

Taking Action on Child and Family Poverty

Health Officer's Council of BC
Advocacy Position

September 2009

Prepared by the HOC Child and Family Poverty Working Group

A. Background

Members of the Health Officers' Council (HOC) are public health physicians practicing in British Columbia. Council members include, among others, medical health officers with provincial health authorities, physicians with the BC Centre for Disease Control and Prevention, physicians in public health research and teaching, and physicians with the First Nations and Inuit Health Branch. For more than fifty years, members of HOC have, individually and collectively, played key roles in every major public health achievement in British Columbia.

In 2006, HOC identified child and family poverty as a priority health issue on which to develop policy positions and an advocacy strategy. HOC recognizes the significant impact of child and family poverty on the health of our populations. As such, HOC will implement an advocacy strategy to support the reduction of child and family poverty. Responsibility for implementing this advocacy strategy was assigned to the *HOC Child and Family Poverty Working Group*.

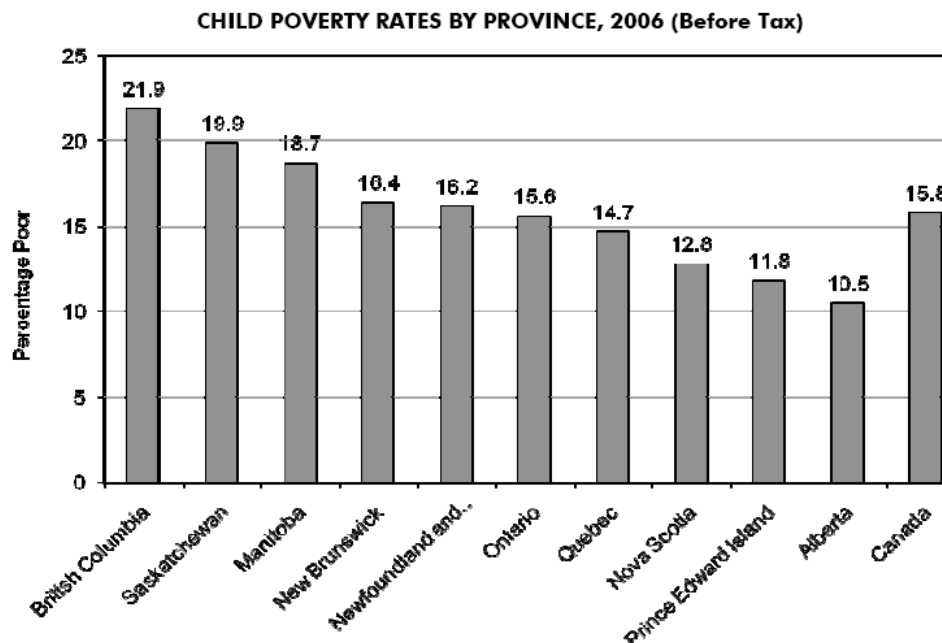
The goals of the Working Group are to:

- 1) Propose a spectrum of high-level policy approaches around child poverty through recommendations and evidence from partners and current policy reports.
- 2) Support education opportunities for HOC members to engage members in ongoing discussion around the opportunities for policy change to reduce child and family poverty.
- 3) Facilitate the implementation of an HOC advocacy strategy including the identification of HOC champions, the development of partnerships and the selection of and commitment to advocacy activities.

The following paper represents an official HOC position on what is needed to reduce child and family poverty in British Columbia. The paper is also a resource to assist HOC in defining advocacy activities. HOC recognizes that the solutions to child poverty are multi-faceted and require intersectoral action. As a key group of public health representatives, HOC has an opportunity to contribute to the provincial mandate by providing leadership and advocacy around the issue of child poverty. HOC hopes that this position paper will enrich and inform the conversations taking place in our province on health. HOC is committed to working with the government collaboratively on the issues articulated in this document.

B. About the Issue: Child Poverty

Research has demonstrated the strong correlation between early childhood experiences and health status/social well-being in adulthood. Safeguarding the health of our children and population through strategic investment in child development is both a moral obligation and a critical tool for sustaining our health care system. Evidence continues to indicate that British Columbia has failed to adequately address poverty. Each year, First Call BC Child and Youth Advocacy Coalition collates and releases a report card of key child/family poverty statistics. This data from Statistics Canada shows that British Columbia has had the highest rate of child poverty of any province in Canada for 5 years in a row. More than 1 in 5 of our province's children live in poverty with evidence indicating that the depth of poverty is also increasing¹.



