

The Canada Social Transfer and the Social Determinants of Health

Canadian Association of Social Workers

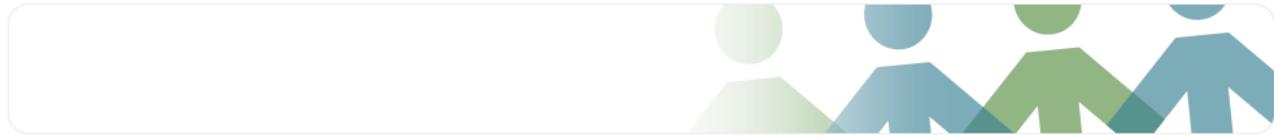
Final Report



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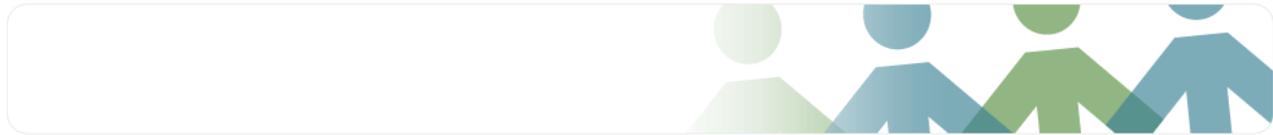


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Executive Summary

Background to the Project

The Canada Social Transfer (CST) is the primary source of federal funding in Canada that supports provincial and territorial social programs, specifically, post secondary education, social assistance and social services, and programs for children. Federal legislation dictates only one condition that the provinces and territories are required to meet to receive CST funding: to ensure that there is no minimum residency period required before persons are eligible to receive social assistance (Library of Parliament, 2011; Department of Finance Canada, 2010). Canadian advocates of human rights and equitable public policy are increasingly concerned with accountability and have called for the government to introduce conditions and standards associated with the CST to improve accountability and to ensure that Canadians, regardless of location, have equal access to adequate social programming. This advocacy occurs in light of the knowledge that the social determinants of health, including income, early childhood education, employment, and access to adequate housing, among others, are extremely important contributing factors individual health and well-being of Canadians (Raphael, 2004; Mikkonen & Raphael, 2010).

This paper investigates the adequacy of government provision and accountability in delivering social services through an in-depth exploration of income security funding at the national, provincial, and local level in Canada.

Methods

A comprehensive literature search was conducted looking for both academically published research and non-academic literature pertaining to the allocation of social service funding in Canada at the federal, provincial, and programmatic level.

An environmental policy scan was conducted to determine current practices and policies with respect to the allocation and use of the Canada Social Transfer impacting the social determinants of health. This included a provincial budget analysis for each nested case study and an analysis of income support policies in each province studied. Provincial government employees confirmed results where necessary.

A multi-level analysis was conducted analyzing the impact of federal policy on provincial spending, municipal programs, and the resulting implications for individual citizens and social workers.

Key Findings

At the National Level

Following the CST from the federal level, to the provincial level, to the individual level, we see a complex picture. The provinces start with equal per capita funding for social services, social assistance, children, and post-secondary education through the Canada Social Transfer (Table A.)

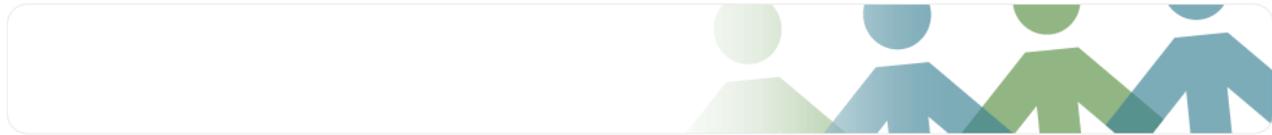


Table A. Canada Social Transfer for Three Provinces with Per Capita Calculations, 2011-2013

	2011–2012	2012–2013
Total Canada Social Transfer	\$11,514, 000,000	\$11,859,000,000
Nova Scotia (NS)	\$317,000,000	\$323,000,000
Actual NS Total Per Capita CST Allocation (dollars) ¹	\$334.21	\$340.47
Saskatchewan (SK)	\$353,000,000	\$367,000,000
Actual SK Total Per Capita CST Allocation (dollars)	\$333.71	\$339.81
British Columbia (BC)	1,528,000,000	1,572,000,000
Actual BC Total Per Capita CST Allocation (dollars)	\$333.87	\$340.07

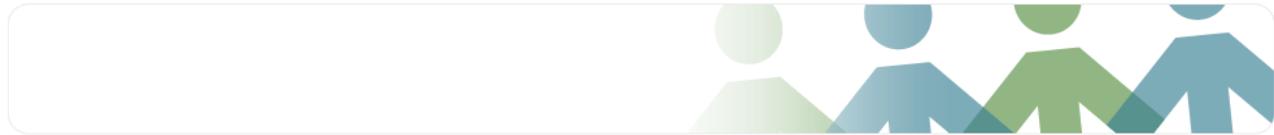
At the Provincial Level

At the provincial level, there are differing scenarios of provincial need. For example, Saskatchewan has a significantly lower low-income rate when using the MBM than either Nova Scotia or British Columbia and additionally brings in substantial natural resource revenue. Still, each province received close to \$340.00 per capita annually for the 2012-13 fiscal year from the CST. Each province spent different amounts on social services, as reported by Statistics Canada in 2009. Per capita, the social service spending spanned from \$1,104 (Saskatchewan) to \$1,623 (British Columbia) with Nova Scotia in the middle at \$1,264 per person in 2009. As there is separate reporting for education spending, this figure does not include spending on all of the services supported by the CST. Spending just on social services for each province is three times the total funding transferred from the federal government through the CST.

Each province in Canada provides some financial assistance to cover the cost of basic living requirements for an individual or family when all other financial resources have been exhausted (Federal-Provincial-Territorial (FPT) Directors of Income Support, 2008). Income security programs are administered by different ministries and are governed by different legislation and regulations. All provinces provide a myriad of programs that support individualized needs for people and families at different points in their lives.

At the Individual Level

Though the amount received by individuals, families, and persons with disabilities differs across Saskatchewan, Nova Scotia and British Columbia, there is consistency in the types of programs offered. The annual income of income support recipients compared to the MBM showed that in all provinces studied, people who receive income assistance lack funds required to meet their basic needs. Single parent families experience the greatest gap (range for a single parent family with one child of \$9,914 annually in Saskatchewan to \$11,482 in Nova Scotia lacking to meet their basic needs). These gaps and inconsistencies across the three provinces examined here raise



profound and troubling questions about the commitment of the federal government to realizing equality and human rights for Canadians from coast to coast to coast.

Implications

The funding provided through the Canada Social Transfer is insufficient to meet most provincial spending on just income assistance, and falls even more drastically short of the actual funding that would be required to provide adequate social assistance, social services, childcare and early childhood education, and post-secondary education. Despite the lack of accountability and the lack of uniformity in social programming, there is no evidence that the provinces studied were not spending CST funding in appropriate areas. However, it is vital that there be uniformity in the values and expectations driving social service funding and provision in Canada so that Canadians can be guaranteed an appropriate level of support.

Recommendations

Recommendation # 1: All parties involved in financing and delivering social programs (federal and provincial government) should come together to **develop conditions** that meet the accountability for human rights demanded by the Constitution of Canada.

Recommendation # 2: The **federal and provincial governments** should agree on an **accountability framework** and process for reporting and enforcing conditions related to provincial spending of CST funds.

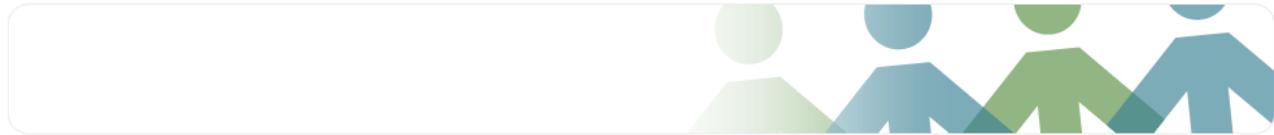
Recommendation # 3: The **federal government** should take a leadership role in developing an **overall vision** for Canada's social system and specific objectives with respect to the Canada Social Transfer within that system. Principles of dignity, equality, anti-poverty, and accessibility should provide a foundation for this vision.

