

# RESEARCH REVIEW

Issues in Canadian Public Policy No. 4

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The Edmonton Social Planning Council's bi-monthly Research Review contains summaries of the latest social research publications from Alberta and throughout Canada. Publications deal with a wide range of policy issues affecting Canada's diverse population and may focus on barriers and experiences of Canada's low income, homeless or vulnerable population.

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**Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.**

*-Public Health Agency of Canada*

## Thank You to Our Volunteer Researchers & Writers:

Ryan Dexter, Abisola Agabaje, Jennifer Taylor, Lexia Simmons, Janine Isaac, Sheida Azimi, and Tibetha Stonechild.



## City of Edmonton. (2015). *Ending Poverty in a Generation. EndPoverty Taskforce.*

Reviewed by Ryan Dexter, Volunteer Researcher and Writer

In September 2015, EndPoverty Edmonton released its poverty reduction strategy called *End Poverty in a Generation*, which draws attention to the poverty amidst the prosperity in Edmonton, and affecting all Edmontonians. 12 percent, 1 in 8, or 100,870 Edmontonians live in poverty (p. 1), meaning those individuals “lack, or are denied, economic, social and cultural resources to have a quality of life that sustains and facilitates full and meaningful participation in the community” (p. 7). Further, poverty is not confined in Edmonton to certain neighbourhoods, but is present, throughout Edmonton (p. 7). Populations over represented amongst Edmontonians living in poverty include: children and youth, Aboriginal people, the working poor, newcomers, women, and persons with disabilities (p. 8).

This report highlights the several root causes of poverty and vulnerability to poverty: personal vulnerability, for instance, includes low education, disabilities, and lack of skills, affecting Edmontonians throughout their life. The life course stages subsequently effects job prospects, skills level, and costs of living (p. 8-9). Additionally, disruptive events such as a sudden illness, job loss or economic recession may cause instability and an increase of the risk of poverty (p. 8-9). Also, systemic barriers, such as access to services, discrimination, and asset-stripping, block individuals from utilizing their strengths, knowledge and skills, increasing their risk of, and vulnerability to, poverty (p. 8-9).

These four root causes of vulnerabilities to poverty can result in three types of poverty: transitional, chronic, and intergenerational (p. 11). Transitional poverty is related to disruptive events, or a lack of education that can be remedied (p.11), while chronic poverty lasts 10 years or more and is the result of many factors beyond the direct control of the individual, such as discrimination or a disability. Further, there is intergenerational poverty, where poverty is passed on to families, individuals, and communities, as part of complex patterns of inequalities and poverty (p. 11). Overall, exposure to episodes of poverty have negative impacts on people’s lives and health. This impact includes and overall limitation on an individual’s opportunity and potential. For example, exposure to poverty may negatively impact income, education, food security, access to services, and employability, leading to increase social and health disparities.

From this information, gathered from stories expressing the lived experience of individuals living with poverty, from background research, and from the outcomes of round tables and working groups, the EndPoverty taskforce is able to outlines a picture and tells a story of poverty in Edmonton. The sessions provided end-poverty Edmonton with the framework to devised 28 priorities, focusing on 5 core areas.

The first focus area, “Toward True Reconciliation”, focuses on the experiences of Aboriginal people, who are over represented amongst Edmontonians living in poverty. The priorities call for the establishment of an Aboriginal culture and awareness centre, a service hub for vulnerable people who can find the needed resources in one location (p. 26), and people-first and trauma-informed policy and practice. In this way, Aboriginal people “are at the centre of all development and recognized as active agents of change” (p. 26) and changes the focus of reflection for front line workers from “what may have happened to persons experiencing poverty, not on what is wrong with them” (p. 26).

### THE EndPovertyEdmonton STRATEGY AIMS TO DO THREE THINGS

#### 1. Paint the picture

so Edmontonians know the reality of poverty in our city – what it is, what it means in people’s lives, and how it affects all of us.

#### 2. Set priorities

that begin to have an immediate impact for people who are living in poverty now, while we address root causes and generate long-term solutions that will end poverty.

We don’t just want to help people cope with poverty. We want to END POVERTY in one generation.

#### 3. Kick start a movement

We are nearly a million strong. We have a track record of amazing accomplishments. We can do this.

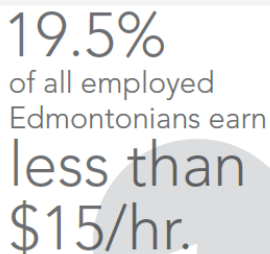
The second focus area, “Justice for All”, focuses on the rights and freedoms of those living in poverty. Poverty is recognized as an barrier to the full participation in society, and thus, the elimination of racism, the decriminalization of poverty, making voting easier for those living in poverty, and making Edmonton a “human rights city” figure prominently (p. 30-31). Racism and discrimination occur in schools, workplaces, and on the street, limiting the ability of vulnerable populations to fully participate in society. Eliminating racism would work towards the elimination of poverty, helping individuals contribute to their society meaningfully. The justice system can exacerbate the inequalities faced by those living in poverty, as individuals, unable to pay fines, face larger consequences, such as jail time. The consequence is likely loss of job prospects, and more deeply entrenched poverty cycles (p. 30). In this way, the decriminalization of poverty and allowing officers more discretion in their interactions with individuals living in poverty, would go a long way in breaking vicious cycles of poverty.