Source: Statistics Canada - Income Trends in Canada 1976-2006, Table 802, Cat no: 13F0022X

The clear impact of child poverty on health status and long-term outcomes are a call for the health sector to take leadership on this issue. Both the *National Longitudinal Survey on Children and Youth* and the *National Population Health Survey* found that child outcomes worsen for 31 survey indicators as family income falls². Researchers note that:

Children and youth who live in poverty are at greater risk in terms of health, do less well in school, have to cope with a dangerous or unhealthy physical

environment, less likely to graduate from secondary school and then as adults, suffering from job insecurity, underemployment, poor working conditions and so on^{3 4}.

Poor health has also been identified as a mechanism for the intergenerational transmission of poverty. Children born into poor families have poorer health as children, receive lower investments in human capital, and have poorer health as adults⁵.

In 1989, the House of Commons unanimously passed a resolution to eliminate child poverty by the year 2000. However, the number of children living in poverty has only increased with 1.2 million Canadian children live in poverty. Campaign 2000 is a cross-Canada public education movement to build Canadian awareness and support for the 1989 all-party House of Commons resolution to end child poverty in Canada by the year 2000. Further, Canada has participated in the ratification of the UN Convention on the Rights of the Child which outline, among other rights, the right for every child to develop to the fullest and to participate fully in family, cultural and social life through standards in health care, education, and legal, civil and social services.

Resources:

Family Security in Insecure Times: The Case for a Poverty Reduction Strategy in Canada

www.campaign2000.ca/rc/C2000%20Report%20Card%20FINAL%20Nov%2010th08.pdf

Canadian Council on Social Development: Measuring Low Income in Canada

www.ccsd.ca/pubs/2007/upp/measuring_low_income.htm

United Nations Convention on the Rights of the Child

http://www.unicef.org/crc/index_30160.html

How is Poverty Measured in Canada?

Canada does not have an official 'poverty line' but poverty is generally measured using the Low Income Cut-Offs (LICOs) from Statistics Canada. The LICOs represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing. LICOs vary with the size of the household and the size of the community.

C. Policy Options

Creating a Child Poverty Reduction Strategy for British Columbia and Setting Targets

Advocate for a comprehensive child poverty reduction strategy in British Columbia. This strategy should be driven by an intergovernmental/interministerial approach and include specific and meaningful targets for child poverty reduction.

- Create an interministerial body to develop a provincial poverty reduction strategy. This body would work closely with other levels of government and additional stakeholders (i.e., NGO's, academic institutions, advocacy groups, BC Representative for Children and Youth) to implement and monitor the strategy. ActNow BC provides an example for interministerial cooperation around an issue.
- The governments of Quebec, Newfoundland, Ontario and Nova Scotia have passed poverty reduction platforms that outline provincial targets and strategies for poverty reduction. Other provinces are considering poverty reduction platforms.
- Evidence indicates that there are benefits in the selection of health targets. These include the coordination of program resources and an opportunity to monitor and evaluate specific indicators. Several provinces have both created targets and strategies for poverty reduction.

Provincial Poverty Reduction Strategies from Across Canada:

Reducing Poverty: An Action Plan for Newfoundland and Labrador

<http://www.hrle.gov.nl.ca/hrle/poverty/poverty-reduction-strategy.pdf>

Nova Scotia Poverty Reduction Strategy

<http://www.gov.ns.ca/legislature/legc/index.htm>

Quebec Government Action Plan to Combat Poverty

<http://www.napo-onap.ca/en/napo/forwardbackwards.htm>

Ontario Poverty Reduction Strategy

www.fin.gov.on.ca/english/budget/ontariobudgets/2009/sectors/povertysh.html

All Aboard: Manitoba's Poverty Reduction Strategy:

http://www.gov.mb.ca/fs/misc/pubs/all_ aboard_report.pdf

New Brunswick: Developing a Poverty Reduction Strategy

www.gnb.ca/0017/Promos/0001/index-e.asp

Enhancing Surveillance and Accountability

Advocate for ongoing support for the annual Child Poverty Report card and for the BC provincial government to set targets related to the reduction of child poverty.

