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Chair

Mr. Dean Allison

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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● (1310)

[*English*]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): Pursuant to Standing Order 108(2), we are continuing our study of the federal contribution to reducing poverty in Canada. We are now starting meeting 22, our third meeting of the day here in Halifax, to discuss some of the issues of poverty.

I want to extend warm greetings to all our witnesses and to thank each and every one of you for taking time out of your busy schedules to be here to talk to us about this issue.

I know that my colleague Mr. Savage will probably echo these comments, but as a little bit of background for you, this is our first run at this study on the road. We've been studying this issue in Ottawa, so we do thank everyone for taking the time to be here.

Mr. Crooks, I want to welcome you here, sir. I understand you're here with the Phoenix Youth Programs. Maybe you could talk a little about what the programs do or what you guys do, before you get into your opening remarks.

I understand that each of you has about five minutes, and we're going to be flexible on that, but we'd love to hear what your organizations do as well, for those of us who are not from the area.

Mr. Crooks, the floor is yours, sir.

Mr. Timothy Crooks (Executive Director, Phoenix Youth Programs): Great.

First of all, thanks for having us. This is a great opportunity and an important opportunity. If ever you want to tease folks from the community, ask them to concisely describe what they do in five minutes. So we'll do our best to rise to that challenge, and again, thanks for the opportunity.

Here is a little bit about Phoenix. Phoenix is a community-based organization that's been in existence for just over 20 years. Perhaps one of the features for which we are best known—and I'm going to speak to this just very quickly this afternoon—is our continuum of supports and services that we offer, which covers a very broad range. It covers a range from a prevention program, which is largely school-based, to a drop-in centre, to residential programs, to a learning and employment centre that focuses on life skill and pre-employment development as well as job placement, through to a follow-up or after-care service. Across all those programs we offer health care, which is an essential component of what we do. We primarily work with youth between the ages of 12 and 24, so it's very key to understand the age range.

We also offer parenting support and a program we call special initiatives, which works with our youth to find their voice and to find their skills and to be involved in arts and culture and therapeutic recreation as well.

So that's a little bit about our organization.

Now, I know part of the challenge you have before you is to understand our efforts in the ongoing debate on best measurements of poverty. So whether we're talking about low-income cut-off as a measurement or low-income measurement or market basket measure, the thing I would encourage the committee to understand —and I hope it's reflected in your work going forward—is the importance of being completely as inclusive as possible in the way in which we look at those measures. So it's to understand the issue of poverty not just around an issue of finances but to understand it as we see it lived out daily as the poverty of lack of opportunity. It is poverty meaning no chance to engage and no chance to have the opportunities many of us take for granted.

Our work at Phoenix is work of a restorative nature, so the question is how you facilitate the process by which kids and their families move from the margins and become fully involved in the world around them. In essence, it's an examination of the difference between ability to contribute to culture and being only in a position of consuming it.

Through that lens and with that understanding, I want to just highlight really quickly the work we're most hopeful about at Phoenix. If we think about our opportunities—government or a set of community-based organizations or just simply the individuals in our communities around us—and our responsibility to do what we can to make sure people have their inherent right to have their basic needs met and to feel the opportunity to thrive and to succeed in their lives, then we can think about it potentially in three stages. I'll just go through them very quickly.

Stage one is early intervention and prevention. Stage two is crisis management: crisis is already happening, so as a government through services or as a community, we're scrambling to provide some assistance around the management of that crisis. And then stage three is the opportunity for someone to thrive and make use of community-based support.

It's a very linear way of thinking about it, I realize, but it gives us the sense of that continuum from early on to crisis itself and the way in which we manage it regardless of which social issues we're talking about, and then the opportunity in the end to provide meaningful support so people don't go back into that place of need.

Something that has been successful for Phoenix is that we offer a continuum of support, as I've mentioned. This allows us to deal with the whole person. This allows us to understand their lives in a context and it allows us to leverage and to build and to make good use of a relationship that's sound and of substance and is informed of the understanding of how we can best be relevant to the people we have the privilege of knowing through our work. That continuum is essential.

The second thing I want to talk about is our prevention program. We work from a perspective simply known as narrative, and Michael White has been key in the creation of a narrative approach. Simply said, it helps us understand how the story of someone's life has been written and it helps us understand our opportunities for the writing of a new story authored by the individuals themselves but supported by us, as people who are caring and providing support around them.

● (1315)

Since our prevention program is community-based, we have limited wait times, so that allows us to work really effectively with kids and their families. We're seeing individuals and families with more and more need, so our ability to respond quickly within an informed context is essential.

The last one is special initiatives. It is a program that allows our youth, through partnerships we form as an agency, to become engaged in the world around them. We have a partnership, for instance, with the Art Gallery of Nova Scotia, where our kids not only learn how to paint and how to express themselves, but learn how to curate a show and eventually launch it at the art gallery. It's a transformative thing on the night of a launch to have Monet hanging in one corner and your work hanging in another.

We start to understand the importance of having those opportunities for success by developing connections through the community, a sense of collective identity, and eventually coming into our own sense of entitlement and the ability to influence the world around us. It's that sense of entitlement that allows people to understand what they're called to do with their lives, to be excited about it, and to feel like they have a right to find their talents and really thrive. That's key.