The third focus area, “Move People out of Poverty”, focuses on helping individuals transition out of poverty by making access to social necessities more available (p. 33). By advocating for livable incomes, affordable housing, accessible public transit, and by helping people living in poverty gain the skills and training, including literacy, needed to engage in the work force (p. 33-34), Edmontonians living in poverty would live more comfortably, experiencing less stress and health concerns, while contributing more meaningfully to society, and their local community.

“Invest in our Poverty-Free Future”, the fourth focus area, includes developing partnerships with businesses and community organizations to create a community development corporation, growing social enterprises built sustainable livelihood and assets (p. 37-38). In this way, investing in the local Edmonton economy “will support greater prosperity and security for all Edmontonians” (p. 37). Also, this focus area develops plans to foster affordable, reliable, and accessible, early learning opportunities for all children, as “education is a tool to move people – and keep people – out of poverty” (p. 37). Further priorities include forming a support service for school aged children, which would focus on the needs of the individual learner, the whole child, including ensuring that the child has sufficient nutrition to complete his/her/their studies (p. 41).

19.5%  
of all employed  
Edmontonians earn  
less than  
\$15/hr.



The fifth focus area, “Change the Conversation: Build a Movement to End Poverty”, puts forward a single priority: launch a community wide movement to change people’s attitudes about poverty (p. 42). In this way, the stigma, shame, and secrecy of poverty will be eliminated, the hearts and minds of Edmontonians will be changed, opened to embrace the lives, and potentials, of Edmontonians living in poverty.

End Poverty in a Generation is a wonderful kickoff for a city wide movement, though the details of the many priorities needs to be fleshed out and incorporated into organization practices, policies, and procedures. A key for this report, and the movement it attempts to engender, is getting community leaders, local organizations, and the public involved. End Poverty in a Generation outlines plenty of work to be done, and there are numerous ways that Edmontonians can get involved, or realize how they are already involved, as poverty affects all Edmontonians.

## Office of the Auditor General of Canada. (2015). Access to Health Services for Remote First Nation Communities. Reviewed by Abisola Agabaje., Volunteer Researcher and Writer

The focus of this Audit report is to analyze the extent to which Health Canada could guarantee that eligible First Nation Individuals living in the remote communities in Ontario and Manitoba had access to clinical and client care services and medical transportation benefits (Page 2). The remote First nation's communities in Ontario and Manitoba make up 64 percent of the entire 85 communities in Canada. Although the authors claimed quality of health care was not part of their analysis, some of the findings gave a hint into the quality of health service delivery regardless.

The disparity between the health of rural aboriginal and non-Aboriginals has remained significant despite the huge financial commitment by the Canadian government to address health needs of remote Aboriginal communities. For instance, in 2010, the life expectancy of the first nation was eight years shorter than the life expectancy of non-Aboriginals. On the other hand, those affected by type 2 diabetes and infectious diseases within the first nation communities are about four times higher than the Canadian populations respectively.

Health Canada's support to the First Nation community ranges from a collaborative health care team led by about 400 nurses, financial supports for clinical and care services, to medical transportation benefits where health services are not available. For the purpose of the Audit, a total of 45 nurses and 8 nursing stations were sampled in Manitoba and Ontario.

The Audit focused mainly on two aspects of health delivery namely;

1. Health Services in remote communities
2. Medical transportation benefits for accessing health services within and without the remote community.

### Health Services in remote Communities

For Aboriginals in remote communities, Nursing stations funded by Health Canada are the first point of contact for accessing clinical services. It is crucial that the nurses are qualified and well trained to be able to respond to whatever the health needs of the people within this community are. Health Canada mandated some courses such as in immunization, cardiac life support, and handling of controlled substances to supplement basic nursing training so nurses could be competent enough to attend to emergencies. However, the audit found that only one out of the sampled Nurses in both provinces had completed all five mandatory training courses specified by Health Canada that were selected for the audit. (page 5).

Mandatory training courses specified by Health Canada	Number and percentage of nurses who completed mandatory training courses		
	Manitoba (24 nurses)	Ontario (21 nurses)	Total (45 nurses)
Advanced Cardiac Life Support (ACLS)	8 (33%)	9 (43%)	17 (38%)
International Trauma Life Support (ITLS)	10 (42%)	2 (10%)	12 (27%)
Pediatric Advanced Life Support (PALS)	10 (42%)	6 (29%)	16 (36%)
Health Canada's Nursing Education Module on Controlled Substances In First Nations Health Facilities	19 (79%)	12 (57%)	31 (69%)
Immunization Competencies Education Modules	19 (79%)	18 (86%)	37 (82%)
<b>Total Health Canada nurses who completed all five courses</b>	<b>1 (4%)</b>	<b>0 (0%)</b>	<b>1 (2%)</b>

According to Health Canada, Nurses are sometimes required to work outside their legislated code of practice in order to meet the health needs of remote aboriginal communities (page 7). Some of such duties are prescribing certain drugs and performing x-rays. The Audit found that Health Canada had not put any formal system or methods of support to allow nurses to perform these duties. The office of the auditor general recommended that Health Canada should ensure that there are supporting mechanisms in place to allow Nurses provide health services outside their legislative scope of practice.