Recommendation # 4: The **federal government** should make a commitment to the **protection of human rights** in Canada by: 1) increasing CST funding to the provinces, 2) securing an ongoing commitment to the CST, and developing additional national strategies to secure social programming such as a National Poverty Reduction Strategy.

Recommendation # 5: In addition to participating in recommendations #1 and #2 above, the provinces should take a leadership role in revitalizing the Provincial-Territorial Council on Social Policy Renewal to guide national social policy issues.

Recommendation # 6: Non-governmental organizations should also take a leadership role in educating Canadian citizens about the current lack of accountability in social programming.

Recommendation # 7: Non-governmental organizations, social policy think tanks and academics should be brought together to form a coalition whose purpose is to ensure that the CST and accountability measures stay on the political agenda.



Recommendation # 8: That individual social workers and citizens send a letter to their local MPs and MPPs stating their disapproval with the current lack of accountability around social programming in Canada and asking their parliamentary representatives to take action on the above recommendations.

Recommendation #9: That individual social workers and citizens sign the petition put forth by CASW and join the social movement calling for increased accountability in social programming.

Background

The Importance of Social Services in Canada

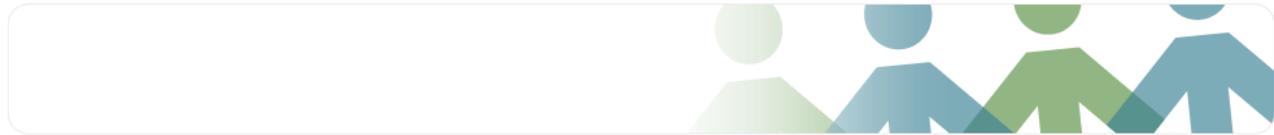
A central piece of Canada's history has been the assurance that all citizens, regardless of location of residence, have equal opportunity to achieve health and well-being. In terms of health care, this has been achieved through the principles of what is popularly called medicare, governed by the Canada Health Act, which states that medically necessary services should be universal, accessible, comprehensive, portable, and publically administrated. According to the World Health Organization (WHO, 2003), health incorporates not just physical well-being but also mental and social well-being. Thus, the social determinants of health play an important role in achieving health and well-being for Canadians.

The social determinants of health include a broad range of social factors, including income, early childhood education, employment, and access to adequate housing, among others (Mikkonen & Raphael, 2010). Despite social programs aside from health care being publicly funded, and despite such social programs having an equal if not greater contribution to individual health and well-being through the social determinants of health (Raphael, 2004), there are no principles governing the provision of social services across Canada.

The national and provincial governments have a joint constitutional responsibility to ensure equal access to services to ensure health and well-being for all Canadians, (Canadian Charter of Rights and Freedoms, 1982, c.11). This paper will investigate the adequacy of government provision and accountability in delivering social services through an in-depth exploration of income security funding at the national, provincial, and local level in Canada.

Funding Social Services in Canada

The Canada Social Transfer (CST) is the primary source of federal funding in Canada that supports provincial and territorial social programs, specifically, post secondary education, social assistance and social services, and programs for children. We have used the term "social programs" throughout the paper to refer to all of the areas of social policy that are purportedly covered by the Canada Social Transfer. These areas include: post-secondary education (PSE), childcare and early childhood services, and social services and social assistance programs. While

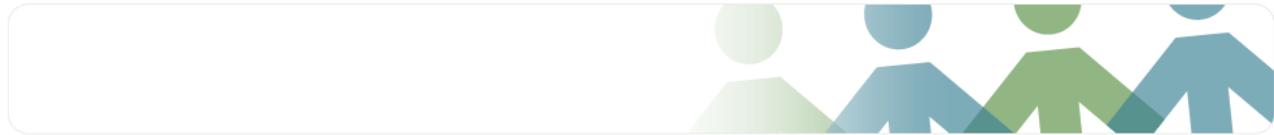


each of these components are unique and could warrant a report of their own, our objective was to highlight the impact of the CST funding on individual Canadians through a case study of income security programs. Therefore, individual discussions about PSE and early childhood programming were beyond the scope of this project.

The CST is money allocated from the federal government to provincial and territorial governments to spend as each province or territory deems necessary to meet the needs of its population in the areas of post secondary education, social assistance and social services, and programs for children. Beyond the broad specification of these spending areas, federal legislation, specifically section 24.3 of the Federal-Provincial Fiscal Arrangements Act, specifies that with respect to social service delivery, the provinces and territories are required to meet one condition: to ensure that there is no minimum residency period required before persons are eligible to receive social assistance (Library of Parliament, 2011; Department of Finance Canada, 2010). While the Canadian Health Transfer and the Canada Social Transfer are considered the largest conditional federal transfers in Canada (Library of Parliament, 2007), the degree to which the CST can be considered conditional is an interesting debate. With conditional transfers, there are some terms (ranging from very strict to almost negligible) that the provinces and territories are required to meet to receive the funding. With unconditional transfers, the federal government has little to no control over how funds are used by the provinces and territories. As it stands, currently the federal government funds the majority of social programs in Canada and yet, plays little role in shaping these programs and ensuring adequate standards for delivery. Gradually, the federal government has stepped back from ensuring adequacy of social programs and a unified Canadian experience.

Section 92 of the *Constitution Act 1867*, grants the provinces jurisdiction over delivery of social services (Human Resources and Skill Development Canada, 2008). However, both the federal government and the provincial government contribute to the financing and delivery of social programs, income security, and post-secondary education beyond the transfers mentioned above. The complexity of the areas funded and mechanisms of funding have increased considerably due to multiple and varied sources of funding (Canadian Association of Social Workers (CASW), 2012). As published in previous works, for example, funding for children and childcare is obtained from the CST and the National Child Benefit, and funding for PSE is obtained from federal and provincial budgets, foundations, and the CST (CASW, 2012).

Over time, the division of power in Canada has changed and resulted in the federal government having exclusive jurisdiction over unemployment insurance, shared jurisdiction with the provinces over pensions and old age income security, and shared responsibility with the provinces (based on section 36 (1) of the Constitution Act of 1982), for “(a) promoting equal opportunities for the well-being of Canadians; (b) furthering economic development to reduce disparity in opportunities; and (c) providing essential public services of reasonable quality to all Canadians” (CASW, 2012). While the provinces still have primary jurisdiction over social services, both levels of government are permitted to spend in the area of social programs (Cameron, 2012). This shared spending model has left the federal and provincial governments



entangled in service provision and both levels of government ultimately playing significant parts (CASW, 2012).

Income Security in Canada

Article 22 of the Universal Declaration of Human Rights states that “*everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality*” (United Nations General Assembly, 1948). This has been ratified in Canada, but human rights in Canada remain unfulfilled in their entirety.

The transfers, which at one point in history were constructive tools for realizing social rights, became less supportive of human rights when there were unilateral reductions by the federal government in the amount of money transferred to provinces and the elimination of the conditions attached to the funds (Cameron, 2012). Canadian advocates of human rights and equitable public policy are increasingly concerned with accountability and have called for the government to: reinstate the conditions in the social transfers that were eliminated; introduce new standards for post secondary education, housing, poverty; and create new child care service programs with enforceable standards attached (Cameron, 2012).

One area that has gained particular traction among advocates and policy-makers is that of poverty reduction and income security. Income has been widely cited as the most important determinant of health, primarily because of its interaction with other social determinants, and has remained at the forefront of public health discussions (Bolaria & Dickinson, 2009). In developed nations, the importance of income can be seen directly in material living conditions, as well as indirectly in social participation, social resources and social status. Additionally, at regional, provincial/territorial, and national levels, distribution of income is important for public health. Low levels of disparity in population income and low poverty rates are linked to better population health through a variety of mechanisms (Lundberg, Fritzell, ÅbergYngwe, & Kölegård, 2010). Policies that affect income and equality have the potential to improve the health of individuals living in poverty, and also populations, as more egalitarian societies are associated with a healthier life in for richer and poorer people alike (Wilkinson & Pickett, 2006).