It comes back to the notion of how we contribute to the culture or the world around us. We know that hopeful youth are most likely to lend themselves to being part of healthy neighbourhoods, which leads to healthy commerce, and healthy communities that are most likely to generate healthy individuals. So hope is at the centre of that, and we need to understand that in the context of our work and our policies as a government. We need to understand that inclusion and the finances of a family are key considerations when we turn our attention to the work at hand.

I'll leave it at that and hope that questions will allow us to get to other discussions.

The Chair: Thank you, Timothy. I appreciate that.

We'll now move to Louise Smith MacDonald, who is the coordinator of the Women's Centres Connect.

Welcome. We appreciate you being here. You can tell us a bit about your organization.

Mrs. Louise Smith MacDonald (Coordinator, Women's Centres Connect): Thank you very much.

Those who know me well say I would never be able to speak in five minutes, but I've practised, so I'm certainly going to try my best.

I am here representing Women's Centres Connect. There are eight women's centres in Nova Scotia, spread across the province. Most of them are in rural areas. I speak on their behalf, and on behalf of the many thousands of women and adolescent girls we work with on a yearly basis. I thank you for the opportunity to make this presentation today.

We have served tens of thousands of women in our community, mainly around issues of poverty, violence against women, and women's health. We are concerned about women's education and employment, and we foster women's leadership by supporting women's participation in civic organizations and in government functions.

We, as Women's Centres Connect, have a rural perspective on women in Nova Scotia. Our women's centres are mostly located in small communities, in Antigonish, New Glasgow, Truro, Sheet Harbour, Cornwallis, Yarmouth, and Lunenburg. I represent the only women's centre that would be considered to be in an urban area, which is Sydney. I'm afraid anything outside of Halifax is considered to be rural, so I also consider that we're in a rural area.

On a daily basis, the staff and volunteers in our women's centres provide direct service and programs to women who are living in poverty. We see the impact that poverty has on women's lives. We provide education and life-skill supports, and we support individual women in their struggles and through life transitions. We advocate for women when they run out of food, when they've had their electricity disconnected, when they're trying to support transportation, education, and trying to seek employment.

We view the development and implementation of a national poverty reduction strategy as an essential step towards eliminating poverty in Canada. We implore you to ensure that awareness of the specific needs of rural women is fully integrated into any such strategy.

Our vision of a healthier and more equitable Canada involves two major areas of concern, which should be addressed through government action. The first is adequately meeting people's basic needs and supporting people's efforts to develop their skills and capacities so that they are able to fully participate in community life.

As out-migration erodes community vitality, and the number of seniors and single-parent families increases, women confront tremendous demands to provide care for their children, elders, and family members with serious health problems. They must do this as they deal with inadequate housing, low income, lack of child care services, and no public transportation. Many women who become unemployed do not qualify for employment insurance benefits, and for many the overall situation is extremely difficult and fraught with well-founded anxiety.

Our vision for a national poverty reduction strategy would ensure that low-income Canadians have their basic needs fully met through sustaining employment and/or income-support programs. The strategy must be founded on valuing and supporting the caregiving work for which women have been traditionally responsible. Strong national standards for all programs must undergrid the strategy. And an understanding of the specific needs of women and of rural people must be integrated throughout.

We recommend that the Government of Canada implement a poverty reduction strategy that contains the following key elements: a guaranteed liveable income; a national housing strategy; an affordable and accessible public transportation system for rural areas; a national child care program, which will no doubt work differently in rural areas compared to urban areas; a sustainable reform of the EI system that would provide coverage to those working part-time and in precarious employment, including self-employment; a substantial increase in front-end grants for post-secondary students; and debt relief for graduates who are not earning enough to repay large loans and manage family responsibilities.

In order for a poverty reduction strategy to produce results, adequate funding must be provided to all provinces and territories as they are able to implement. However, simply transferring money to provinces without ensuring that the money is going to be spent on what it is designated for.... I think that's a very important component of that.

● (1320)

Without national standards and the funding to support them, our people and communities will continue to suffer, and our rural communities will remain at a significant disadvantage.

I'll stop at that and hope for questions.

Thank you.

The Chair: I think you'll get a lot of questions. Thank you very much for working on that.

We'll now move over to Sharon Lawlor and Patti Melanson from the North End Community Health Centre. I want to thank you both for being here. We're looking forward to your comments and also to hearing a bit about your organization.

The floor is yours for five minutes.

Mrs. Sharon Lawlor (Health Team Manager, North End Community Health Centre): I'll introduce Patti in the context of what the organization is.

First of all, thank you for the opportunity to speak today. Before I begin, I want to concur with everything Tim and Louise said. We don't want to repeat that, but we support everything they've already said.

The North End Community Health Centre is a community health centre that follows the full philosophy of community health centres that you see throughout Ontario and Quebec, primarily. We are an independent, non-profit organization that is staffed by an inter-disciplinary team that has been operating for just over 37 years in the North End, or the inner part of Halifax. Some of our staff have worked there for upwards of 25 to 30 years. They have made that strong commitment to the needs of citizens living in the North End who have a lot of experience with poverty and with trying to maintain an adequate status of health.