Health Canada required that nursing stations undergo inspection at least once every five years. The Audit reviewed eight nursing stations in Manitoba and Ontario and found that 5 had been inspected within the specified time period, two was inspected outside the time period and one had not been inspected at all. Out of the seven

inspected nursing stations, 30 deficiencies identified by the facility condition report were reviewed. It was found that 26 out of the 30 had not been addressed. While Health Canada claimed to have resolved the remaining 4, there were no documents to support the claim. The audit also found some unresolved health and safety issues such as; a residence abandoned for more than two years due to the septic system not being repaired and broken down ventilation and air-conditioning system. These unresolved health and safety issues could compromise the health of visiting care givers and limit access to health services in these communities. It was recommended that Health Canada worked with Aboriginal communities to ensure that nursing stations are inspected regularly and any deficiency relating to health and safety are addressed promptly.

### **Medical transportation benefits for accessing health services within and without the remote community**

Health Canada provides Medical transportation benefits to First Nation Individuals registered in the Indian Registration System. Under the 2005 medical transportation framework released by Health Canada, the cost of transporting any registered first nation individual to any health care facility will be covered by Health Canada. However, for unregistered individuals over the age of one, access to these benefits would be denied.

The Audit examined 50 requests for medical transportation and found that all fifty were registered in the Indian registration system. Meanwhile, 21 births were also sampled in Manitoba to determine registration in the Indian Registration system; only 10 of the 21 births were registered.

The Audit also revealed that Health Canada's regional offices in Manitoba and Ontario had insufficient documentation to demonstrate that transportation benefits were administered according to selected principles of the 2005 Medical Transportation Policy Framework.

### **Discussion**

The Audit revealed several avoidable issues in the available health care system to rural Aboriginals. It revealed that rural-Aboriginals are not guaranteed health services by qualified Nurses at the station. The lack of adequate medical practitioners also shows that minor sicknesses which could be prevented with early diagnoses could degenerate and lead to death. Health Canada is working on these deficiencies to improve the health services to the rural community.

While improving the present nursing station is very essential, several research papers have established that socio-economic status can further improve the health of rural Aboriginals.

Tjepkema (2002) found that many of the health inequality that existed between aboriginals and non-Aboriginal population was socio-economic related. While the government of Canada is doing so much to improve the socio-economic status of rural Aboriginals, I think working with Aboriginals to improve personal worth and mindset might better improve health status. The research paper by the ministerial advisory council on rural health also sheds more light on how to improve the health of Aboriginals; it reported that "Healthy Communities involves strengthening the capacity of local citizens and communities so they are able to identify health challenges, set priorities, develop strategies and take action".

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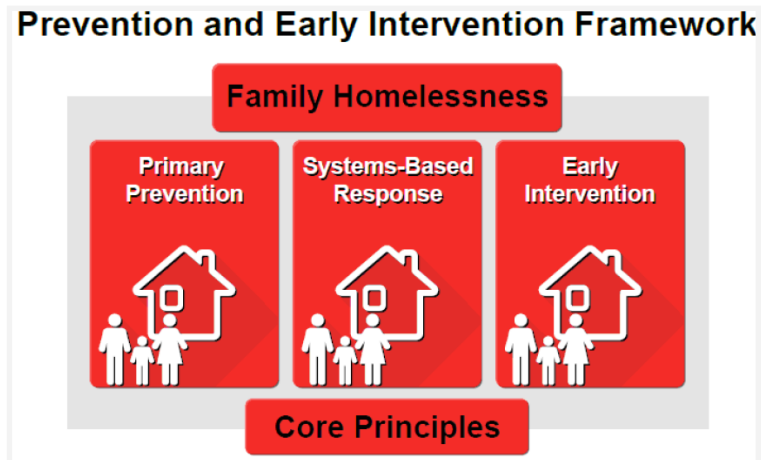
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## **Noble, A. (2015). Beyond Housing First: A Holistic Response to Family Homelessness in Canada.**

Reviewed by Jennifer Taylor, Volunteer Researcher and Writer

Through interviews with Housing First participants and service workers across Canada, Amanda Noble identifies the systemic barriers vulnerable populations' experience. In addition, Noble examines the need for development and funding for early intervention services to systemically challenge the root causes of homelessness (p. 5)

Housing First is a client-driven program that is run in various cities across Canada, "it is premised on the notion that housing is a basic human right, and is fundamental to addressing any other barriers one might face in life, including mental health and addiction concerns" (p. 9). The goal is to provide permanent housing as quickly as possible with programs such as "rent supplements, support obtaining an income, basic life skills and community integration" (Noble, 2015). Housing First emphasizes a rights-based approach premised on meeting client needs.



In Edmonton, the program has provided housing for over 5000 people since 2009 (Homeward Trust, n.d., para. 6). Though Housing First has had much success in the early intervention of homelessness, homelessness cannot be prevented without addressing its root causes. Noble (2015) identifies five areas that need to be addressed:

### [Affordable Housing](#)

Noble states that in their 2014 report, Gulliver & Richter found that the availability of housing nationally had decreased by 46% despite a 30% increase in population. This has implications for homelessness in that there is not enough housing to accommodate the increasing population. Adding to the problem, rental units have become unaffordable due to high market rates. Clients may also face discrimination based on race and/or gender in addition to the stigma associated with participating in such programs as Housing First.

### [Income](#)

Noble (2015) examines the barriers experience due to unemployability, low wages and precarious work conditions. Specifically, Noble notes that housing and social assistance eligibility policies make receiving assistance increasingly difficult. This creates disincentives to work, as housing and social assistance programs have low income and assets thresholds. Increasing disposable income and/or saving is discouraged, as asset accumulation would likely lead to loss of benefits. As a result, though the assistance is meager, there are incentives to stay on it such as childcare subsidies and health/dental benefits. With seemingly no real help, income insecurity is almost guaranteed.