Generally, social assistance income in Canada provides recipients with an inadequate amount of money to meet basic material needs (Yalnizyan, 2009), despite constitutional obligations laid out in section 36 (1) of the Constitution Act of 1982. Despite growing income inequality in Canada, the generosity of social assistance programs has declined (Kenworthy & McCall, 2007). Canada has been referred to as a thought-leader in the area of income and health, and in health promotion more broadly (Raphael, Labonte, Colman, Hayward et al., 2006). However, more practically, some scholars suggest that Canada has fallen behind other nations in applying these concepts politically (Raphael, Labonte, Colman, Hayward et al., 2006).



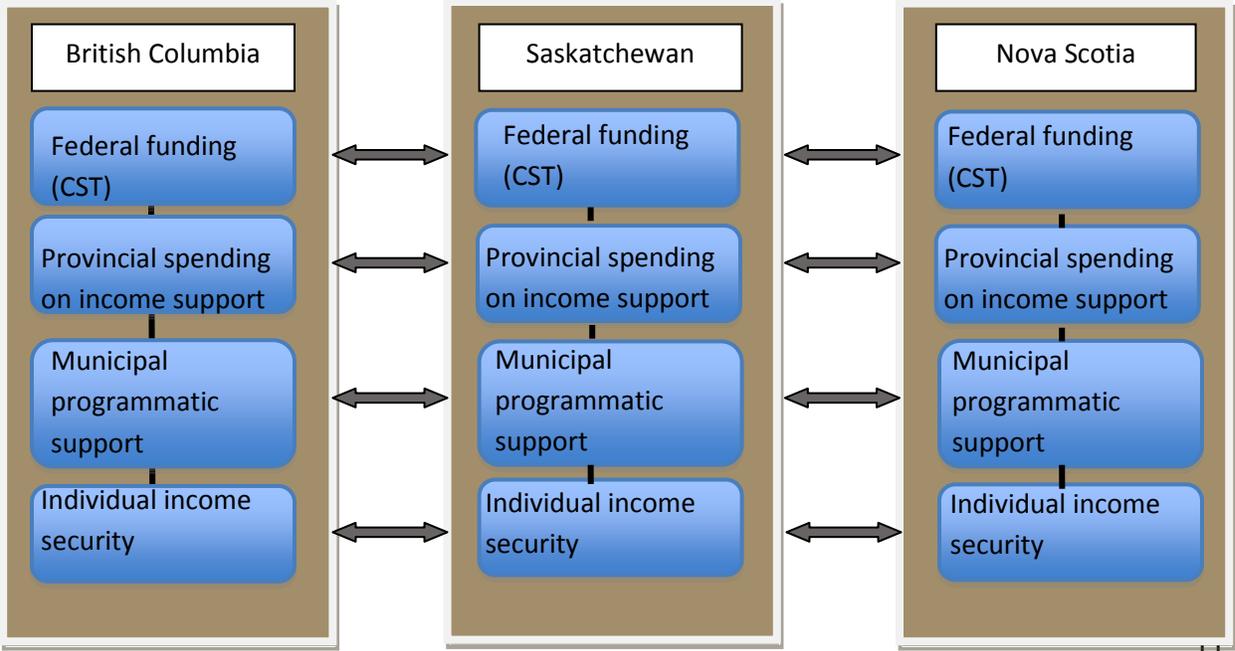
Background to the Project

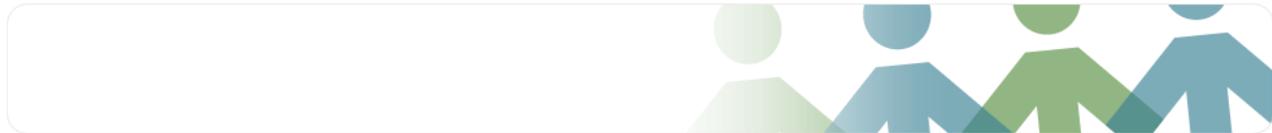
The Canadian Association of Social Workers (CASW), a national organization that has adopted a pro-active approach to addressing issues pertinent to social policy and social work practice in Canada, has recently undertaken an initiative to enhance accountability of multiple levels of government with respect to CST funding, specifically through commissioning a report with key recommendations at the local, provincial and federal level (CASW, 2012). Given that the concept of accountability regarding CST funding remains largely unexplored within the provincial and federal context, a follow-up paper was commissioned to explore the link between federal funding (the CST), provincial spending, and service delivery, highlighting the important connection between the CST and the social determinants of health.

Project Description

This paper examines the impact of the Canada Social Transfer has on the social determinants of health (SDH) through three provincial case studies of income support policies and programs. As mentioned above, income support programs were chosen to highlight the impact of the CST on SDH because income is the strongest social determinant of health (as it is closely linked to the other determinants) (Raphael, 2004), because it is comparable across provinces, and because it is one of the few items that is explicitly covered by the CST.

Figure 1. Conceptual diagram





Methods

Literature Search and Environmental Scan

Literature Review

A comprehensive literature search was conducted looking for both academically published research and non-academic literature pertaining to the allocation of social service funding in Canada at the federal, provincial, and programmatic level. Literature connecting social service funding mechanisms such as the Canada Social Transfer with social determinants of health was also sought out. The following search engines were searched: Ovid (MEDLINE), Summon search engine, Proquest, Scopus, PAIS International, Google Scholar; using various combinations of the following key search terms: Canada Social Transfer, income security, social determinants of health, *province, welfare, income support, policy, program, funding. Key search terms were combined and adjusted to yield the most effective search results. Finally, the reference list of relevant articles was scanned to find other material that was not obtained in the literature search.

Environmental Policy Scan

An environmental policy scan was conducted to determine current practices and policies with respect to the allocation and use of the Canada Social Transfer impacting the social determinants of health. This included a provincial budget analysis for each nested case study and an analysis of income support policies in each province studied. Provincial government employees confirmed results where necessary.

The following sources were used to conduct the policy scan: PolicyFile, Canadian Research Index, House of Commons Parliamentary Papers, federal government websites, provincial government websites, local income support program websites. The following policy think tank websites were also searched for relevant publications: C.D. Howe Institute, the Caledon Institute of Social Policy, the Canadian Centre for Policy Alternatives, the Conference Board of Canada, the Centre for International Governance and Innovation, the Canadian Policy Research Network, the Institute for Research on Public Policy, Canada's public policy forum, the Institute on Governance and the Institute of Public Administration of Canada (IPAC).

Data Analysis

A multi-level analysis was conducted analyzing the impact of federal policy on provincial spending, municipal programs, and the resulting implications for individual citizens and social workers. The variability between each of the outcomes for each province was compared and contrasted. Discussion linking and comparing all three provinces, and illustrating the relationship of income security to other social determinants, and the significance of these variations and the recommendations needed to transform the CST towards playing a more positive role in shaping the health of Canadians follows.



Income Security at the National Level

Canada is a multicultural country that holds many values and meanings for its inhabitants, including ideas of freedom, equality, promise, and opportunity.

Social service delivery falls predominantly under provincial jurisdiction, although the federal government does deliver some social programs. The federal government provides funds to the provinces for the delivery of social programs in the area of social services, post-secondary education and childcare through provision of the block funding of the Canada Social Transfer. On average, the federal government funds approximately 80 – 85% of all income security programs in Canada and yet paradoxically has a minimal role in shaping these programs and ensuring adequate standards for delivery. Unlike the Canada Health Act, which applies to health care provision across Canada using a set of universal principles that must be upheld, there are no national standards, principles, or regulations governing social service provision across the nation (Canadian Association of Social Workers, 2012).