One thing I want to point out, before I hand it over to Patti, is the fact that our staff has worked consistently to try to bridge areas between poverty and health care and to point out to the federal government that the health care system is not sustainable and is not equitable across the board. When you look at Tommy Douglas's reference to the second stage of medicare, we cannot assure that all clients have access to health care. There's no access to pharmacare and no access to dental health. Least of all is access to certain diagnostic treatments that are necessary. That's just some context.

Our staff works diligently to assist in breaking down barriers so as to ensure access to treatment and diagnosis.

I'll let Patti talk a little more about the specifics of one of our programs.

● (1325)

Mrs. Patti Melanson (Coordinator, Mobile Outreach Street Health Program, North End Community Health Centre): Thank you very much for the opportunity to speak today.

I come very humbly, I guess. I became a nurse a number of years ago—maybe twenty. At the time, I learned a lot about nursing and knew nothing about poverty. I started my understanding of that about nine years ago, and since then I have been working with youth and adults who are homeless. It's been quite a powerful journey.

When I started out as a nurse, I was certainly and still am privileged and quite resourced. I had no understanding of how wide the net could be cast in the life of a person who is affected by poverty and the many ways in which he or she could be affected. So when I speak today it'll be from a lot of the personal learning and experiences I've had over those nine years.

People have a right to health care, but we rarely speak of the right to health. Living in poverty and being homeless is a health risk. Forget any family history of heart disease or any other familial risk, being poor and homeless will have you experiencing twice the amount of health concerns to those who are housed and not living in poverty.

So to act on a poverty reduction strategy could be a huge benefit, in many aspects, of the lives of individuals who are affected by poverty.

There has been a newly established program of the North End Community Health Centre and it's called mobile outreach street health, or MOSH for short. I have been hired as the coordinator.

This program demonstrates a willingness and an understanding on the part of the Department of Health and the CDHA, Capital District Health Authority, to connect the dots between poverty and health and the impact poverty has on the health and wellness of an individual.

This new program is the result of community collaboration. It started out as a meeting on the corner of Cornwallis and Gottingen Streets, and now, hopefully, it will be a very well-received service in our community.

This program is housed, administrated, and employed by the North End Community Health Centre. Certainly the health centre has been a strong force in the community, supporting strategic planning that addresses poverty and promotes the poverty reduction approach. This is done through the community action on homelessness program out of the North End Community Health Centre.

The MOSH program will deliver health care to people who are homeless, street-involved, and insecurely housed. We know, from a research perspective, that stable housing links people to primary care and this allows follow-through with medical treatment plans. Stable housing and the security of feeling safe also allows someone to grow from just following treatment plans to a place of wellness and self-care.

I've certainly witnessed the concept of stable, safe, and, when needed, supported housing to be the turning point for a large number of people to care for their health concerns in a way that is not crisis-driven. This is a key point, because when someone feels they are self-managing their lives in a way that feels controlled, then we see a contribution back to society. And this re-engagement to the community is often a measurement we do not take into consideration when looking at achieving targets.

There have been many health consequences to those living on low rates of income assistance. It becomes difficult to pay for prescriptions, eat a balanced diet, and pay a power bill on approximately $200 a month. With this reality, it is important that we offer programming that assists people in the reality they're living in, to buy food that will promote health, and to help them with the special needs they may need in their lives.

Working with only a physical health hat on is not adequate. It is important to understand the income assistance program, the food bank resources, and the housing options, whether that be shelter or otherwise.

Many health care professionals working with people living in poverty have had to break down silos for the good of their clients and through to government for the good of our country. We currently encourage a structure that is siloed. Certainly we've seen recently here in Nova Scotia that the youth strategy is a good example of the bringing together of many departments.

We have an obligation not to accept that people are living in shelters as a permanent housing option because safe, affordable, and, when needed, supported housing options are not open to them. We in the North End Community Health Centre certainly have witnessed the many areas that have become gentrified.

There are many subtle and discreet barriers that people experience to accessing health care that often are not talked about, and that is the feeling people get when they walk into a health care facility and know they're being treated differently because they are homeless or because they are suffering from addiction issues or mental health issues.

● (1330)

It is with that in mind that I talk with you today and stress the importance of what I have learned over my journey of bringing together not only thinking of things from a health perspective, but thinking of them as a whole person and being able to address the many needs that individuals have. That help is not only about the treatment and care that we give, but it's also about how the person lives, whether they're able to afford the prescriptions or able to house the medication that's being given to them to manage the condition they have in their lives.

I thank you very much for this opportunity.

The Chair: Thank you, Patti and Sharon, for that presentation.

We'll now start our first round of questions. We have seven minutes for questions and answers for the first round and for the second round it is five minutes.

Mr. Savage, the floor is all yours, sir.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you.

Thank you for coming. I appreciate you taking the time to talk about this with us. This is our first travel meeting. We've had a number of meetings in Ottawa. One of those meetings was with Mike Kirby and we talked about mental health.

I'd like to ask some of you.... Incidentally, my sister was proud to work at Phoenix Youth Programs with Tim for a number of years, and it's a wonderful program, the work you do there. I remember stories of my father working in the north end of Halifax, St. Joseph's. Back then they called it day care—and the work that Paul does up at the health centre. And thank you, Louise, for giving us some very specific recommendations. What we're trying to do is figure out what we can do. You've all talked to panels like ours before, and we want to get to the point of actually making a difference, so specific recommendations are very helpful.