### [Food Security](#)

At risk families often have no choice but to use food banks. What they eat is dependent on what others donate and often leaves users with little fresh food. Because these foods often lack nutrition, weight becomes a problem further endangering families' health (Noble, 2015). Getting food to the Northwest Territories, for instance, is expensive and is represented in the astronomical price of common goods. Summarizing the findings of

Macdonald (2014) Noble writes, “a head of cabbage can cost as much as \$28 and a 24-pack of bottled water (often in communities that do not have access to clean drinking water) can cost \$65.” With the high cost of food, those at risk must often choose between paying rent and buying food. Food insecurity and the lack of a nutritious diet is a significant factor in obesity and chronic disease among vulnerable populations.

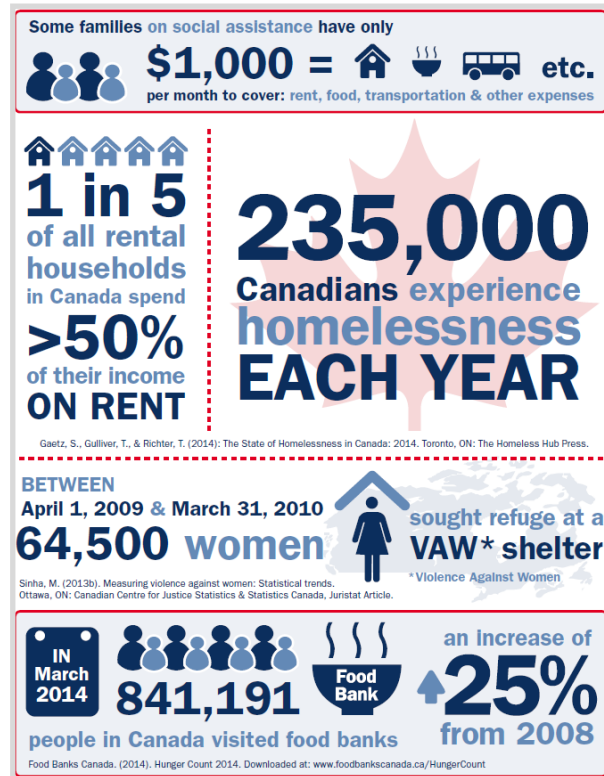
### Discrimination

Many experiences of discrimination go unaddressed by service providers. Noble (2015) writes of a single father of five children amid services assuming it is only single mothers and children who require aid. Noble also recognizes young parent who face added discrimination of “landlord stigma, little means to secure a living wage [...] low levels of family support, and lack of experience living independently (Noble, 2015).

### Gender and Intimate Partner Violence

Intimate partner violence (IPV) “is included [...] because its roots are often found in gender-based structural inequalities” (Noble, 2015). Homelessness can occur when a woman leaves a violent partner and cannot afford a place of her own. Alternative housing may be inadequate and lack personal and physical security. Noble (2015) also addresses the fact that if perpetrators are the ones to leave, *they* may become homeless, which could cause further destructive behaviour.

### System Level response



The responses to these problems are also lacking, as Noble (2015) argues. The system does not empower people because services are lacking resources and/or are inefficient. Another problem is the lack of coordination and collaboration as workers are often working with different services, with opposing goals. Noble (2015) found that many services are punitive in nature, such as programs that require parents to be drug free in order to obtain housing. This could mean a parent loses their children or they become homeless due to refused aid.

A problem for Housing First in particular is that its goal is to house people in a year. The causes of homelessness, however, are often deep-seated and a year is not long enough to properly address these issues (Noble, 2015). Services must be aligned and coordinated for those who experience homelessness. The fact that Housing First, despite its success, has not resulted in widespread support means that more work needs to be done. Education is key in order to amass support from citizens and policy makers.

Increasing support requires reframing the issue and awareness of the structural inequities inherent in our system. The conceptualization of homelessness as a result of structural and systemic disparities is needed. An understanding of the societal barriers may increase pressure on governments to fund initiatives addressing the root causes of homelessness.

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## **Johal, S., & Granofsky., T. (2015). *Growing Pains: Childcare in Canada.***

Reviewed by Lexia Simmons, Volunteer Researcher and Writer

Authored by Johal Sunil and Thomas Granofsky as the 8th report for Renewing Canada's Social Architecture Project series and published by the Mowat Centre, the purpose of this report is to advocate for childcare that is both affordable and accessible. This is a necessary prerequisite to improve employment, reduce gender inequalities and promote healthy child development. As such, this report urges the federal, provincial and territorial government to 'ensure that Canadians have childcare options that are affordable, accessible, promote early childhood development and provide parents with the flexibility to work' (p. 1)

Throughout the narrative, Sunil & Granofsky (2015), provide an overview of the policy opportunities in the childcare realm and highlights the importance of national coordination. In addition, they proposes options to improve the system, incorporating metrics to measure quality, while still accounting for the diverse needs of Canadians across the country. A person who has limited working knowledge on the importance, funding and quality of childcare in Canada would find this report useful as it provides a solid background on how the system works and how it can be improved. Moreover, the authors examine policies that affect everyday community members and helps them to have a more informed discussion about policies that directly affect them. It also allows the public to look at childcare through a theoretical academic lens, without being too complex as to lose the reader.

