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SOCIAL PLANNING COUNCIL

RESEARCH UPDATE
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The Edmonton Social Planning Council is an independent, non-profit, charitable organization focused on social research.

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CHILDREN LIVING IN LOW-INCOME HOUSEHOLDS, 2016 CENSUS IN BRIEF, STATISTICS CANADA (SEPTEMBER 13, 2017)

REVIEWED BY ZAHRO HASSAN

Alleviating child poverty is a priority for Canada and Canadians. The number of children living in poverty has been on decline in Canada. In 1893, the province of Ontario enacted the first comprehensive child welfare legislation. In 1944, Canada introduced the Family Allowance Act, which provided universal benefits for every child. In 1989, the House of Commons resolved to eliminate child poverty by 2000. Many provinces and territories have also introduced and adopted poverty reduction legislation. Canadian families receive significant financial support for children thanks to various government programs. Since the mid-1990s, Canada has made significant progress in alleviating child poverty.

When it comes to measuring poverty, there is no single agreed-upon measurement. However, in Canada, having low income is a major indicator of living in poverty. Low income is determined by the amount of after-tax household income. In Canada, a person living alone is considered to have low income if their after-tax income is under $22,133. For a family of four, they are considered to have low income if their after-tax household income is less than $44,266.

For the 2016 census, 4.8 million Canadians were living in low-income household. About a quarter of them, or 1.2 million, were children. This is a significant drop from the 1990s when close to a third of people living in low-income households where children. A contributing factor in the drop is the various family-related programs, such as the Canada Child Tax Benefit. Since the mid-1990s, the average child benefit received by families has doubled.

Although children make up a small proportion of the low-income population, they make up a higher percentage of the population living in low-income households than adults. In 2015, 17% of children (nearly 1.2 million out of 6.8 million Canadian children) lived in a low-income household compared to 13.4% of adults. Children are more affected by low-income because the earnings of new mothers drop significantly in the first year of childbirth and several years thereafter. The percentage of children under 6 years of age living in low-income household is 17.8% compared to 15.9% for children 11-17 years old. Among all children, 17-year-olds had the lowest incidents of living in a low-income household at 14.6% and children under 1 year of age had the highest at 18.3%.

The likelihood of children living in a low-income household increases with children living in a lone-parent family and the number of children under 18 years of age in the family. In 2015, nearly two in five children in lone-parent families, or 38.9%, lived in a low-income household compared with 11.2% for children in two-parent families. The vast majority of children living in a lone-parent family lived with their mothers. For those children, the low-income rate was 42% which is much higher than children living with their fathers at 25.5%.

When families share a dwelling, the low-income rate decreases. In 2015, the low-income household rate for children living in a one-family household was 17.7%, compared to 10.6% of children whose families shared a dwelling with others. The gap is higher for children in lone-parent families. The low-income rate for children in lone-parent families whose family lived alone was 45.7%, compared with 16.6% for children whose family shared a dwelling with others. For families with two-parent household, the rate were 11.7% for those that did not shared dwelling with others and 7.4% for those that did. Regardless of the family type, the low-income rate for children whose family shared a dwelling was lower than those who did not.

In terms of geographical location, Alberta had the lowest rate of children living in a low-income household at 12.8%. Nova Scotia and New Brunswick had the highest at 22.2%. Quebec with the second lowest median household income in the country had the second lowest rate of children living in a low-income household. This is partially due to Quebec having a low child care cost and higher child benefits per family. Quebec was also the only province where children were less likely to live in low-income households than adults; 14.3% of children compared with 14.7% of adults. The gap between children and adults living in low-income households was widest in the prairie provinces; Manitoba, 21.9% of children compared with 13.5% of adults, followed by Saskatchewan, 7.8% compared with 11.4%, and Alberta, 2.8% compared with 8.2%. Among large urban centres or census metropolitan area (CMA), Windsor Ontario had the highest percentage of children living in low-income households at 24%. For smaller centres or census agglomerations (CAs), Petawawa, Ontario, had the lowest rate at 5%.

Publication Source:

Statistics Canada. (2017). Children Living in Low-Income Households. 2016 Census in Brief. Retrieved from:

http://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016012/98-200-x2016012-eng.pdf

Zahro Hassan is a PhD student in educational policy at the University of Alberta with a research focus on educational barriers faced by immigrant youth and how these barriers can be removed. Zahro's hobbies include reading, travelling, playing old school video games, and volunteering with causes she is passionate about.is passionate about.

EDMONTON COMMUNITY MENTAL HEALTH ACTION PLAN

REVIEWED BY DEBYANI SARKER

People suffering from mental illnesses often succumb to addiction to relieve their pain, instead of seeking effective measures such as counselling services and resources. The action plan intends to work within this sphere in a community-based approach, increasing people's access to high-quality and comprehensive services to help them battle their deficiencies.

The three areas developed for evaluation of the plan include: **system integration**, **service delivery**, and **evidence foundation**. Each area will have a leadership team assigned, which will be supported by the Community Mental Health Steering Committee, the Project Lead, a Project Evaluation and Research Consultant and a Project Coordinator. Their mission is to work on enhancing protective factors for people such as: opportunities to pursue goals, knowledge of community resources, developing good coping skills, conflict resolution, focusing on healthy lifestyles and resiliency, access to support services, and economic security.

System integration involves actions with short term goals, such as the alignment of shared outcomes with appropriate government outcomes, monitoring results, improving the sharing of information across systems and agencies, providing enhanced navigational support to individuals and families who experience challenging transitions, promoting 211 as a navigational tool and increasing its access, and ensuring that complex client needs are met. Medium term goals include incentivizing sectorial collaboration with special grants, integrating community resources with the Edmonton Centralized Intake model, and increasing multi-disciplinary response teams for people in crisis.