- First Call BC Child and Youth Advocacy Coalition works with community partners to release an annual child poverty report card. The report card provides comparative data on child poverty rates, as well as a series of policy recommendations (Increase in Minimum Wage, Realistic Welfare Rates, Housing Strategy). There is an ongoing opportunity for HOC to partner with First Call in the production of this annual report card.
- The HOC will advocate for sustained funding for the report card, assist in the dissemination of the report card and assist in the expansion of the report card to include community level information across the province (e.g., LHA, Community).
- THE BC Government has set a target of reducing those children who aren't 'ready to learn' to 15% (from 29.6%) by 2015/2016. The Human Early Learning Partnership has outlined policy recommendations for income support strategies and child care/early learning to achieve this goal ⁶.
- Recognize the differential rates of poverty among different groups. For example, a single parent female is at a higher risk of living in poverty.

Higher Risk Populations in Canada (See: www.campaign2000.ca) Statistics Canada, 2003	
All Children	18.4%
With disability	27.7%
Aboriginal Identify	40.0%
All Immigrants	40.4%
Lone mother families	52.5%

Surveillance Resources:

First Call BC Child and Youth Advocacy Coalition: BC Child Poverty Report Card 2008

www.firstcallbc.org/pdfs/economicequality/3-reportcard-b&w.pdf

Human Early Learning Partnership (HELP) - University of British Columbia

www.help.ubc.ca

BC Poverty Data Maps

In collaboration with PHSA, income statistics from the 2006 Census were mapped at a census area and health authority level. This report is available online at:

http://www.phabc.org/files/headlines/BC_Local_Level_Poverty_Data.pdf

Enhancing Income Assistance Strategies

Advocate for changes to provincial income assistance programs to ensure support during times of need and transition periods. The ultimate goal is to ensure that no family in British Columbia lives in poverty.

- Even the most effective strategy of investing in human capital will miss the social needs of vulnerable groups who face a concentration of disadvantages that limit their participation in the mainstream of society. Such people need supports of diverse forms, including financial assistance, to live with dignity⁴.
- The BC Assistance program has become primarily a program for individuals who are not expected to work and include people with disabilities, people with persistent multiple barriers, persons temporarily excused from work and children in the home of a relative. BC Income Assistance benefits are not generous by the standards of other provinces and there seems little justification for the continued erosion of benefits in real terms⁴.
- Government can make a difference. A comprehensive income assistance policy platform is recommended by researchers and advocacy groups to reduce child poverty. Key pieces include:
 - Raise welfare rates by 50% and index to the cost of living.
 - Roll back 'employable' age for receiving income assistance. Parents whose youngest child is age 3 or over were recently re-categorized as employable. Previously these parents were "temporarily excused" from job seeking and participating in mandatory training until their youngest child was age 7.
 - Raise the minimum wage to at least \$10/hour and end the \$6/hour training wage.
 - Ensuring access to school programs by removing financial barriers (i.e., the elimination of school program fees to families with low incomes)
 - Increase access to social housing

Canada's Increasing Income Gap

Canada's gap between rich and poor is growing. After 20 years of continuous decline, both inequality and poverty rates have increased rapidly in the past 10 years, now reaching levels above the OECD average. Inequality of household earnings in Canada has increased more significantly over the last decade than in any other country included in the study save for Germany. (**OECD – 2008: Growing Unequal?: Income Distribution and Poverty in OECD Countries**)

Income Assistance Policy Resources:

BC Progress Board: The Social Condition in British Columbia

http://www.bcprogressboard.com/2006Report/SocialReport/Social_Final.pdf

Canadian Centre for Policy Alternatives

<http://www.policyalternatives.ca/>

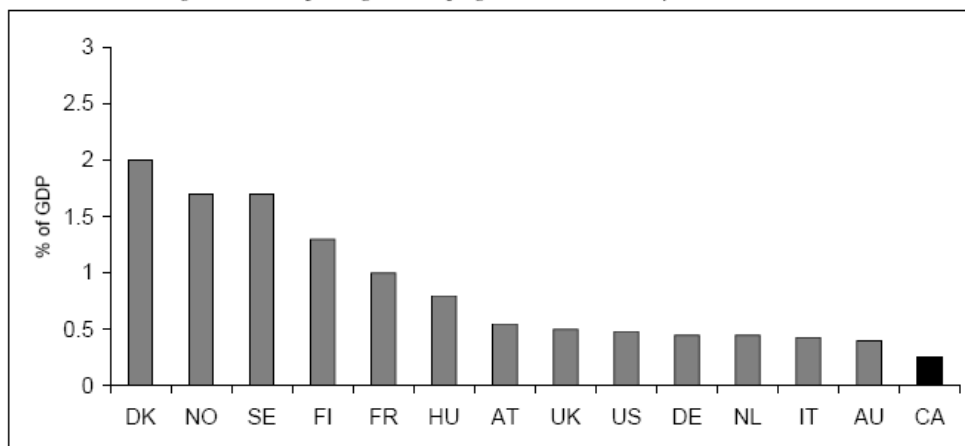
Making Child Care Accessible

Advocate for the development of a provincial child care plan that commits BC to building a quality, accessible and publicly funded child care system.