Johal and Granofsky also delve into the policy opportunities and challenges in childcare, as well as, identifying options to improve upon current approaches that are flexible enough to meet the diverse needs of Canadian Families (p. 1). The article begins by identifying the incentives for a change in the child-care system. The drivers for change lie in the inability of families to cover everyday expenses only one paycheck; therefore, the country has seen a 40% increase of women in the labor force. This entrance, however, is not feasible without childcare, especially in lone-parent household which are primarily female led. Thus, the lack of affordable and accessible childcare increases women and children likelihood of experiencing poverty (Johal and Granofsky, 2015, p. 3). This report also looks into the current status of the childcare system and the ways in which it is funded, the accessibility and affordability of the system, as well as, the quality of care found in the system.

The article performs a comparative analysis of the childcare systems of Quebec, Sweden and Slovenia, though the reasons why Quebec, Sweden and Slovenia were chosen are not defined. However, it could be assumed that these three were chosen because they highlight two important characteristics. The first being that all three jurisdictions are focused upon government spending in increasing the amount of child care spaces, as opposed to increasing the spending power of the family; a direction that Canada has not embraced outside from Quebec. In increasing the child care spaces, government provides an increased supply in which citizens can fill, referred to as a supply side policy. The alternative approach is the provision of government tax cuts and rebates to the family to increase the family's financial standing in hopes to increase demand for the creation of more spaces, referred to as a demand side policy (Johal and Granofsky, 2015, p. 16-17). It could be assumed that the case studies are to be examples to convince the reader of the feasibility and efficiency of a supply side policy approach.

The second characteristics that is evident is, especially in the discussion of Sweden and Slovenia was the importance of coordination between the municipal government and the national government in order to provide such an excellent childcare service (Johal and Granofsky, 2015, p. 13-14). The authors stress the importance of a more coordinated approach in implementing childcare policies, similar to the situation in Sweden and Slovenia. However, the Sweden and Slovenia case studies do not take into account that Canada is a federalist state



meaning coordination is a lot more complicated.

Coordination within the federal and provincial government in Canada would have to follow the constitutional division of powers found in the Constitution. Provinces, in Canada, are granted with powers that do not make them subservient to the federal government the same way a municipality may be subservient to a national government. The comparative case studies seemed to lack any real substance in demonstrating an avenue for change; for the reason that Quebec implemented its childcare system as a province, without much coordination or input from the Federal Government; while Sweden and Slovenia have very different state structures than are present in Canada's Federal system.

The authors determine that demand-side economic policies have already been implemented, such as the Universal Child Care Benefit and Canada Child Benefit/National Child Benefit, and have done little to aid in accessibility and affordability of childcare. Additionally, it has also been proven that similar approaches have not been successful internationally; for example, countries like Denmark and France that invest in supply side (direct creating of spaces) tend to produce better outcomes than countries that spend similar amount of cash benefits, such as the United Kingdom (Johal and Granofsky, 2015, p. 21). The authors argue for further investigation into more supply-side approaches, including a subsidization of cost of childcare spaces and shared funding agreement and cooperation between the three levels of government (Johal and Granofsky, 2015, p. 16). Additionally, the authors advocate for a coordinated strategic plan that focuses on closing the childcare gap through investment in, and implementation of, evidence-based approaches (Johal and Granofsky, 2015, p. 22), which they have attempted to argue more in favor of supply side approaches.

## Discussion

The article hit on all good points, the introduction to what has driven the change to focus upon the importance of childcare in Canada was very persuasive and was supported with statistical facts. The intricacies of the transference and usage of money between the federal and provincial government was outlined properly; however, the problems that the federal and provincial governments have in coordination due to the innate characteristics of the federal system could have been discussed and outlined in more detail. The article conveyed an ease in which coordination could occur; however, it doesn't account for the innate problems often found in intergovernmental relations between the provinces, territories and the federal government. The article also tended to focus upon the bigger picture of Canada as a whole, without looking too closely into how the different demographics of people found in different provinces play in the funding and implementation of childcare programs. There also tended to be an underlying bias within the article that supported supply side policies, as opposed to the demand-side policies that is currently in place in the Canadian system. That being said, they did lay out an argument through comparative analysis of countries childcare systems that did show an increased efficiency in supply side policies, as opposed to demand side policies.

In conclusion, the article managed to serve as a good base in discussion on the different avenues one can take to manage and increase both the quantity and quality of childcare. It also serves as a comprehensive background for further discussion on how to manage childcare in Canada.

## McInturff, K., & Lockhart, C. (2015). *The Best and Worst Place to be a Women in Canada*

Reviewed by Janine Isaac, Volunteer Researcher and Writer

The Canadian Center for Policy Alternatives (CCPA) 2015 annual report studies underlying gender inequalities that exist within Canada and seeks to provide insight on how Canada's 25 most populous cities are performing. Authors McInturff & Lockhart's intention is to shed awareness of the gender gap to policymakers in order to make informed policy decisions and eliminate the gender inequality gap. Additionally, the report identifies what works for some cities and what does not work for others. It is not meant to instill competition in terms of current gender equality standards within cities but rather gives insight on what is happening since "cities have much to learn from one another" (p. 6).

### How The Results Are Calculated

The results are based on five indicators: economic security, leadership, health, education, and personal security. The categories are weighted and averaged to produce a score for each city and those overall rankings are based from the standards set by Global Gender Gap reports.

### The Best and the Worst Places

The region with the largest gender inequality gap are in the Kitchener-Cambridge-Waterloo region, representing a significant increase in gender inequality compared to 2014. CCPA indicates that it is relatively equal in the health indicator and shows high life expectancy rates for women; however, the gender gap in economic security led to higher poverty rates for women and a wider employment gap.