I'd like to talk about young people with mental health issues or addiction issues and try to get some recommendations for a federal role, keeping in mind that both the blessing and the burden of Canada is our confederated model. You have to work federally, provincially, municipally, with civil society, with NGOs. Mike Kirby told us housing was an issue. When you talk about young people who have issues with mental health, there are diagnoses, there are drug issues, drug coverage issues, housing, social infrastructure, stigma, income support, all those different things. But what do you think the federal government could do to assist you to deal with young people who have mental health issues?

Maybe I'll start with Tim, and anybody else can slide in.

Mr. Timothy Crooks: I'll give you a broad answer first, and then I trust that the folks to my right can answer in more specific terms.

The broad answer is that the challenge for those of us who are service providers in the community is, on a daily basis, one of funding. One of my biggest frustrations and biggest points of bewilderment is trying to get the message through about the importance of the federal government to understand its working nature with provincial governments and the desire to strike funding formulas that have a long-term view.

That's the answer I give you as a starting point on this issue. In order to get where we need to be, in general relationships with our youth and specifically with those who have mental health issues, that is often a longer road. In order to travel that road, governments need to be able to partner with NGOs that are secure in their day-to-day operations.

Increasingly, when funding is based on a specific initiative, or the funding is project-based or short term, and then the project may or may not get renewed, it really ties our hands in terms of what we can do, both by way of immediate and day-to-day service delivery and also by way of thinking in very innovative terms about longer-term solutions.

It's a real problem in terms of our ability to establish and maintain the relationships that we need to have with, in our case at Phoenix, the kids whom we're very privileged to get to know.

I hope that we can start the discussion there, then, on the importance of understanding that, in the absence of that kind of security, it could lead to organizations becoming fairly risk-averse around what they are prepared to take on. It's been our experience, and the literature often reflects it, that the most innovative work is the work that involves a certain level of risk and a certain level of mobility—that is exactly why this community is so excited about the piece that the north end clinic is doing through Patti—so that we are able to go out and meet folks where they are and address their needs in the way that they're identifying they need to be addressed.

I'll turn it over to Sharon and to Patti to answer in more specific terms, but I guess what I want to say to you is that the starting point for that really ties into....

The outreach piece that Patti's now doing is a fine example. That was years in the making. While that was developing—much to the credit of all the front line folks who were involved in it—there were folks who were really suffering and really needed support. One of the things that I hope your committee looks at is the funding model around how you bring fortitude to the very partners who are your essential and key partners on the community side working with government going forward. It's a major consideration, and one that we're a long time getting to in Canada.

● (1335)

Mr. Michael Savage: Thank you.

Patti or Sharon, did you want to add something?

Mrs. Patti Melanson: I'll just comment briefly on that.

In regard to mental health and youth, it's very important for us to be looking at quick and immediate intervention to support not just youth but families.

There's been a bit of a shift. A federal study was done on the rates of sexually transmitted infections among street youth over a number of years. This was done by the Public Health Agency of Canada. One of the questions was about education. They were doing this study to find out about rates of sexually transmitted infections.

In that study came this real gold nugget—in Nova Scotia, anyway—that 72%, I think, of youth that we surveyed had only grade nine, had been kicked out because of lots of issues. At home it was really too much for family to handle them, and then they were out of the home and living on the streets, or living in a homeless situation.

I think that says something about the state of what families are needing to deal with and how they're having to manage. We need early intervention, and certainly programs that are directed towards that, not just for youth who have mental health issues but also, I believe, for families. We need to be doing a better job supporting families in their ability to parent, to support their children.

Mr. Michael Savage: Thank you, Chair.

The Chair: That's all the time we have; you were right on seven minutes.

We're going to move to Madame Beaudin, for seven minutes, please.

[*Translation*]

Mrs. Josée Beaudin (Saint-Lambert, BQ): Thank you very much.

We received a backgrounder that contains a chart that compares the percentage of people under the low-income cutoff in 2001 to the same percentage in 2006. One figure that strikes me in particular is the percentage of women underneath the threshold. The number of women underneath the low-income cutoff has not dropped very much. Women still find themselves in a precarious situation, living in poverty. For women, this percentage fell from 10.8% to 9.4%, whereas the percentages for men and young people dropped much more significantly.

Are there programs intended specifically for women? I know that people who are alone often find themselves in difficulty. Is this percentage particularly attributable to women who live alone? Ms. MacDonald, how would you explain this situation?

● (1340)

[*English*]

Mrs. Louise Smith MacDonald: Yes, I certainly think that when you look at lone-parent families in Nova Scotia, the highest percentage of them are led by females. Females who try to retrain or try to increase their education have such a difficult time finding child care. Women who need to go to work or try to go to work at call centres, for example, which have become one of the staples in our province, may be working from three in the afternoon until three in the morning. So it's extremely difficult to access child care.

The training programs that are going on right now aren't always ones where you're going to be able to access employment. They get you through a couple of years of training at community college, which is what our community services department here will support, but you're still being streamed into very low-paying jobs.

[*Translation*]

Mrs. Josée Beaudin: Thank you very much.

Mr. Crooks, you spoke about a continuum of services, and I found that very interesting. All of you have suggested many good ideas, but I would like to put a question to all four of you. We are being told that we have to work on all fronts at the same time. We are not yet out of the woods! To break this infamous cycle of poverty, what measures would have the most impact quickly?

