increase spaces; capital funds - emphasize school-based services; improve subsidy access; quality improvement; other commitments to regulated non-profit child care (fees are regulated and wages set provincially) |
| SK | All ECEC was moved to EDU in 2006; part-day pre-kindergarten for high-risk 3s and 4s; emphasis on space expansion; (child care coverage is low) |
| AB | Emphasis on expansion using financial incentives; goal - 14,000 additional spaces by 2011 |
| BC | Early Childhood Agency EDU 2009; first phase of full school-day kindergarten for all 5s in 2010, not integrated with child care; child care cuts 2009; considering ECEC for 3s and 4s |
| NT | All ECEC has been in EDU for some time |
| NU | All ECEC has been in EDU for some time |
| YT | No new developments |

Post-Secondary Education: A Key Pathway out of Poverty

Post-secondary education is increasingly viewed as a strategy to prevent poverty and a necessary pathway out of poverty as good jobs with decent wages and benefits are being created in the ‘knowledge economy’. Yet, during the past 20 years, access to post-secondary education has become increasingly difficult for marginalized students, including Aboriginals, students with disabilities and those from low- and modest-income families.⁵⁴ Steep tuition fee increases in most provinces leave low- and modest-income students in a bind. They need to work in order to pay for tuition and expenses, yet this additional income must be deducted from their student loans, leaving them with a larger debt. Students must also liquidate any assets including vehicles, savings accounts and stocks/bonds when applying for student loans. One result is that low- and modest-income students have little choice but to take out larger debt loads and pay more interest upon graduation.

Students with significant debt upon graduation are less likely than their debt-free peers to own houses, savings accounts or retirement investments.⁵⁵ September 2010 marked the first time in history that total student debt owed by students in Canada surpassed \$15 billion.⁵⁶ Given these financial barriers, it is not surprising that one-half of students from low-income families do not continue their studies past high school, compared with one-quarter of those from high-income families.⁵⁷

- The federal government must work with the provinces and territories to reduce these financial barriers by instituting tuition freezes and changing the treatment of assets by provincial student aid agencies.
- Governments must also increase the student financial aid package and allocate a higher proportion of aid to needs-based grants.

Affordable, Secure, and Good Quality Housing Is a Key Determinant of Health

"Safe, affordable, and healthy housing is not only a basic necessity for human health and human life but also a means to reducing systemic health inequities and lowering associated long-term healthcare costs. A good home is critical to allow people to fully participate in the economic, social and cultural lives of their community and their country."

Wellesley Institute, 2010

Housing is the single largest expense for low- and modest-income families. With an alarming 1 in 4 households paying more than 30% of their income on housing, it is not surprising that the financial situation of many Canadian families is a delicate house of cards.⁵⁸

Census data indicate that children under 15 years make up half of the number of Canadians (750,000) living in core housing need – housing that is either unaffordable, sub-standard, overcrowded or all three.⁵⁹

The federal government's role in housing has been steadily eroding since the 1980s, culminating with a decision in 1993 to cancel all federal spending on new housing supply. By 2002, the meager number of social housing units built was 1,500, down from 22,000 in 1988. Subsequent federal housing announcements have not resulted in the annual addition of 25,000 affordable housing units that are needed by Canadian families.

It is encouraging that the federal government has officially confirmed \$138.4 million annual funding for the national homelessness program over the next three years. This welcomed news does not, however, change the fact that the overall funding envelope has remained basically static since



the program was launched in 1999 even as the number of communities has grown. Human Resources and Skills Development Canada says that the funding envelope 'will remain the same' until fiscal 2014. By that year, federal funding for homelessness, low-income housing repair and the Affordable Housing Initiative are planned to drop to zero.

Instead, Campaign 2000 proposes that Canada adopt Bill C-304, *An Act to ensure secure, adequate, accessible and affordable housing for Canadians*, which will create a national affordable housing strategy.

Campaign 2000 Acknowledgement

Campaign 2000 is a non-partisan, cross-Canada coalition of over 120 national, provincial and community organizations, committed to working together to end child and family poverty in Canada. For a complete list of partner organizations, visit www.campaign2000.ca.

Campaign 2000 thanks the following for their support:

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A Call to Eradicate Poverty in Canada

This is the moment for government leaders to demonstrate commitment and to work together to eradicate poverty in Canada during the next decade. There is growing recognition within Canada and internationally that persistent poverty is a serious health issue, erodes the social fabric of communities, and is a moral blight on the democratic integrity of nations.

Campaign 2000 and the Social Planning Council of Winnipeg in collaboration with the Council of Canadians with Disabilities and the Canadian Council on Social Development outlined what governments need to do to eradicate poverty in Canada in 'The Provincial and Territorial Road to Poverty Eradication.' This statement was ratified by a Winnipeg roundtable of more than 68 organizations. The Statement outlines key federal, provincial/territorial and shared roles for governments and the community.

In times of economic uncertainty, a poverty eradication plan not only works to restore social justice, it makes good economic sense. Our choice is clear – we can pay now or pay later.



MB Premier Receives Campaign 2000's Winnipeg Statement, Aug. 2010

| REMEDIAL ACTION REQUIRED | |
|--|---|
| <p>A Plan to Make Canada Poverty-Free</p> | <p>Campaign 2000, a network of 120 organizations in all regions of Canada, urges all federal parties to work together and in collaboration with provinces, territories, communities and First Nations, on a Plan to Make Canada Poverty-Free. Secured in legislation, such as Bill C-545, <i>An Act to Eliminate Poverty in Canada</i>, this plan will identify key roles for the federal, provincial and territorial governments and recognize the particularities of how Québec pursues social policy in the Canadian context. The plan must include a clear timetable, a transparent accountability structure that can demonstrate progress and a defined role for citizen participation, in particular low-income people.</p> |
| <p>What is Needed in the Plan</p> | <ul style="list-style-type: none"> An enhanced child benefit for low-income families to a maximum of \$5,400 (\$2010) per child; A system of high-quality early childhood education and child care services that is affordable and available to all children (0-12 years); Restored and expanded eligibility for Employment Insurance; Increased federal work tax credits of \$2,400 per year; A federal minimum wage of \$11 per hour; A strategy for affordable housing, secured in legislation such as Bill C-304, <i>An Act to ensure secure, adequate, accessible and affordable housing for Canadians</i>, including substantial federal funding for social housing; Proactive strategies, including employment equity in the public and private sectors, to level the employment playing field for racialized communities and other historically disadvantaged groups; Appropriate poverty eradication targets, timetables and indicators for Aboriginal families, irrespective of where they live, developed in coordination with First Nations and urban Aboriginal communities. |

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