- A comparison of Canada/British Columbia to European countries indicates that we are severely lagging behind in our infrastructure to provide early child-care services. Only Quebec, with a universal program, approaches international standards of accessibility. Other than Quebec, less than 20% of Canadian children aged 0-6 find a place in a regulated service (For comparison: Belgium 63%; Denmark 78%; U.K.: 60%; Sweden: 3-4 yr old: 91%, 5-6 year old: 95%)⁷. Canada/BC also ranks behind most industrialized countries for investment in early learning programs.
- High quality and accessible childcare and early learning is critical to reducing the level of child poverty in the province. Accessible and high quality childcare provides multiple opportunities to improve the health of children and improve opportunities for workforce participation for families. Further, vulnerable children will benefit the most from access to high quality care and supports^{7,8}.
- The research support for public investment in quality child-care also highlights benefits in areas such as population health, women's equality, work-life balance, community-building and children's rights. Estimates of the return on investment in a public, universal child-care system are 2:1⁹. Further, a 2002 national poll found that 90% of Canadians agree with the statement "Canada should have a nationally-co-ordinated child care plan"⁹.
- Between April and December of 2008, the Early Childhood Learning Agency carried out a study of the feasibility of full day kindergarten for five-year-olds and the possibility of future full day pre-kindergarten programs for four-year-olds and three-year-olds. While BC had hoped to be in a position to implement full day kindergarten in September 2009, the Speech from the Throne on February 17, 2009, and the provincial budget tabled on February 18, 2008, have made it clear that such implementation is not immediately feasible.

Spending on ELCC programs: How does Canada compare?

Figure 9. Public spending on ELCC programs for children 0-6 years as a % of GDP



Child Care Information Resources:

Child Care Services: Investing in a Sustainable Future in BC

www.earlylearning.ubc.ca/documents/2006/HELPCBCBudgetSubmissionOct06.pdf

A Summary of BC Child Care Cuts and Impacts

www.advocacyforum.bc.ca/pdf/CCcuts_summary_jan07.pdf

Child Care Advocacy Forum

www.advocacyforum.bc.ca/

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- ¹ First Call BC Child and Youth Advocacy Coalition (2008). BC Campaign 2000: 2008 Child Poverty Report Card. Available: www.firstcallbc.org/pdfs/economicquality/3-reportcard-b&w.pdf
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- ³ Hay, D.I. & Watchel, A. (1998). The Well-being of British Columbia's Children and Youth: a Framework for Understanding and Action. Vancouver: First Call BC Child and Youth Advocacy Coalition.
- ⁴ Bating, K. (2006). The Social Condition in BC. Prepared for the BC Progress Board. Available: http://www.bcprogressboard.com/2006Report/SocialReport/Social_Final.pdf
- ⁵ Case, A. & Paxson, C. (2006). Children's health and social mobility. *Future Child*, 16(2):151-73.
- ⁶ Human Early Learning Partnership (2009). 15 by 15: Five Policy Recommendations for an Integrated Strategy to Reduce Child Vulnerability to 15 Percent by 2015.
- ⁷ Friendly, M. (2006). Early Learning and Child Care: How does Canada Measure up? Childcare Resource and Research Unit. Available: www.childcarecanada.org/pubs/pdf/BN_EarlyLearning06.pdf
- ⁸ Human Early Learning Partnership (2006). Child Care Services: Investing in a sustainable future for BC. Available: www.earlylearning.ubc.ca/documents/2006/HELPCBCBudgetSubmissionOct06.pdf
- ⁹ The Millward Brown Goldfarb survey was administered to a random, national-proportionate sample between November 27, 2002 and December 12, 2002. The results of such a sample of 1,200 are accurate to within +/- 2.9%, 19-out-of-20 times. Available: <http://www.childcareadvocacy.ca/archives/2003/0127e.html>