[*English*]

The Chair: Sharon, do you want to...?

Mrs. Sharon Lawlor: I will try to give my humble opinion.

I think we're too late if we do not intervene early. I think there has to be federal support across Canada for early childhood intervention. There've been different aspects mentioned here, both from a parenting perspective to a mental health perspective.

Parents pre-birth, whether they're single or low income, need that support to develop a healthy child and to go into the delivery of the child, recognizing that they need help in learning how to parent and how to provide the child with a safe, healthy early childhood development stage. We know that if you miss the first three years, you are lost. A lot of our mental health challenges come from things in those early years, whether they are delayed developmental issues.... The child is struggling at school; they've already set that pattern for down the road. Therefore, they are labelled as not fitting the norm; they do not fit into our school system, etc.

There are other offshoots that could also provide support, such as extended parental leave, mother's leave beyond the year. Look at the European programs that deem or give value to mothering and parenting beyond that time. Thank heavens, we have the year now, but a lot of our parents on low income cannot afford to stay off a year; it is not viable for them to stay off a year.

● (1345)

[*Translation*]

Mrs. Josée Beaudin: What do you mean by longer parental leave? What kind of duration do you have in mind?

[*English*]

Mrs. Sharon Lawlor: Similarly, in Europe I believe there are upwards of three to five years in various countries such as the Netherlands that give value to parenting and to motherhood. It's like Louise's experience. The help the Canadian government gives to mothers is not going to help her children currently, but there are many other programs, including Invest in Kids in Ontario and the western provinces, Best Start in Prince Edward Island, and Healthy Beginnings in Nova Scotia, which are aspects of early childhood intervention.

Some of those programs have universal screening and assistance with no measurement needed. The models are following the healthy child program in Hawaii, where parenting supports, peer supports, can come into homes and truly help parents learn to parent without the stress of wondering where they're going to get the next meal for their child.

There's so much more we can do that really centres on early childhood intervention and that will have reams of outcomes down the road, but we cannot measure it immediately. That's the problem. We cannot see the outcomes immediately. It will take a while, but it's been proven, so we just need to adopt it.

The Chair: Just a quick response, please. That's all the time we have. Go ahead.

Mrs. Louise Smith MacDonald: I agree with Sharon in terms of early, early, early intervention. What we see now at women's centres is a combination of young people who are victims of their environment in terms of poverty, addictions, and/or violence, which have interfered with their development to the point where they display unusual behaviour. Whether it is mental illness or not is questionable, but they display behaviour that's not acceptable.

In order to overcome that—and we know that children who are victims of seeing violence and what not develop differently and are poorer—I think we really need to get back to mentoring in the home and respite for moms. You can't struggle with poverty, poor housing, raising your children, and no family support and not be able to have two hours for yourself in the run of a week. It's extremely difficult.

The Chair: Thank you very much.

We're now going to move to Mr. Martin. You have seven minutes, sir.

Mr. Tony Martin (Sault Ste. Marie, NDP): Thank you very much.

There's a lot of good information here. I have a couple of questions.

First, Louise, you talked about employment insurance, the regulations, and so many people, particularly women, not qualifying when they lose their work because it's seasonal and part-time work and that kind of thing. One of the questions, I guess, is that once women, particularly single women with children, lose their jobs and don't qualify for EI, where do they go? In Ontario, you have to shed yourself of absolutely every asset before you qualify for welfare, so where do they go?

Mrs. Louise Smith MacDonald: Well, if you don't qualify for EI—

Mr. Tony Martin: Excuse me. If I might just interrupt, I actually want to get a lead into talking for a few minutes about this notion of a guaranteed income as well.

Mrs. Louise Smith MacDonald: Many women don't qualify for EI. And even for those who do, if they work in a minimum wage job, minimum wage in Nova Scotia is $8.60, and I believe that EI pays 55%. So if you have a minimum wage job, and you lose it, and you are eligible for EI, you're still only going to collect about $146 a week, which is about $7,000 to $8,000 a year in total income. If you can't collect EI, then of course you would go onto social assistance through the province.

I'm trying to stay on topic. But one of the problems with all the stimulus money that was put into the economy is that very little of that would be directed to women, because it is all infrastructure money. We know that fewer than 7% of women are in non-traditional jobs. So that is not going to be a help for women who want to try to improve their lot.

There are certainly models to follow for a guaranteed income in a country like Canada. Canada, which has such abundance, really needs to look after its people. We're a caring and compassionate society. If you knew that there was a boat sinking out in the harbour and it was full of children, there isn't one of us who wouldn't be on the shore trying to do something. But you have generations of children who are literally drowning because of their poverty, and no one is doing what they need to do. So a guaranteed income would look, to me, as though those who need it.... There would be a minimum level of what a family could expect to get. So they would not be subject to political pressure or to the difference between Ontario and Nova Scotia.

I'm not suggesting that one size fits all, because it doesn't. But it would get us away from the charity model of welfare whereby if you're good and do as you're told we'll give you $208 a month for yourself plus your shelter allowance. It would just remove that. And I really believe....