In contrast, the city with the smallest gender inequality gap is Victoria, moving 4 places up from last year's report. The results show that Victoria ranks first in both leadership and economic security, and is satisfactory in the other 3 indicators. In terms of leadership, the city was the only one in the study found to have a greater number of women in government seats than men. Moreover, economic security results show the smallest gap within employment and wages compared to the other cities.

The results above reflect the stark differences between cities and imply how a city's policy decisions, with or without considering gender, can influence social well-being and status, which therefore can create a small or wide gender gap.

The Rankings		
1. Victoria	10. Oshawa	19. Sherbrooke
2. Gatineau	11. Ottawa	20. Hamilton
3. Quebec City	12. Toronto	21. Saskatoon
4. Abbotsford-Mission	13. Kelowna	22. Windsor
5. Halifax	14. Regina	23. Calgary
6. London	15. St. John's	24. Edmonton
7. Vancouver	16. St. Catharines-Niagara	25. Kitchener-Cambridge-Waterloo
8. Barrie	17. Kingston	
9. Montreal	18. Winnipeg	

## Where Edmonton Falls in the Rankings

Edmonton is ranked as the second worst city in the report, an improvement of one ranking compared to 2014. The CCPA's recent findings are the following:

- In terms of economic security, CCPA indicates the largest gap in employment levels, where 75% of men hold jobs, which is 10% greater than the amount of women who hold jobs. This suggests that since Edmonton's workforce mainly gravitates towards areas in the energy sector, the sector is male-dominant, even with recent rises in women holding a job in this industry (p. 8). Having said that, this is a relatively smaller gap compared to last year's report. In terms of wage, this gap is the largest of all 25 cities that were studied since "women earn 59 cents to a male dollar" (p. 50). Poverty in Edmonton has a significantly smaller gap compared to the wage and employment level gaps, however, there are still more women than men living below the Low Income Measure.
- Although the results show that Edmonton has a greater number of women are university graduates compared to men, there is a large gap in trades training since men are three times more likely to have apprenticeships. However, the city fares relatively better in the number of women in a senior management position.
- In terms of health, life expectancy in Edmonton falls within average results. To elaborate, women typically live longer than men even if they report high stress levels in their lives, however, 4% of women are less likely to report good health than men (p. 51).

Edmonton		
Economic Security	Education	Health
23 <sup>rd</sup>	23 <sup>rd</sup>	18 <sup>th</sup>
Leadership	Security	Overall Rank
18 <sup>th</sup>	19 <sup>th</sup>	24 <sup>th</sup>

The authors indicate that the rates of reported sexual assaults and intimate partner violence are currently higher than the national average determined from the Incident-based Uniform Crime Reporting Survey.

These findings reflect a significant difference to Victoria. The results suggest that Edmonton has a blatant gender gap and have many inequalities in terms of employment opportunities and wages.

## Conclusion

Although there have been many advancements for women in recent times such as an overall increased attention to headlines on issues about societal inequalities towards women, a gender gap still exists in Canada. Additionally, CCPA shows Edmonton ranks low this year and in 2014, which suggests that gender is rarely considered in policy and economic decisions due to the city's reliance on male-dominated industries such as oil and gas (p.6). Having said that, there is still a long way to go to close this existing gap, therefore, this report is targeted toward policymakers and the public since the results can influence future policy decisions to narrow a gender gap and eventually the social construction of gender equality.

## Teeluck, K. (2015). *The Invisible Victims: Examining the Impact of a Minimum Residency Requirement for Social Assistance on Refugee Claimants.*

Reviewed by Sheida Azimi, Volunteer Researcher and Writer

The Invisible victims by Kathryn Teeluck examines the impacts of a minimum residency requirement for social assistance on refugee claimants. The report includes an online survey of service providers working directly with refugees who were asked to provide feedback on the effects of a minimum residency requirement for social assistance on their clients and their operational capacity. It is published by Citizens for Public Justice (CPJ), a non-partisan, ecumenical Christian organization that promotes public justice in Canada by shaping key policy debates through research and analysis, publishing, and public dialogue.

CPJ's purpose of this report is to provide a resource for refugee agencies, policy and decision-makers, and individuals with an interest in refugee issues. By arguing against a minimum residency requirement, CPJ states this policy would not be a sound policy choice based on economic, humanitarian, and legal grounds. In addition, CPJ hopes this report can be used to refute claims that refugees are a drain on Canadian welfare system and to combat anti-refugee sentiments, by ensuring that the public is accurately informed.

### DISPELLING THE MYTH

A common misconception is that refugees receive more or better quality social services than Canadian citizens. This is false. They receive the same assistance as anyone else on provincial welfare.

Historically, provinces and territories of Canada have risked losing federal funding if they imposed a residency requirement. This stipulation was governed by the *Federal-Provincial Fiscal Arrangements Act* (FPFAA). On December 16, 2014, the FPFAA was amended when the federal government passed its omnibus budget bill C-43. Now provinces and territories have the power to require a minimum residency period without risk of losing federal funding. The federal government's rationale for this policy is to prevent refugees from taking advantage of Canada's welfare system, reduce costs for taxpayers and give more autonomy to provinces and territories for issues within their jurisdiction (Teeluck, 2015).