The money that can be potentially spent on individual income security programs originates from the federal government in the form of the Canada Social Transfer, however the federal government transfers this money to the provinces with no requirement for an accounting of how it is spent. Provinces have no responsibility to spend the funds on anything related to social service delivery and do not have to report on and set standards of service for social service provision. Neither are provincial ministries responsible for social program provision responsible to evaluate programs or to share best practices. An indicator of this lack of trans-provincial dialogue is the fact that provincial Ministers responsible for social program provision across Canada have not met since 2006 (Friendly & White, 2012).

In the 2011-2012 fiscal year the federal government transferred a total of \$11.9 billion dollars to the provinces and territories in the form of the Canada Social Transfer. On the Finance Canada website, the following information is given about the CST (Department of Finance Canada, 2011):

- *The CST is a federal block transfer to provinces and territories in support of post-secondary education, social assistance and social services, and early childhood development and early learning and childcare.*
- *The CST is calculated on an equal per capita cash basis to reflect the Government's commitment to ensure that conditional transfers provide equal support for all Canadians.*
- *The CST cash transfer will be approximately \$12.2 billion in 2013-14.*
- *The CST base increased by \$687 million in 2007-08 to support the move to equal per capita cash. In 2008-09, the CST increased by \$800 million for post-secondary education and an additional \$250 million to support the development of child care spaces.*



- *CST cash levels are currently set in legislation up to 2013-14 and have grown by three per cent annually as a result of an automatic escalator applied since 2009-10.*
- *In December 2011, the Government announced that the CST will continue to grow at three per cent annually in 2014-15 and beyond.*
- *The Government of Canada has increased the transparency of its transfer support through the CST by providing information on the notional allocation of federal support among priority areas.*

This is the extent of the publically available information on the Canada Social Transfer from the Finance Canada website.

The following chart shows a breakdown of this funding by the intended priority areas (Department of Finance Canada, 2011). Notably, there are no mechanisms in place to ensure that the provinces spend this money as it is partitioned below and no requirement to even provide the services indicated in the categories below.

Table 1. Canada Social Transfer Funding by Priority Area, 2009-2014

	2009–10	2010–11	2011–12	2012–13	2013–14
Support for Children	1,133,000,000	1,167,000,000	1,202,000,000	1,238,000,000	1,275,000,000
Post-Secondary Education	3,333,000,000	3,432,000,000	3,535,000,000	3,641,000,000	3,750,000,000
Social Programs	6,390,000,000	6,580,000,000	6,777,000,000	6,980,000,000	7,190,000,000
Total	10,857,000,000	11,179,000,000	11,514,000,000	11,859,000,000	12,215,000,000

Source: Department of Finance Canada, 2011 <http://www.fin.gc.ca/fedprov/cst-eng.asp>

To compare social programs and accountability across the country, the table below shows the amount of money provided by the Canada Social Transfer to the provinces of interest for two fiscal years (Department of Finance Canada, 2011).

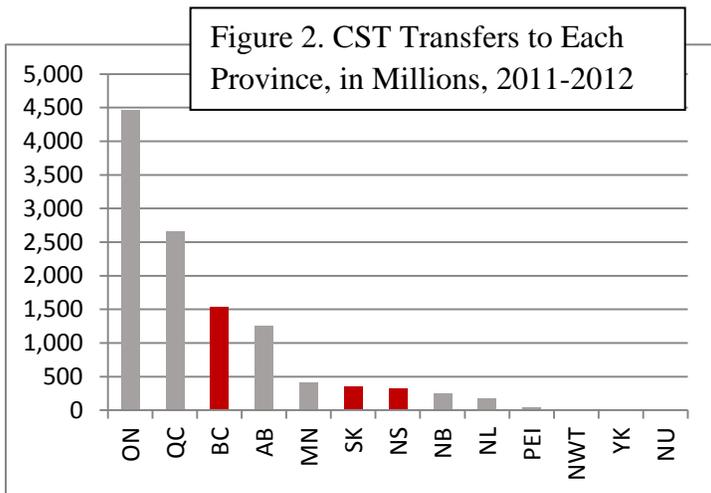


Table 2. Canada Social Transfer for Three Provinces with Per Capita Calculations, 2011-2013

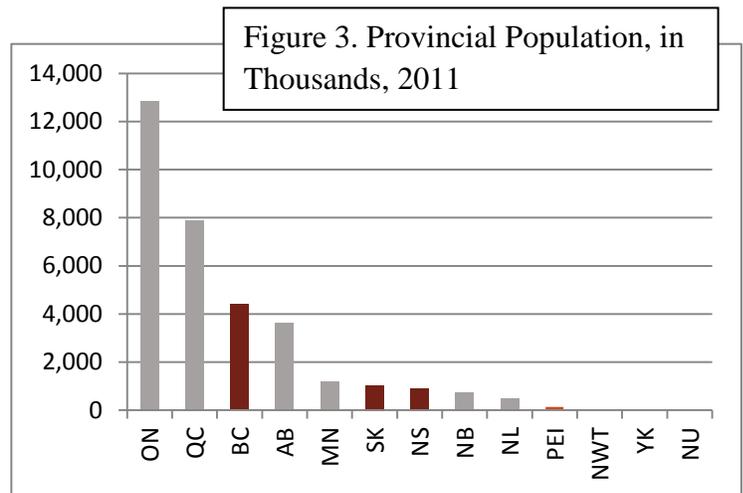
	2011–2012	2012–2013
Total Canada Social Transfer	\$11,514,000,000	\$11,859,000,000
Nova Scotia (NS)	\$317,000,000	\$323,000,000
Actual NS Total Per Capita CST Allocation (dollars) ¹	\$334.21	\$340.47
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British Columbia (BC)	1,528,000,000	1,572,000,000
Actual BC Total Per Capita CST Allocation (dollars)	\$333.87	\$340.07

Source: Department of Finance Canada, 2011 <http://www.fin.gc.ca/fedprov/cst-eng.asp>
 Per capita calculations based on population figures from <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/demo02a-eng.htm>

As would be expected with equal per capita cash transfers, a graph of the CST funding given to each province is almost indistinguishable from a graph showing population by province. This can be seen in Figures 2 and 3 below.



Source: <http://www.fin.gc.ca/fedprov/cst-eng.asp>



Source: <http://www12.statcan.gc.ca/census-recensement/index-eng.cfm>



National Demographics

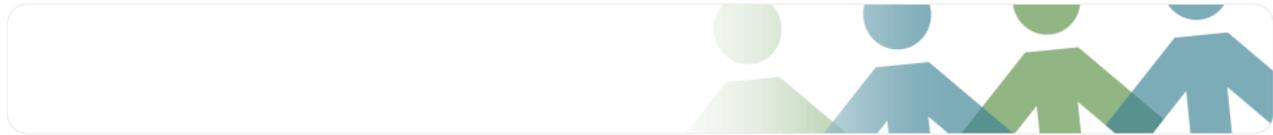
Before discussing the levels of support each province receives from the federal government, it is important to give a brief snapshot of the situation for Canadians living in each province to better contextualize the results.

The population of Canada is most heavily concentrated in Ontario, Quebec, and British Columbia. Both Saskatchewan and Nova Scotia have relatively small proportions of the population. The three provinces being considered as case studies have similar population age distributions, with Saskatchewan having a slightly younger population overall than the other two provinces (Statistics Canada, 2012a).

The cost of living is important to take into account when looking at income security at the individual level and can be approximated by looking at the consumer price index (CPI). The CPI is a measure of the average change over time in the prices paid by consumers in urban areas for a market basket of pre-defined consumer goods and services. Looking at the CPI, we can see that individuals in British Columbia have significantly lower costs of all items (116.5) than individuals in the other case study provinces, and that both Nova Scotia (122.7) and Saskatchewan (122) have CPI measures that are higher than the average CPI for Canada (119.9) (Statistics Canada, 2013).