We are always going to have people who need help. But we do have people who respond very quickly to a change in their lifestyle, and they move ahead, and they start to work, and they pay taxes, which I understand is the lifeline of government. Women and families, you know, are not investing in offshore oil. They're buying groceries and they're buying food and they're buying clothes in their own local economies. It is a wise choice to invest in people and to allow them to pay their fair share, as we all do.

The specifics of how to do it I'm sure someone much smarter than me could figure out, but it certainly makes sense.

● (1350)

Mr. Tony Martin: I was in Finland in 2002 visiting different groups—big business groups, union groups, and political groups. The notion of social welfare has a completely different connotation there. For them, it's the welfare of society. Poverty is often referred to as the failure of communities. This notion of stigma came up a couple of times. So did engaging young people in the world around them.

I said earlier this morning that when I was younger, I lived in a poor family. I think that now, as I look back, but I didn't know it at the time, because I was able to engage. The hockey game happened out in front of my house, and everybody played. Nowadays, because of the way things have evolved, it's very expensive to participate.

How do we get back to a notion in Canada of a healthy society, meaning that everybody in that society is healthy and has access to the things they need to actually be healthy and participate?

Mr. Timothy Crooks: I'd like to speak to that for a moment, if I could.

The old antiquated notion that takes us back to the fifties is if you can play containment on this, so it's us and them, and if you just put those folks who are troubling us on the other side of the line over there, then those of us who are on this side of the line will be just fine. Hopefully, as we've grown as a nation we've started to understand that the more who are over there, the less who are over here. The simple reality is, if it's quality of life that you seek, if you're not all on the same side of the line, then everybody pays the price.

This is borne out again and again in the research, in the literature, in personal experience, in the voice that people give to their lived lives about what poverty has meant for them. So I think that's the starting point. Regardless of your political stripe, if it's thriving commerce that you're after, I would think that you'd want all individuals, all families, to be doing well. If it's quality of life exclusively that drives you, the same rule applies.

I think when we start to look from a policy perspective, and it goes back to the question that was asked a short while ago about measure, you can't just have a measure that's exclusively tied to income. It's got to be tied to somebody's ability to participate, to be engaged, and to subsequently thrive. What's interesting is here in Nova Scotia one of the holdouts used to be, many years ago, the corporate sector, which was very lean and mean in their perspective on this, and now they're way ahead in understanding that if we want folks to fill our trades, if we want folks to lend in a productive way to commerce, we can't afford to leave anybody behind—we can't afford to leave anybody behind.

Everybody knows what's happening with the population, not only in Nova Scotia but in Canada as a nation, so if for no other reason we have reason now to give pause and to take a serious look with an inclusive lens at how we do the work that needs to be done so everybody has access to opportunities to do something really meaningful with their lives.

There's a shift that's happening all around us, and I think one of the last areas to catch up is federally and provincially when we talk about policies on these issues.

● (1355)

The Chair: Thanks, Tim.

We're going to now move over to Mr. Komarnicki for seven minutes.

Mr. Ed Komarnicki (Souris—Moose Mountain, CPC): Thanks, Chair.

I'll probably direct my comments to Tim specifically. I know that we have heard from quite a few that the way the funding presently works in the grant programs requires organizations that have been around for a long time to continue to spend a lot of effort and energy in trying to sustain themselves by jumping through various hoops. My sense is that perhaps we've matured over the years, and for some of the organizations that provide quality service and service that's really meaningful, maybe we need to rethink how we run our funding, granting proposals, how we do our call for proposals.

Do you have any specific suggestions for ways to improve that process that would give you some sustainability, I suppose, some hope towards the future? And anyone can deal with this if they like, but I know you raised it, Mr. Crooks, so I'll direct it to you.

Mr. Timothy Crooks: Thank you. I'd be happy to hear the thoughts from others as well.

There is some great work starting to happen through the Treasury and Policy Board of the Government of Nova Scotia and through HRSDC and Service Canada. It's quite exciting and interesting to see. I'll give you a small example.

Depending on the funding stream for some of the contracts now, you can go to a flat rate that's tied into administrative costs. It used to be the case that each of your items had to be itemized and there needed to be a rationale, and so on. It's easy enough to do, but it's utterly laboursome to do. After a while—I think it was on the heels of some of the problems in the past—things got so restrictive that in the run of a day you'd spend the majority of your time managing that, as opposed to doing the service delivery for which you were receiving funding. I hope we're swinging back to a more commonsensical perspective where, yes, there's accountability, but there's also the flexibility built in so that people can do what they're being funded to do, which is to exercise their understanding and basic knowledge and to get out the door the services they're receiving the funding to get out the door.

We should look at it from a “what's sensible to do” perspective. I know that becomes challenging when we're talking big dollars on a national scale, but we should also do it with the informed understanding that to do the proactive things means a huge cost savings. Locally there is a research piece called “The Cost of Homelessness” that was done by an individual named Frank Palermo, who's a professor at Dalhousie University. He did an extensive literature review. One of the things he came back with was specifically on the issue of supportive housing. His estimate was something in the 40% range as a quick and bulky summary, but nonetheless there it is. There was something in the area of a 40% cost savings in the long term to provide the supports up front that are required. It's with that understanding from a policy perspective that things that operate on a 12-month funding cycle are hugely problematic. Our work is not always necessarily a short-term intervention. It's done with a long-term view and a long-term impact. It's like any other investment.