The main argument of the report is that by removing this national standard for social assistance that provides for such essentials as food, clothing, and shelter, the federal government has left a highly vulnerable population open to increased hardship. If refugees are not able to access social assistance until they have lived in a province or territory for a specified period of time (to be determined by each respective government), they will be forced to rely on shelters, food banks and charities which already operate on limited funds or they will end up homeless and destitute.

"The residency requirement will be devastating for refugee claimants who are seeking refuge in Canada. In fact, many will not be able to survive in Canada if this residency requirement is permitted. This will place additional strain on our charitable organizations and shelters."

- Refugee health clinic (Calgary, AB)

For the economic consequences, CPJ argues that it is misleading to consider this policy as cost-saving measure for taxpayers since there is no evidence that minimum residency requirement would save provinces or territories any significant amount of money. It states that in 2014, 1,810,597 people were receiving social assistance across Canada and the number of refugee claims were 13,652 in the same year. If assuming all refugee claimants rely on social assistance, this number only accounts for less than one percent of the total number of 1,810,597. Although, this number does not reflect the uneven distribution of claimants across the country. However, there are no available statistics on the breakdown of these numbers by province and territory and an Access to Information request by CPJ was denied, making it impossible to deduce whether

provinces with a higher refugee population will face a disproportionate burden (Teeluck, 2015, p6).

On humanitarian grounds, it is universally recognized that refugees are among very distinctly vulnerable groups, therefore the federal government has exempted “accepted refugees” from this policy. However, it is impossible to make the distinction between a refugee and a non-refugee upon their arrival in Canada (Teeluck, 2015, p12). CPJ argues if this policy really intends to protect refugees, a person must be given the benefit of the doubt when they claim refugee status. When requesting asylum, a person is legally entitled to be in the country while awaiting a decision on their asylum claim. Therefore, until authorities can determine whether or not they qualify for refugee status under Canadian law, it is the moral obligation of governments to ensure the survival and wellbeing of all those who reside within their borders.

#### DISPELLING THE MYTH

While approximately 45 per cent of refugee claims are denied, this **does not mean that they were not filed in good faith**. An application may be denied for many reasons. For example, it can be very difficult or expensive to get supporting documentation from the country of origin, or the claimant may not have had access to adequate legal counsel. **Only 3 per cent** of claims are found to be “manifestly unfounded” or to have “no credible basis.”

Lastly, Canada has legal obligations (domestically and internationally) requiring government to provide a certain level of care to refugees. Obligations are based on *the Immigration and Refugee Protection Act, the Charter of Rights and Freedoms, the Convention relating to the Status of Refugees, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child* (Teeluck, 2015).

As mentioned the report is based on an online survey gathering feedbacks and insights from frontline workers, organizations and refugees themselves, though the names of these organizations are not mentioned. This might raise a question of validity. However additional sources and evidence is provided to sufficiently support its economic, humanitarian and legal arguments. The author also explains and dispels myths about refugees and their impact on Canadian welfare system. Therefore, the report is constructed in a way that it speaks to a wide range of audiences with different backgrounds. This is very crucial given the timing of its publication (July 2015) which was during federal election campaign, current refugee crisis, and its goal of informing the public.

#### References:

Teeluck, K (2015). *The Invisible Victims: Examining the Impacts of a Minimum Residency Requirement for Social Assistance on Refugee Claimants*

**Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-being of Indigenous Peoples in Canada*. The Wellesley Institute**

Reviewed by Tibetha Stonechild

This report was prepared for the Wellesley Institute by Dr. Billie Allan and Dr. Janet Smylie of the Well Living House which is an action research centre founded to develop and share knowledge and practices that promote the health and well-being of infants, children, and their families. The report aims to represent the often omitted experiences of Indigenous peoples’ as a means of decentring the “continual ‘writing out’ or ‘writing over’” (Allan & Smylie, 2015, p. 2) of Indigenous-specific experiences in relation to racism. In doing so, the authors attempt to disrupt the maintenance of the characterization of Canada as a “peacemaker” nation (Regan, 2010, p. 83) “built by immigrants” (Citizenship & Immigration Canada, 2011, p. 3 in Allan et al., 2015, p. 2). Through this purposeful disruption, the authors attempt to reveal the structural and systemic violence and marginalization of Indigenous peoples that has, for the most part, been required to “Create and maintain the settler society of Canada” (Allan et al., p. 2).

The authors principally argue that institutionalized racism and pervasive colonial violence through state imposed policy architecture against Indigenous peoples of Canada fundamentally contributes to the persistent and deeply unequal health disparities between Indigenous and non-Indigenous peoples that is directly evident in:

*“...egregious overrepresentation of Indigenous children and youth in the care of child welfare agencies and indigenous youth and adults in the custody of detention centres and federal prisons....[and] the lack of political and societal response to the ever growing number of missing and murdered Indigenous Women in Canada”* (Human Rights Watch, 2013; Mathysen, 2011; The Sisterwatch Project of the Vancouver Police Department & The Women’s Memorial March Committee, 2011 in Allan et al, p. 1).

To contextualize these arguments, the report begins by describing what is currently known about the depths of racism experienced by Indigenous peoples in Canada and the extent to which it has impacted their overall health, well-being and access to health services. Based on a wide variety of data collection methods, the authors chronicle the available information regarding Indigenous peoples experiences of racism and contend that a disproportionate number of Aboriginal respondents have experienced high levels of racism and poor treatment within and across a wide variety of social and institutional settings.