Important when comparing social service provision across the country is a provincial measure of low income. Unfortunately, comprehensive comparisons of low-income levels between provinces are complicated and can be controversial. Where possible, we have provided information from multiple indexes to avoid some of these challenges. Statistics Canada provides two relative measures of low income: the low-income measure (LIM) and the low income cut-off (LICO) measure. Human Resources and Skills Development Canada provides an absolute measure: the market basket measure (MBM) (Zhang, 2010). The definitions of each measure are below from Murphy, Zhang and Dionne (2012):

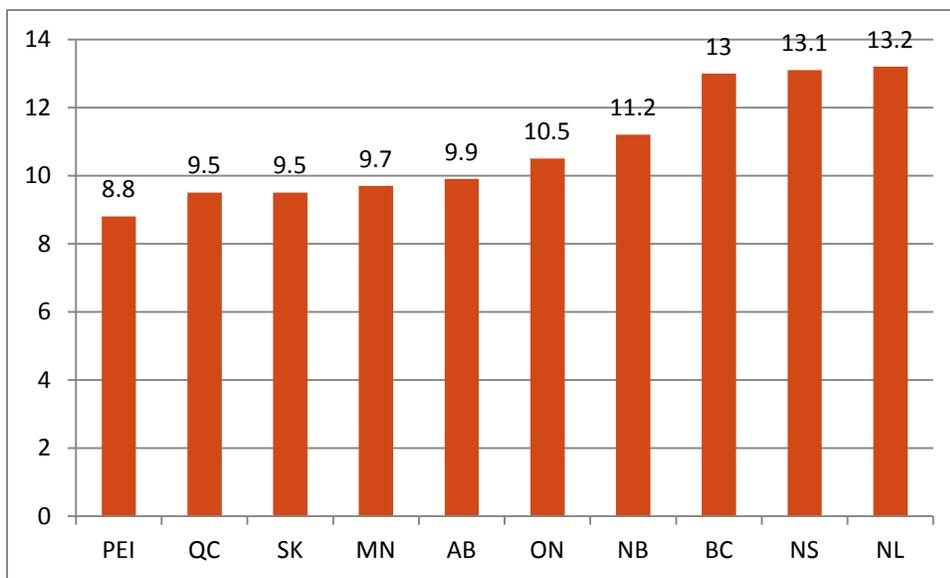
- **Low income measure:** The LIM is defined as half the median family income, adjusted for family size. A person whose income is below that level is said to be in low income.
- **Low income cut-off:** The LICO is the income level below which a family would devote at least 20 percentage points more of their income on food, clothing, and shelter than an average family would. People are said to be in the low-income group if their income falls below this threshold, adjusted based on family size and community size, and if income is calculated before or after taxes.
- **Market basket measure:** The MBM is a measure of the disposable income a family would need to be able to purchase a basket of goods that includes food, clothing, shelter, transportation, and other basic needs. The dollar value of the MBM varies by family size and composition, as well as community size and location.



To show the disparity in these indices, in 2009, the low-income rate for Canadians would be as follows (Statistics Canada, 2010):

- LIM—4.4 million (13.3 per cent)
- LICO—3.2 million (9.6 per cent of the population)
- MBM—3.5 million (10.6 per cent)

A relative measure, the LIM, is often used to make international comparisons; however, the MBM measure is helpful for making provincial comparisons as the threshold is adjusted for family size and composition, community size, and geographic location (Conference Board of Canada, 2010). A comparison of low-income rates across provinces was given in the same paper and has been replicated below:



Source: Conference Board of Canada, 2010: Data from the MBM

Figure 4. Low Income Rates in Canadian Provinces, Using the MBM, 2009 (Conference Board of Canada, 2010)

Using the MBM, the percentage of people living in low income in 2009 was highest in Nova Scotia and British Columbia, while Saskatchewan had the lowest percentage of the three. Between 2000 and 2009, every province except Ontario saw reductions in the low-income rate (Conference Board of Canada, 2010).

In comparison, using the LICO for 2012, we can see great variation in Canadians living in low income across the country. Nova Scotia has a population low-income rate of 8.4%, Saskatchewan has a low-income rate of 10.5% and British Columbia has a rate of 13.0%. The Canadian average is 10.8% (Murphy, Zhang & Dionne, 2012).



Saskatchewan

Saskatchewan received \$353 million dollars from the Canada Social Transfer in 2011-2012. Saskatchewan did not receive equalization payments after 2008 (Department of Finance Canada, 2011).

Saskatchewan's population was estimated to be 1,067,612 as of January 1, 2012, according to Statistics Canada. This is an increase of 17,064 persons since January 1, 2011. Saskatchewan has the third highest rate of interprovincial migration and experienced a net gain in migration in 2012. These strong increases in Saskatchewan's population growth are accompanied by increases in economic growth from the natural resources and energy sectors and a relatively low unemployment rate (4.3%, 2012) (Government of Saskatchewan, 2012a). A high proportion (13.5%) of Saskatchewan's population identifies as Aboriginal (Government of Saskatchewan, 2012a).

Median earnings in 2005 for Saskatchewan were \$35,948 for full-time, full-year workers. Average earnings in Saskatchewan increased at the second highest rate (second to Alberta) from 2000-2005. Despite this, Saskatchewan still had the third lowest median earnings (for full-time, full-year workers) of all provinces in this period (Government of Saskatchewan, 2012a).

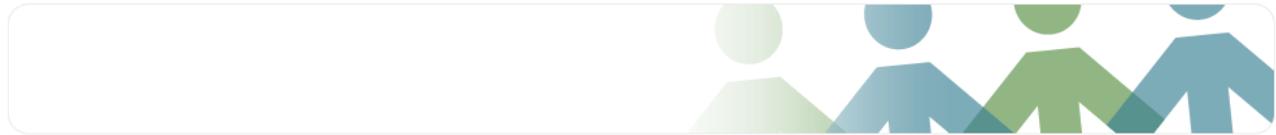
Saskatchewan's low income rate as defined by the LICO made a significant change in the mid-1990s, before which the rates were similar to the national level, and after which the provincial rates dropped below the national. By 2009, the provincial low-income rates under both the LIM and the MBM dropped to a historical low, dropping below the national level for the first time (Conference Board of Canada, 2010).

Nova Scotia

Nova Scotia received \$317 million dollars from the Canada Social Transfer in 2011-2012, and an equalization payment of \$1.167 billion dollars in 2011-2012 (Department of Finance Canada, 2011). Since not all Canadian provinces have equal abilities to generate revenue, the federal government provides annual equalization transfers to the provinces and territories that generate less revenue. Equalization is related to the transfer system and has even been intertwined with transfers in the past. Especially when transfers are essentially unconditional and issued in cash, the same way that the equalization payments are, together they conceptually become part of the total amount of money each province receives from the federal government and this leads to concerns about fairness with allocation.

Notably, Nova Scotia is the second smallest province by landmass in Canada, and it remains the second most densely populated province. Nova Scotia has a lower than average GDP per capita, with \$38,475 per person in 2010, compared to the national average of \$47,605 per capita in 2010. Nova Scotia had an unemployment rate of 9.3% in 2012 (Government of Nova Scotia, 2012).

Nova Scotia provides a strong example for comparing multiple measures of low income, given the implications for using varied measures for understanding provincial levels of low income. Using the LICO, the low-income incidence at the provincial level has historically been very close to the national level; however, under LIM (from 1978 to 2009) and MBM (from 2000 and



2009), low-income rates in Nova Scotia were higher than pan-Canadian averages (Conference Board of Canada, 2010).

British Columbia

British Columbia received \$1.528 billion dollars from the Canada Social Transfer in 2011-2012. British Columbia did not receive equalization payments after 2007 (Department of Finance Canada, 2011).