I would encourage this committee to understand that this work we are doing, which the Government of Canada is supporting, is an investment. When you understand it from an investment perspective, then you start to look differently at what a reasonable rate of return on the dividends is, and you can start to understand it in the same way that we look at other investments. It's no different from some of the money that's gone into the stimulus. We understand that we're building for a year or two years out, and so on. Part of what's required is not only specific changes, but a cultural shift in how we think about funding NGOs and what it is we're looking for in terms of return on that investment.

● (1400)

Mr. Ed Komarnicki: Thank you.

The other sense I'm getting is on how you measure poverty and how you draw the line, so to speak. You mentioned the market basket approach as one measure. One good thing about that is that each region is a little different. It tells me that when you're dealing with poverty, there are a lot of circumstances that go into that. We have to be somewhat flexible yet objective.

As you mentioned, when you are dealing with a person there are a number of things you have to do. You need to deal with trust issues and a whole variety of things, but it boils down to the individual you're working with. Somehow you need to be able to allow the organizations to do what they need to do with the person to succeed.

How can we as a government set some objective standards that will allow you to take some risk and do some things, since otherwise you might not come up with a program such as the MOSH, which gets you to where you need to be? How do you quantify that? What do we need to do as a government to allow you to do the work you need to do?

Anyone can answer that.

Mrs. Patti Melanson: The experience at the mobile outreach street health program was unique. As I have worked in the community, my experience has been that the government makes some decisions around priorities and then throws out calls for proposals around hepatitis C prevention or specific areas like that. If I'm working at a needle exchange, and there's a call for proposals in the prevention of hepatitis C, I figure out a proposal that will address that. I tailor a proposal that has us doing prevention around hepatitis C when we are doing that anyway.

Mr. Ed Komarnicki: Shouldn't it be the other way around?

Mrs. Patti Melanson: That's what I'm talking about. The community is a group of experts, and we're a group of experts on the needs in the community. But rarely is that community consulted about what the needs are and how to equate the funding dollars with the needs.

Mr. Ed Komarnicki: Tailor the programs to what you know the need is.

Mrs. Patti Melanson: As an example, if you're on needle exchange and you write a proposal to offer some services around hepatitis C prevention, you're also making sure that people have food. You're also probably making sure that someone is linked up with housing.

I think there are experts within the community who could offer a great deal of assistance to government around how to direct calls for proposals, and even how those proposals are framed.

The Chair: Thank you.

Mrs. Louise Smith MacDonald: As Patti has said, we're always looking at the call for proposals and trying to fit ourselves into it, as opposed to saying what we need to do.

We run a women's homeless shelter in Cape Breton, and through the homeless initiative we were given money to develop it, but there's no money to hire an employee, for example. It's very difficult. We have the capability of housing nine homeless women, and they have to live cooperatively because we can't access money to put someone in there on a full-time basis. So some of the programs give you enough of what you need, but not enough.

We access Status of Women funding and there isn't an administration fee there. You take it because you know the work needs to be done, but it's at a cost to you, and you're overworked at the best of times. But it's the only way you can get the money to do what you need to do.

It's really a matter of what we need, as opposed to us trying to fit into something.

● (1405)

The Chair: Thank you.

Thank you, Mr. Komarnicki.

We'll move to the second round for five minutes.

Mr. Savage.

Mr. Michael Savage: Thank you very much.

I think the conversation is interesting, and we've moved a little into the issue of the cost of poverty. We knew some time ago that governments fighting poverty is not an issue of charity; it's an issue of justice. More and more we can see that it's also an issue of investments, as Tim talked about.

Canadians are quite proud of the social infrastructure of Canada, but it's not as robust as it could be. On early learning and child care, we were in last place in the OECD nations. On employment insurance, this is not a recession-tested system. In fact, the United States has now raced ahead of us in the way they deal with unemployment benefits.

Our medical system has holes, particularly in Nova Scotia, where home care and care for those who need ongoing assistance—whether it's episodic, consistent, or chronic—is a problem.

On the cost of poverty, I don't think it's a question of whether we can afford to address poverty; it's a question of whether we can afford not to address poverty. So it's both a social issue and an economic issue.

I think Tim mentioned stimulus. The most effective stimulus, if the purpose is to put money into the economy so it has a rebound effect, is to put it into people who need help. If Halifax is going to build a new convention centre with the stimulus money they get, we'll just be moving skilled trades people from one job to another. We won't be putting money into the hands of people who could learn and do better through the process. It's the same with employment insurance.

I wonder if anybody has a specific thought on a really effective way to use stimulus money to invest in people.

Mrs. Patti Melanson: There are a couple of examples across the country where money has been put toward social enterprise or creating workplace opportunities for people who haven't had much experience in the last little while. So if you take someone who's had a lot of chaos in their lives and previous trauma that has led them to being homeless, their initiation back into the workplace needs to be guided and gentle, in some ways. There needs to be a realization that their present life circumstances aren't the same as mine, because if I apply for a job at a construction company, I have a place to live, a phone, and food to eat.

If we are looking at using stimulus money to provide opportunities for those who are in a chaotic place, we need to create the work environment that supports the chaotic place so they can transition from chaos to organization and structure in their own lives. Once they're there, that support isn't needed. But there is a way to tag-team stimulus money and supports to people who need a gradual introduction back into the workplace.