Moreover, the authors contend that “racism faced by Aboriginal peoples in urban areas...[is] widespread and systemic, impacts access to housing and employment, interactions with police and school systems, and treatment in public places like restaurants, shopping malls and buses” (McCaskill & FitzMaurice, 2007 in Allen & Smylie, 2015, p. 18). When combined, the successive and unrelenting violent colonial policies and practices such as the “multi-generational disruption of Indigenous families and the physical, mental, emotional and cultural abuses of Indigenous peoples, including residential schools, child apprehension policies and forced relocations” (Allan et al., p. 21) lend directly to the poor and adverse health outcomes of Aboriginal peoples.

More specifically, it is argued that institutionalized racism, and the racism and related inequity generated through state imposed policy architecture, against Aboriginal peoples has created and legitimized the conditions where Aboriginal peoples experience disproportionately high degrees of chronic and poor health conditions, PTSD, and depressive symptomology, among other things.

The authors further argue that the health outcomes of Aboriginal peoples become increasingly acute, and in some cases have devastating or fatal, because of the “racist treatment of health care providers” (Allan et al., p. 27) that lead to delayed treatment, lack of treatment altogether” (p. 27). This is further compounded by the failure of the health system to move beyond mere recognitions of ‘cultural difference’ towards more critical analyses of “how we understand culture in the first place...and account for the impact and influence of racism, colonialism” (p. 29) in both historical and contemporary contexts.

To demonstrate a culturally responsive and culturally-safe way forward, Allan et al, describe the overwhelming resilience of Indigenous peoples in the face of disabling racism over time and chronicle the multivariate ways in which Indigenous communities have responded to meeting the health needs of their members. Moreover, Allan et al, describe the National, Provincial, or Territory policy responses to improve and/or impact the health of Aboriginal peoples in Canada such as those related to implicit bias.

To conclude, the authors suggest that “moving the conversation of race and health forward in Canada requires engaging in a decolonizing approach to anti-racism that centres decolonization in discussions and knowledge production about race and racism, fundamentally acknowledging the historic and ongoing colonization of Indigenous peoples” (Lawrence and Dua, 2005, in Allan et al, 2015, p. 43).

It is argued that this will then create the foundational shift in how “matters of racism and racialization are taken up by Canadian and social institutions” (p. 43).

## Discussion

In general, the report by Allan and Smylie (2015) is among the few that systematically works to dismantle and counter prevailing assumptions about the root causes of the disproportionately deleterious health conditions and outcomes among Aboriginal peoples in Canada. By chronicling the various policy and legislative instruments imposed by the Canadian state that have legitimated pervasive institutional racism against Aboriginal peoples and the health system in Canada, Allan et al. (2015) move attention away from normative discussions about Indigenous health that have, for the most part, placed the blame for outcomes squarely in the hands of those who experience them the most (i.e. victim-blaming). Although the report was fulsome, the Looking and Moving Forward section might have benefitted from a discussion about the:

- Need to consider the impacts of future data collection initiatives and the ongoing pathologization of Aboriginal peoples; the role and significance of Indigenous-led and controlled data collection initiatives that are grounded in the principles of Ownership, Control, Access, and Possession (“OCAP”) that work to better transform and situate future discussions about health care from an increasingly Indigenous perspective; and
- The Calls to Action by the Truth and Reconciliation Commission of Canada (2015) in respect of Aboriginal health, health care, health gaps, jurisdictional issues, Aboriginal healing practices and overcoming the health legacy of Indian Residential Schools.

This report is an important contribution to the growing body of research in respect of Indigenous health in Canada and serves as a foundational tool – perhaps touchstone document - for all levels of government, policy-makers, health institutions, and health practitioners in the future development of a health care system that is not only culturally-safe and responsive to the needs of Aboriginal peoples, but that also acknowledges the pervasiveness of racism within the system that must be countered with health solutions for Aboriginal peoples that are free from bias, racism, presumption.

## References

Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment: The Role of Racism in the health and well-being of Indigenous Peoples in Canada* (Discussion Paper) (Non-Governmental Organization) (pp. 1–71). Toronto, ON: Wellesley Institute.

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The ESPC is an independent, non-profit, charitable organization. Our Focus is social research, particularly in the areas of low income and poverty.

We are dedicated to encouraging the adoption of equitable social policy, supporting the work of other organizations who are striving to improve the lives of Edmontonians, and educating the public regarding the social issues that impact them on a daily basis.

#### Our Vision

A healthy, just and inclusive community.

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The Edmonton Social Planning Council provides leadership within the community by addressing and researching social issues, informing public discussion and influencing social policy.

## Research Review Newsletter September 2015

The Edmonton Social Planning Council, in collaboration with our volunteers, strive to provide stakeholders and community members with up-to-date reviews on recently published social research reports.

**Interested in volunteering for the ESPC or being added to our distribution list? Contact Manuel Escoto at [manuele@edmontonsocialplanning.ca](mailto:manuele@edmontonsocialplanning.ca)**

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### Meet Jennifer Taylor, ESPC Volunteer Researcher and Writer

Born in Red Deer, Jennifer Taylor dreamt of living in the big city. After high school, she achieved that dream by moving to Vancouver. There, while studying to become a sound technician, she was introduced to methadone clinics and was moved by the compassionate treatment of at-risk people.

With a greater purpose in mind, she moved to Edmonton and completed an undergraduate degree in Human Geography.

She is excited about sustainable transportation, Housing First initiatives, permaculture, urban farming, design and the interconnectivity of all things.

Next she would like to pursue a Master's degree in urban and regional planning.