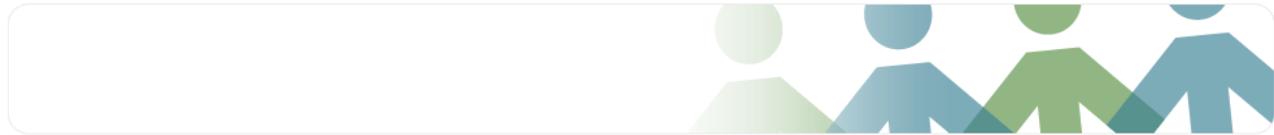
British Columbia's population was estimated to be 4,622,573 as of January 1, 2012, according to Statistics Canada, holding approximately 13.2% of the Canadian population. British Columbia has a very diverse ethnic population, with a large number of immigrants having lived in the province for 30 years or less. A total of 4.8% of the British Columbia population identifies as Aboriginal. This is relevant to social spending, as newcomers often require support and Aboriginal peoples experience ongoing challenges stemming from colonialism and racism. British Columbia had an unemployment rate of 7.0% in 2012 (Government of British Columbia, 2012).

Similar to Nova Scotia, British Columbia followed the national average roughly until the late 1990s onward, when the provincial incidence of low income started to surpass the national level using both LICO has remained always been above the national level (Conference Board of Canada, 2010).

Income Security at the Provincial Level

Each province in Canada provides financial assistance to cover the cost of basic living requirements for an individual or family when all other financial resources have been exhausted (Federal-Provincial-Territorial (FPT) Directors of Income Support, 2008). Theoretically, funding for income security comes through the CST. The provincial responsibility for income support is set out by sections 91 and 92 of the Constitution Act of 1867 (FPT Directors of Income Support, 2008).

Because the responsibility falls to the provinces, each province has its own legislation governing the delivery of income support. In Saskatchewan, income assistance is provided through the Ministry of Social Services (Government of Saskatchewan, 2012b). Income security programs in Saskatchewan are governed by The *Saskatchewan Assistance Act* and the Saskatchewan Assistance Regulations. In Nova Scotia, income assistance, referred to as Employment Support and Income Assistance (ESIA) is provided through the Department of Community Services (Province of Nova Scotia, 2013a). Income security programs in Nova Scotia are governed by the *Employment Support and Income Assistance Act* and the Employment Support and Income Assistance Regulation (FPT Directors of Income Support, 2008). In British Columbia, income assistance, also known as BC Employment and Assistance (BCEA) is provided through the Ministry of Social Development (British Columbia Government, 2012). BCEA is governed by the *British Columbia Employment and Assistance Act*, the *British Columbia Employment and Assistance for Persons with Disabilities Act*, the British Columbia Employment and Assistance



Regulations and the British Columbia Employment and Assistance for Persons with Disabilities Regulations (FPT Directors of Income Security, 2008).

As aforementioned, the only condition required to be met across Canada is that all persons who have permanent resident status may be eligible for social assistance, including those persons who have made a claim for refugee status or who have been granted asylum under the *Immigrant and Refugee Act*.

There are different categories of people who qualify for income assistance, including: employable persons who are currently unemployed due to circumstances beyond their control, single-parent families, persons with disabilities, persons with multiple barriers to employment, such as substance abuse, child care or transportation issues, history of long-term unemployment and/or low basic skills, seniors and students (FPT Directors of Income Support, 2008). Specific benefits vary province to province, but can be summarized as: a) basic benefits, which cover the cost of food, shelter, clothing, personal and household items, b) special needs assistance, which is additional funding usually related to age, disability, employment, education or training, and c) transitional assistance, which aims to help lessen the financial impact of transition from social assistance to employment (FPT Directors of Income Support, 2008).

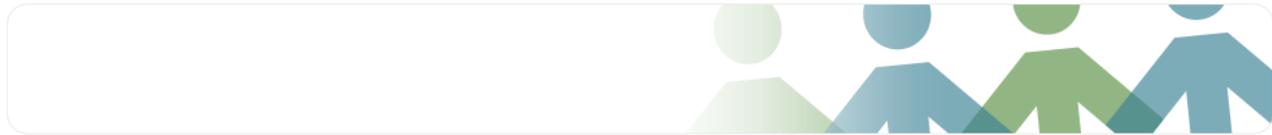
A description of income security programs across Saskatchewan, British Columbia and Nova Scotia is separated into the following sections: a) a description of programs and services categorized under subheadings of basic benefits, transitional benefits, benefits for families, benefits for persons with disabilities, and other, b) summarized assistance rates for basic welfare, c) provincial budgets and d) provincial priorities.

Description of Programs

As aforementioned, all three provinces provide financial assistance to cover the cost of basic living requirements for an individual or family when all other financial resources have been exhausted. Benefits can be subdivided into the following categories: basic benefits (including personal needs and shelter), transitional benefits, benefits for families, benefits for persons with disabilities and other.

Basic Benefits

The Saskatchewan Assistance Program is a program of 'last resort' for families and individuals who cannot meet basic living costs (Saskatchewan Ministry of Social Services, 2012b). In Nova Scotia, Income Assistance (IA), similar to SAP, provides people in financial need with assistance with basic needs such as food, rent, utilities like heat and electricity, and clothing. The program also helps with other needs such as child care, transportation, prescription drugs, emergency dental care, and eye glasses (Province of Nova Scotia, 2013a). In British Columbia, Income Assistance (IA) is the benefit most people get when they receive welfare (Legal Services Society, BC, 2010). Hardship assistance is temporary assistance for people who do not qualify



for income assistance but who are in need and meet other requirements. Those who receive hardship assistance may be required to pay it back (Legal Services Society, BC, 2010).

Transitional Benefits

In Saskatchewan, the Transitional Employment Allowance (TEA) provides financial support to people who are participating in employment services or job transitions (Saskatchewan Ministry of Social Services, 2012a). Similar to TEA, in Nova Scotia, Employment Support Services (ESS) may be available to assist with expanding opportunities for education, job skill development, volunteer opportunities, and part-time work (The Law Foundation of Nova Scotia, 2009; Saskatchewan Ministry of Social Services, 2012c). Training program supplements may also be available to low income people seeking employment in British Columbia (Legal Services Society, BC, 2010).

Benefits for families

In Saskatchewan, the Saskatchewan Employment Supplement (SES) is available to supplement income earned by low-income parents to assist with child-related costs of working (Saskatchewan Ministry of Social Services, 2012d). The Child Care Subsidy supports low-income parents to enter and remain in the workforce (Saskatchewan Ministry of Social Services, 2012e). The Saskatchewan Rental Housing Supplement (SRHS) is a monthly benefit that assists families with children and persons with disabilities with their housing costs. For families, family size, location, rent and household income determine the amount of the supplement (Saskatchewan Ministry of Social Services, 2012f). The Nova Scotia Child Benefit (NSCB) is a supplement provided to all low-income families to help them with the cost of raising children under the age of 18 (Province of Nova Scotia, 2013b). Additionally, families in Nova Scotia who receive IA and have children in school may receive an annual School Supplies Supplement (SSS) to purchase items such as school supplies and/or to pay for school fees (Province of Nova Scotia, 2013c). The BC Family Bonus is a program administered by the Ministry of Small Business & Revenue that provides a tax-free payment to moderate-income families with dependent children. The BC Family Bonus aims to make it easier for families with children to leave and stay off income assistance through allowing families to continue to receive the bonus for their children while working or going to school. The BC Healthy Kids Program helps low income families with the costs associated with basic dental care and prescription eyewear for their children. Dependent children under 19 years of age, in families receiving any level of Medical Services Plan (MSP) premium assistance through the Ministry of Health Services, are eligible for the BC Healthy Kids Program. Additional benefits relevant to families in BC include an annual Christmas supplement, a school start-up supplement and camp fees (British Columbia Ministry of Social Development, 2009).



