

Taking Action on Child Poverty

**Discussion Paper
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**Prepared for the BC Health Officers Council by
the HOC Child Poverty Working Group:**

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A. Background:

The B.C. Health Officers' Council (HOC) is comprised of the Medical Health Officers and public health physicians of British Columbia. The Council identified three critical health topics on which to develop policy positions and advocacy strategies:

- Psychoactive substances
- Chronic conditions
- Child poverty

In response to this opportunity, the *Child Poverty Working Group* was formed to collate supporting materials, facilitate partnerships and provide leadership around the development of a child poverty advocacy agenda. The working group is comprised of two HOC leads (Dr. Nelson Ames – IH; Dr. Brian O'Connor - VCH) and representatives from the Human Early Learning Partnership (HELP) at UBC, First Call BC Child and Youth Advocacy Coalition, the Ministry of Health and the Vancouver Coastal Health Authority.

The goals of the working group were to:

- 1) Propose a spectrum of high-level policy approaches around child poverty. Recommendations and evidence for policy alternatives were canvassed from partners and current policy reports.
- 2) Present the recommendations to the HOC and engage the HOC in the development of a clear and focused policy position on child poverty.
- 3) Develop and facilitate the implementation of an advocacy framework including the identification of HOC champions, the development of partnerships and the selection of and commitment to advocacy activities.

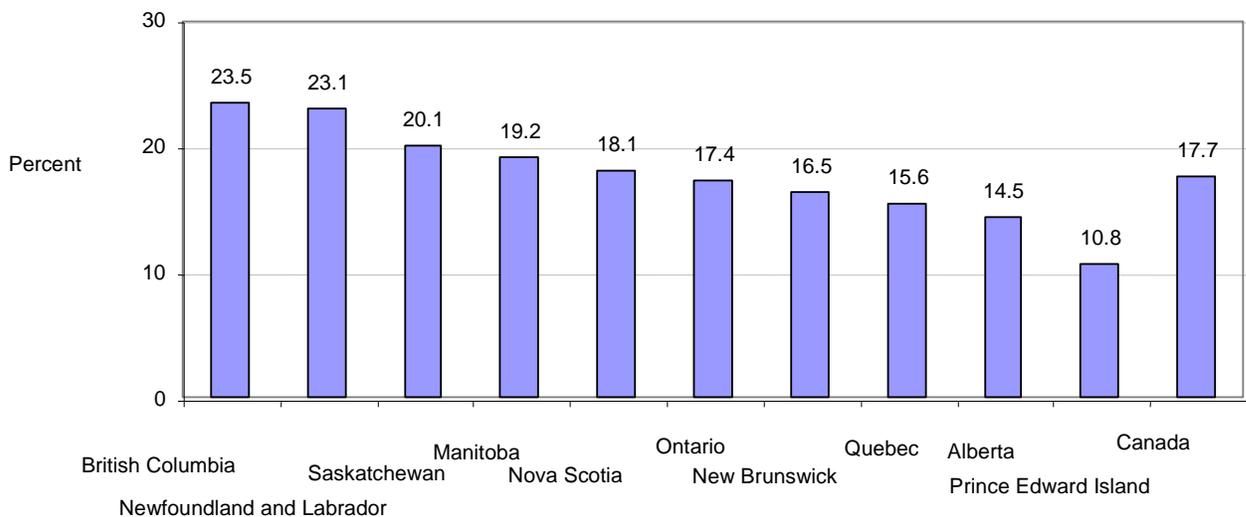
The following paper and supporting resources are intended to provide the HOC with the tools to develop and implement an advocacy framework to address child poverty issues. As part of its strategic plan, the government of British Columbia has declared its desire to make British Columbia the healthiest jurisdiction ever to host the Olympic games and to build the best system of support in Canada for children at risk. Stakeholders recognize that the solutions to child poverty are multi-faceted and require intersectoral action. As a key group of public health representatives, the HOC has an opportunity to

contribute to the provincial mandate by providing leadership and advocacy around the issue of child poverty.

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 report has seen British Columbia hold the highest rate of child poverty of any province in Canada for 3 years in a row. Approximately 1 in 4 of our province's children live in poverty with evidence indicating that the depth of poverty is also increasing¹.

Child Poverty Rates by Province (Before Tax, 2004)



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.

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 falls ². 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. For more information, visit their website: www.campaign2000.ca.

Resources:

Oh Canada! Too Many Children in Poverty for Too Long.... 2006 report card on child poverty in Canada.

www.campaign2000.ca/rc/rc06/06_C2000NationalReportCard.pdf

Canadian Council on Social Development: Measuring Low Income in Canada

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

C. Policy Proposals

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.
- Quebec, Newfoundland and Nova Scotia have either passed or introduced poverty reduction platforms that outline provincial targets and strategies for poverty reduction. The Manitoba government has also introduced several broad-based measures to reduce poverty.
- 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. Quebec and Newfoundland have both created targets and strategies for poverty reduction.

Poverty Reduction Resources:

Reducing Poverty: An Action Plan for Newfoundland and Labrador:

www.hrle.gov.nl.ca/hrle/poverty/poverty-reduction-strategy.pdf#xml=http://search.gov.nl.ca/txis/search/pdfhi.txt?query=poverty+reduction&pr=provincial&prox=page&rorder=500&rprox=750&rdfreq=250&rwfreq=500&rlead=500&sufs=2&order=r&cq=&id=44a2de498

Nova Scotia Poverty Reduction Act:

<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>

Manitoba Healthy Child:

<http://www.gov.mb.ca/healthychild/>

Addressing Poverty in Manitoba:

www.gov.mb.ca/finance/budget05/poverty/poverty.pdf

ActNow BC:

www.actnowbc.gov.bc.ca

Enhancing Surveillance Capacity

Advocate for the annual administration of the Early Development Instrument (EDI) to assess school readiness. Annual collection of the EDI will enable the latest data to be integrated into strategic approaches to early childhood programming for community planners and policy makers.