Service delivery consists of the involvement of those with lived experience in the system as peer support, developing a common assessment questionnaire based on trauma-informed care using the best practice documents, developing a mental health and addiction engagement approach for individuals, their families, and seniors, and providing training to community allies. Medium term actions involve working with immigrants and Indigenous organizations to develop approaches that are more culturally and linguistically suitable for those groups.

Lastly, **evidence foundation** consists of developing an evidence-based business case to promote the action plan, partnering with research organizations to identify current and relevant evidence, widely sharing the plan to expand opportunities for uptake of actions, and using social and traditional media to reach a wide audience including professionals and the public. Medium term actions include supporting opportunities for mental health professionals to understand measured changes in the broader community, and the synthesis and interpretation of data from shared measurements.

Overall, the plan seems to cover the important aspects of treating mental illnesses with optimally effective and affordable approaches, and across all individuals and communities. Besides increasing the quality of existing services, its implementation will ensure collaboration between those individuals and communities and the local and the provincial governments for maximized strategic growth, prevent harmful addiction and relapses, and will unify the Edmonton mental health community as a whole.

Publication Source:

Edmonton Community Mental Health Action Plan (2017). Retrieved from:

http://www.edmontonsocialplanning.ca/index.php/resources/digital-resources/f-social-issues/f02-health/1018-communitymental-health-action-plan/file

Debanyi Sarker is a student at the University of Alberta. Her skills and interests include editing, critical analysis and working with the statistical software SPSS.

EDMONTON SUICIDE PREVENTION STRATEGY 2016-2021, EDMONTON SUICIDE PREVENTION ADVISORY COMMITTEE

REVIEWED BY BETHANY LONG

Suicide is a phenomenon that impacts individuals, families, communities and, as stated in the Edmonton Suicide Prevention Strategy, is wholly preventable. This strategy was developed as part of City Council's Urban Isolation/ Mental Health Initiative in response to a growing recognition by various stakeholders across Canada that suicide prevention needs to be a priority in a society that values social well-being. As well, with suicide being listed as the leading cause of death by injury in the city of Edmonton, it is clear that this is a pressing issue that requires strategic planning and intentional action to be addressed effectively.

The Edmonton Suicide Prevention Advisory Committee is comprised of leaders and employees from a number of departments, organizations and groups who represent the diverse and intersecting identities of those who have a higher risk of suicide and the issues that these individuals/ groups face. The members of the advisory committee are:

- Addiction and Mental Health, Alberta Health Services
- Canadian Mental Health Association, Edmonton Region
- Community Inclusion and Investment, Citizen Services, City of Edmonton
- Community Mental Health Action Plan, Mental Health Continuum
- Criminal Investigations Division, Edmonton Police Service
- Edmonton Mennonite Centre for Newcomers
- Emergency Medical Services, Alberta Health Services
- Fire Rescue Services
- Health and Wellness Services, University of Alberta
- Indigenous Health Program, Alberta Health Services
- Injury Prevention Centre, University of Alberta
- Northern Alberta Aboriginal Health Program, Alberta Health
- Oxford Properties Group (Edmonton City Centre Mall)
- Prevention and Early Intervention Supports Branch, Human Services, City of Edmonton
- Pride Centre of Edmonton

This cross-section of departments, organizations and groups is indicative of the deep understanding those bringing together this advisory committee have of the complexity surrounding the issue of suicide and the multitude of factors that must be considered when developing prevention plans. Each stakeholder brings a unique perspective to suicide prevention, such as, the comorbidity of mental illness, addiction and a heightened risk of suicide. As well, the coming together of leaders living and working in Edmonton, enabled the committee to develop a strategy that would respond the social and economic conditions specific to this area.

A balanced and equal approach is taken in this strategic document, as the committee puts forward the idea that each individual and sector of society is responsible for the prevention of suicide. Too often suicide is understood as an individual act; however, this advisory committee highlights how factors like the lack of streamlining in social and health services results in individuals failing to receive the support they need to overcome the socio-economic barriers they face and place them at a higher risk of attempting or committing suicide. Even the media is given responsibility to spread awareness in a way that promotes prevention and avoids sensationalism.

The advisory committee demonstrates deep insight into and empathy for those at risk of suicide in the statement that those who do commit suicide are not choosing to die, but rather that they are choosing to end the pain of living. Individuals who experience social marginalization or discrimination, have a history of trauma, or have unmanaged mental illness can struggle to cope with the pain that they experience on a day to day basis. For example, the committee addresses Indigenous and LGBTTQ people who are at a higher risk for attempting suicide due to the intergenerational trauma from residential schools or social isolation experienced as a result of their sexual orientation/ gender identity.

Overall, the prevention strategy is incredibly action oriented and sets realistic goals to be achieved by the committee over the next four years. While it will be extremely important that the committee works to secure adequate funding for initiatives and sustainable programming, the intention to include those at risk in the development of these programs should lead to outcomes that better serve the unique needs of those accessing programs and services.

Publication Source:

Edmonton Suicide Prevention Strategy 2016-2021, Edmonton Suicide Prevention Advisory Committee. Retrieved from the City of Edmonton website: https://www.edmonton.ca/programs_services/for_communities/suicide-prevention-strategy.aspx

Bethany Long is the Aboriginal Liaison Advisor for Alberta as part of Statistics Canada's Aboriginal Liaison Program. She has a Bachelor of Arts and Master of Arts degree in Political Science. Bethany's background, education, work and passion for social justice drives her in all areas of her life.

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