Benefits for persons with disabilities

The Saskatchewan Assured Income for Disability (SAID) Program provides income support for people with long-term disabilities (Saskatchewan Ministry of Social Services, 2012g). As aforementioned, the Saskatchewan Rental Housing Supplement (SRHS) is a monthly benefit that assists families with children and persons with disabilities with their housing costs. For persons with disabilities, this supplement is conditional upon one family member having a disability that produces a recognized housing impact (Saskatchewan Ministry of Social Services, 2012f). Nova Scotia Disability Support Programs (DSPs) serves children, youth and adults with intellectual disabilities, long-term mental illness and physical disabilities in a range of community-based, residential and vocational/day programs (Province of Nova Scotia, 2013d). Unique to British Columbia, Persons with Persistent Multiple Barriers (PPMB) benefits are for people who have a medical condition that makes it difficult or impossible to look for work or to keep a job (British Columbia Government, 2012). Similar to Saskatchewan and Nova Scotia, Persons with Disabilities (PWD) benefits also exist for people with disabilities and their families. Access to additional health supplements and programs may also apply in BC for people with disabilities, including supplements for: dental, diet, medical transportation, nutrition, natal, optical services, extended medical therapies (e.g. acupuncture, naturopathy, chiropractic), alcohol and drug treatment, and payment of fees to medical practitioners who have completed forms for welfare applications (Legal Services Society, BC).

Other

In Saskatchewan, additional supports are available to seniors through the Seniors Income Plan (SIP) and the Personal Care Home Benefit (PCHB), monthly financial assistance to seniors living in a licensed personal care home (Saskatchewan Ministry of Social Services, 2012h). A discounted bus pass program (BUS) is provided at a reduced rate for those who qualify for SAP, TEA, SAID, SES or PTA (Saskatchewan Ministry of Social Services 2012i). Residents of Nova Scotia may access Financial Assistance and Grant Programs for Homeowners (GPFH), which offers financial assistance in the form of grants and forgivable loans to low-income households to enable them to make emergency, health and safety related repairs. Other types of assistance available to low income people in British Columbia include: coverage of cost to replace lost identification, security deposit on housing, emergency moving benefits, natal supplements, diet assistance, an annual Christmas supplement, a crisis supplement, a co-operative housing association share purchase supplement, assistance with transportation costs for medical appointments, paternity testing and/or court attendance, a guide animal supplement, a community volunteer supplement and assistance with funeral costs. People may also qualify for a trust to administer welfare funds, for alcohol and drug residential treatment, and/or a mental health facility (British Columbia Ministry of Social Development, 2009)



Assistance Rates

Assistance rates vary across provinces and programs. For simplicity, the rates presented below are the maximum available for the following categories: single adult (childless), childless couple, single parent family 1 child, single parent family 3 children and single parent family 5 or more children. Where rates differ based on location within the province in question, the highest rate is presented. These rates take into account both the amounts for shelter and basic personal needs. They do not take into account additional funds e.g. for medical appointments or utilities, as these are individual/situational specific. They do not take into account provincial top ups for families with children for which amounts are usually calculated based on the Canada Child Tax Benefit. Basic income support is compared across three provinces in Table 4.

Table 3. Annual Income of Basic Welfare Recipients by Category and Province, 2012

	Saskatchewan		Nova Scotia		British Columbia	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
*Single Adult	\$583	\$6,996	\$538	\$6,456	\$610	\$7,320
**Childless Couple	\$1,069	\$12,828	\$1,046	\$12,552	\$877	\$10,524
~Family 1 child	\$929	\$11,148	\$941	\$11,292	\$946	\$11,352
~Family 3 children	\$1,017	\$12,204	\$1,047	\$12,564	\$1,076	\$12,912
~Family 5 children	\$1,104	\$13,248	\$1,313	\$15,756	\$1,161	\$13,932

*based on adult under the age of 65 who is considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

**where both adults are under the age of 65 and considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

~ Single parent family, where adult is under the age of 65 and considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

Source: Saskatchewan Ministry of Social Services, 2012b, <http://www.socialservices.gov.sk.ca/SAP-rateCard.pdf>

Province of Nova Scotia, 2013a, http://novascotia.ca/coms/employment/income_assistance/index.html

British Columbia Ministry of Social Development, 2008, <http://www.hsd.gov.bc.ca/mhr/rates.htm>

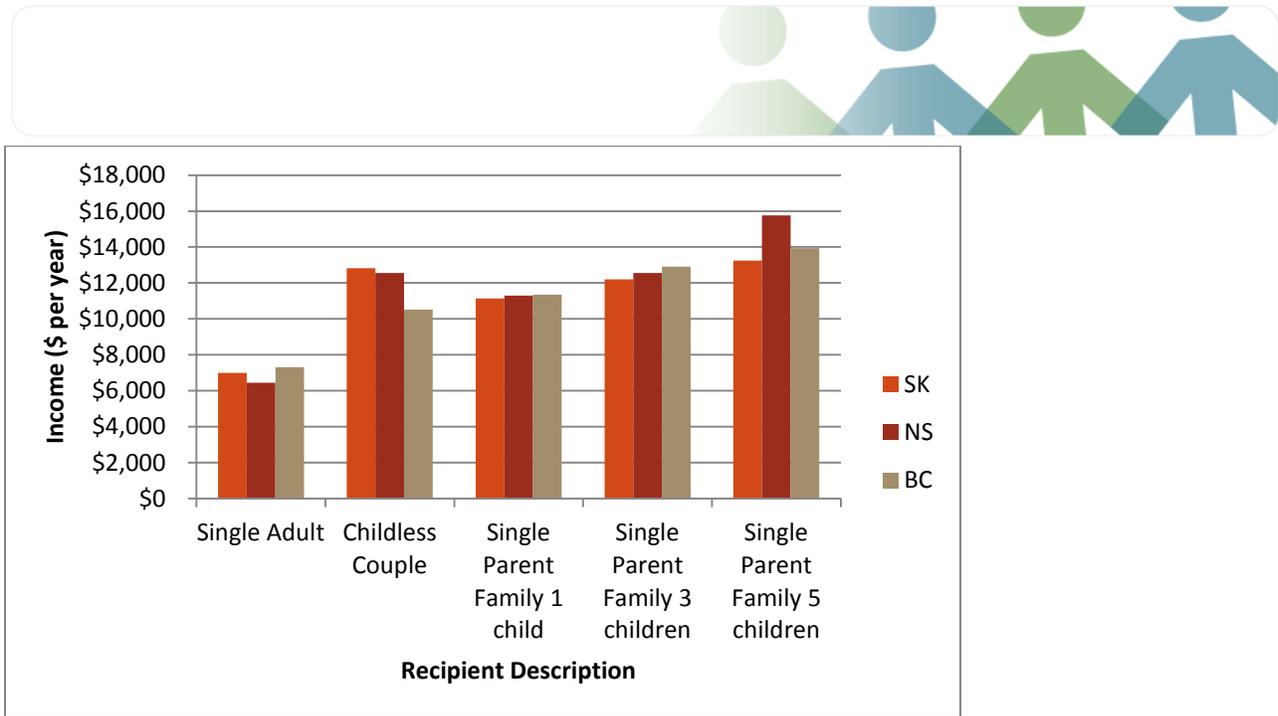


Figure 5. Income (\$ per year) Received by Recipient Type in Saskatchewan, Nova Scotia and British Columbia

Independent of context (such as cost of living) these figures mean very little. Measures such as the Market Basket Measure (MBM) can be used to understand how current levels of income assistance compare to the cost of living. According to Statistics Canada (2012c), the MBM is a measure of the cost of living for a reference family of two adults aged 25 to 49 and two children (aged 9 and 13) that takes into account the costs of food, clothing, footwear, transportation, shelter and other expenses. The MBM provides thresholds for a finer geographic level than the low income cut-off (LICO), for example, by accounting for different costs for rural areas in the different provinces. These thresholds are compared to disposable income of families to determine low income status. According to Statistics Canada (2012c), disposable income is defined as the sum remaining after deducting the following from total family income: total income taxes paid; the personal portion of payroll taxes; other mandatory payroll deductions such as contributions to employer-sponsored pension plans, supplementary health plans, and union dues; child support and alimony payments made to another family; out-of-pocket spending on child care; and non-insured but medically prescribed health-related expenses such as dental and vision care, prescription drugs, and aids for persons with disabilities.