- The EDI (Early Development Instrument) is a validated instrument used to gauge the 'readiness for school' of populations of 5-year olds as they enter kindergarten and is currently undertaken every 3 years. The EDI measures three broad domains of child development: language/cognitive, social/emotional and physical development. School readiness is a term that generally denotes a set of cognitive, behavioural and social skills deemed necessary to lay the foundations of scholastic achievement and adult success in all aspects of life⁶.
- What children experience during the early years *sets a critical foundation for their entire life course*. This is because early child development (ECD), including health, physical, social–emotional and language–cognitive domains strongly influences basic learning, school success, economic participation, social citizenry and health—all important for breaking the intergenerational transmission of poverty⁷.
- There is an opportunity to have EDI data collected on an annual basis. Benefits of the annual collection of EDI data include:
 - Provides a population measure of vulnerability (i.e., proportion of children scoring within the lowest 10% of the population) and an opportunity to compare this information by geographic areas (i.e., neighbourhoods, school districts)
 - EDI data can be mapped to various socioeconomic indicators in an area
 - Declining fertility rates and confidentiality issues with small sample sizes means that it may not be possible to retest every 3 years.
 - Annual collection allows the identification of trends in ECD and enhances accountability through monitoring/evaluation of programs
 - The EDI is under discussion for inclusion as a performance measure (School Readiness) in *Health Systems Performance Framework* of each Health Authority

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 opportunity for the 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).

Surveillance Resources:

British Columbia Atlas of Child Development 2006

ecdportal.help.ubc.ca/atlas/BCAtlasofChildDevelopment_CD_22-01-06.pdf

BC Child Poverty Report Card 2006:

www.firstcallbc.org/documents/publicationsresearch/BC%20Child%20Poverty%20Fact%20Sheets%202006.pdf

First Call BC Child and Youth Advocacy Coalition

www.firstcallbc.org

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

www.help.ubc.ca

Enhancing Income Assistance Strategies

Advocate for changes to provincial income assistance programs to ensure support during times of need and transition periods.

- 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.

Canada's Increasing Income Gap

Canada's gap between rich and poor is growing. The after-tax income gap has never been this high in at least 30 years, and it has been growing faster than ever since the late 1990s. In 2004, the average earnings of the richest 10% of Canada's families raising children was 82 times that earned by the poorest 10% of Canada's families. Canadian families are experiencing greater inequality and greater polarization of incomes compared to families raising children a generation ago. Only the richest 20% are experiencing gains from Canada's economic growth, and most of those gains are concentrated in the top 10%¹ (Canadian Centre for Policy Alternatives, 2007).

Income Assistance Policy Resources:

BC Progress Board: The Social Condition in British Columbia

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

First Call Child and Youth Advocacy Coalition

<http://www.firstcallbc.org/>

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.

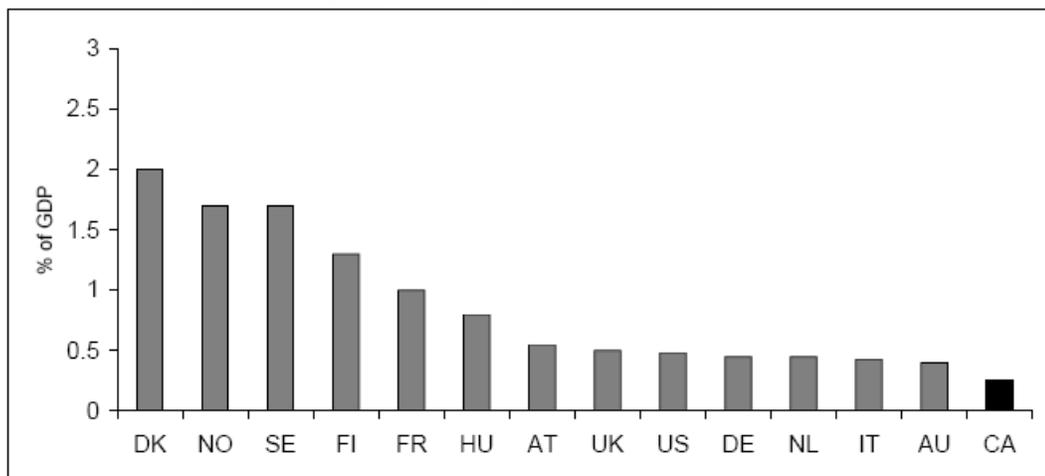
- A comparison of Canada/British Columbia to European countries indicates that we are severely lagging behind in our infrastructure to provide early child-care services. Only Quebec, with a universal program, approaches international standards of accessibility. Other than Quebec, less than 20% of Canadian children aged 0-6 find a place in a regulated service (For comparison: Belgium 63%; Denmark 78%; U.K.: 60%)⁸. 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^{7,9}.
- 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"¹⁰.

The Quebec Example

Quebec is the only province where child poverty rates have been consistently declining since 1997. This is likely attributable in part to a package of family support benefits implemented in 1997 including rapid expansion of affordable early learning and child-care services, an expanded child benefit and enhanced parental leave.

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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- ⁸ 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
- ⁹ Human Early Learning Partnership (2006). Child Care Services: Investing in a sustainable future for BC. Available: www.earlylearning.ubc.ca/documents/2006/HELPCBCBudgetSubmissionOct06.pdf
- ¹⁰ 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>