Mr. Michael Savage: Good point.

Mr. Timothy Crooks: One of the things I think we'd be being very remiss if we did not touch on before our time is up is just the absence of appropriate housing stock in Canada. I think in some ways it could or should be stimulus-tied. When we were at our peak in the eighties, we were developing 25,000 units, or thereabouts, of supportive housing stock through a national housing strategy and in connection with CMHC on an annual basis. In the early nineties that program was truncated, as I'm sure you're all aware, and by 2002 we were down to fewer than 5,000 new units a year, and we've yet to recover from that in any substantive way.

Part of this issue is that in the absence of affordable, appropriate, well-placed housing stock in a mixed market—not in some of the ways in which we've done housing in the past—and in the absence of a national housing strategy, we're going to continue to have these discussions around tables like this and we're going to continue to struggle about what our steps forward are. And we see it play out, especially when we talk about women who are single parents and have children they're doing everything in their power to care for. A housing-first perspective is essential, I think, in this discussion.

● (1410)

Mr. Michael Savage: Thank you for that. I agree with that.

Am I okay? I didn't hear the buzzer.

The Chair: You can finish off.

Mr. Michael Savage: I was just going to say that another area I want to mention is that Canada, in my view, has fallen behind in how we treat people with disabilities. The Americans have the Americans With Disabilities Act, and Canadians don't one. I know it's jurisdictional and everything else, but it's really very sad the way people have to combat all kinds of challenges without more government assistance.

Thank you, gentlemen.

The Chair: Thank you, Mike.

We're now going to move to Mr. Lobb for five minutes, please.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you very much.

My first question is to Patti and Sharon around some of the health issues and healthy living suggestions you may have. Obviously, this is a huge strain. A huge component of poverty is the unhealthy lifestyle choices people make, and I wonder if you could just give us some comments for the record on some of the issues you've seen here locally as far as health issues go and just some programs or some ideas around the healthy living, healthy food choices, to kind of combat some of the components of poverty.

Mrs. Patti Melanson: Chronic illness is certainly higher among those who are homeless than those who are housed, especially diabetes and chronic obstructive pulmonary disease, which seem to be the two top chronic disease issues that are faced predominately within the homeless population as people age.

Being chronically homeless—and what I mean by that is that you've been homeless for years at a time, maybe having housing through short intervals—also puts a great deal of stress and strain on the mental health of an individual. So that's often identified.

Injury and assaults are also predominant within this population. They experience injury and assaults within the community itself, they experience assaults or are beaten by people who are using them and seeing them as targets, and they certainly experience assaults by law enforcement. So that's certainly an issue that is higher among the homeless population.

The issues around addiction are higher in that population also.

With all of that comes a great deal of judgment. So people who have been assaulted sometimes don't seek care because there's a perception within themselves that they deserved that. People don't go for care because of some of the things I had mentioned before—some of the discrimination they experience from health care providers around having not been able to shower or not having been able to get food for the last couple of days. So they have experienced, certainly, that type of discrimination.

I think that's what you were just looking for, right? Just some of the health concerns that are experienced by.... Does that feel sufficient?

Mr. Ben Lobb: Yes, and just further about some of the actual programs or programming you've found successful so far.

Mrs. Patti Melanson: Phoenix Youth Programs for the last number of years, at least nine, hired a nurse, and I had that position for a number of years. I think that offering health care where people are is a very effective way of managing and helping people enter into a journey of self-care. The mobile outreach street health program is even more of an extension of that type of service, in that it will actually go to all of the shelters, everywhere where food is served; it will have a street presence; it will hopefully be able to offer health care to people who are not being served by the traditional medical system right now. We shouldn't accept that people receive health care out of a moving vehicle; that doesn't feel okay to me. But what feels okay is that it's an initiation of health care for people. Hopefully the domino effect of that is that we educate other health care providers around their ways of working with people, and it will encourage people to access health care in the way you or I would.

Accessibility is huge, and we have to be conscious of how that looks. That doesn't always need to look like going to where somebody is. Accessibility is about creating shifts in people and making them more accessible to an individual, just in the way that they offer their care.

● (1415)

Mr. Ben Lobb: Do I have a few minutes left?

The Chair: You have a few seconds left.

Ms. Lawlor, go ahead.

Mrs. Sharon Lawlor: A program that was initiated last year out of the North End Community Health Centre was started by our dietician, whose emphasis was on capacity-building, specializing in youth in the community. She initiated the development of a community garden. In partnership with other programs in the area, other agencies, and using the youth through support from the Black Business Initiative they were able to get them to go through a week's training project for entrepreneurial and leadership skills to grow a garden and yield the produce from the garden to produce salsa, for example. These are youth from nine to nineteen, I believe. They sold the salsa in the community, and used that as a capacity-building example of creating profits from your own initiative and learning all aspects of gardening. That has expanded throughout the community this year. She has umpteen people. The plots are being expanded by other groups who are going to grow vegetables and produce in those plots.

That's an inner city area where the dietician is teaching people how to eat on a budget, and produce, starting with youth all the way up. That's only one of her programs.

The Chair: That's all the time we have.

I want to once again thank the witnesses for being here, not only for taking time out of your schedules, as we've all said, but also for all the hard work you do on the front lines. Thank you very much.

This part of the meeting is adjourned.

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