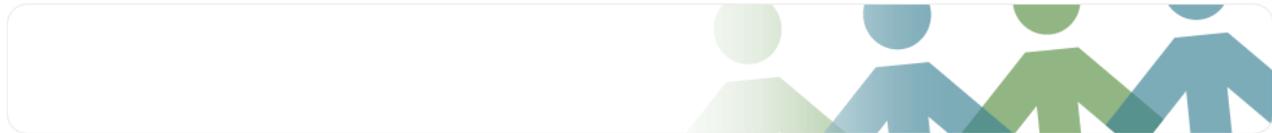


Table 4. Difference Between MBM and Annual Income of Basic Welfare Recipients by Category and Province

	Saskatchewan			Nova Scotia			British Columbia		
	Yearly	MBM ^a	Difference	Yearly	MBM	Difference	Yearly	MBM	Difference
*Single Adult	\$6,996	\$14,938	-7,942	\$6,456	\$16,152	-9,696	\$7,320	\$15,895	-8,575
**Childless Couple	\$12,828	\$21,062	-8,234	\$12,552	\$22,774	-10,222	\$10,524	\$22,411	-11,887
~Family 1 child	\$11,148	\$21,062	-9,914	\$11,292	\$22,774	-11,482	\$11,352	\$22,411	-11,059
~Family 3 children	\$12,204	\$29,875 ^b	-17,671	\$12,564	\$32,303 ^b	-19,739	\$12,912	\$31,789 ^b	-18,877
~Family 5 children	\$13,248	\$36,597	-23,349	\$15,756	\$39,571	-23,815	\$13,932	\$38,942	-25,010

*based on adult under the age of 65 who is considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

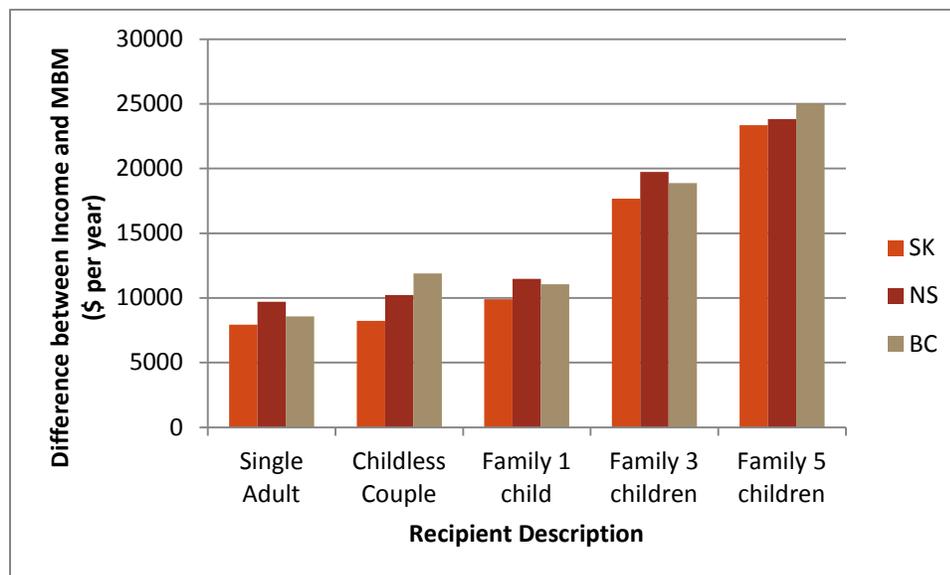
**where both adults are under the age of 65 and considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

~ Single parent family, where adult is under the age of 65 and considered employable (does not have qualify in BC as PPMB or in BC, SK or NS as person with a disability)

^a MBM is for Halifax, Nova Scotia, Vancouver, British Columbia and Regina, Saskatchewan as of 2010. To convert to other family sizes, divided these values by 2 (the square root of the reference family size of four persons) and then multiply by the square root of the desired family size (1 for single adult; 1.41 for childless couple and single parent family with 1 child; 2.45 for single parent family with 5 children)

^b Reference for a family of 4.

Source: Income Assistance Rates: Saskatchewan Ministry of Social Services, 2012b, <http://www.socialservices.gov.sk.ca/SAP-rateCard.pdf> Province of Nova Scotia, 2013a, http://novascotia.ca/coms/employment/income_assistance/index.html British Columbia Ministry of Social Development, 2008, <http://www.hsd.gov.bc.ca/mhr/rates.htm>; MBM, <http://www.statcan.gc.ca/pub/75f0002m/2012002/tbl/tbl04-eng.htm>



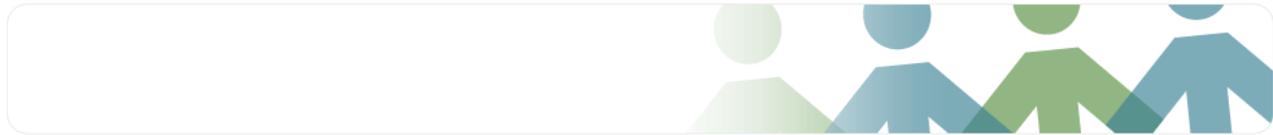


Figure 6. Difference Between MBM and Annual Income of Basic Welfare Recipients by Category and Province

Budget Considerations

Saskatchewan

We can look to the 2011-2012 Ministry of Social Services Annual Report to explore the amount of spending on income security programs in the province of Saskatchewan.

Table 5. Amount Spent on Income Security Programs, 2011-2012 – Saskatchewan

Program	2011-2012 Budget	2011-2012 Actual
SAP	\$217,800,000	\$219,861,000
SAID	\$33,500,000	\$35,911,000
SES	\$20,700,000	\$19,654,000
TEA	\$29,200,000	\$20,900,000
CCS	\$17,500,000	\$16,309,000
Other CCS	\$574,000	\$462,000
SRHS	\$31,600,000	\$27,282,000
SIP	\$20,950,000	\$21,186,000
Service Delivery (including CBO)	\$181,958,000	\$162,648,000
Total Overall	\$814,172,000	\$787,314,000

Source: Saskatchewan Ministry of Social Services (2012a) 2011-2012 Annual Report.

<http://www.finance.gov.sk.ca/PlanningAndReporting/2011-12/201112SSAnnualReport.pdf>

Nova Scotia

The 2011-2012 Ministry of Social Services Annual Report to explore the amount of spending on income security programs in the province of Nova Scotia.

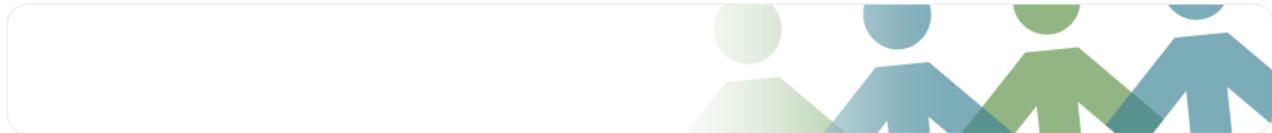
Table 6. Amount Spent on Income Security Programs, 2011-2012 – Nova Scotia

Program	2011-2012 Budget	2011-2012 Actual
DSPs	\$254,786,000	\$265,716,000
ESIA	\$370,776,000	\$372,480,000
Total Overall	\$985,08,000	\$975,572,000

Source: Nova Scotia Department of Community Services, 2012, Annual Accountability Report Fiscal Years 2011-2012.

http://novascotia.ca/coms/departement/documents/Accountability_Report_2011-2012.pdf

*Total overall reflects the total Ministry of Community Services budget, which includes the cost of programs that may not be specifically related to income security (e.g. policy and information management, field offices, housing services).



British Columbia

Finally, the 2010-2011 Annual Service Plan Report, developed by the Ministry of Social Development and Minister Responsible for Multiculturalism to develop an understanding of provincial spending on income security in the province of British Columbia. Overall spending on income security programs for the 2010-2011 fiscal year totaled \$2,339,604.

Table 7. Amount Spent on Income Security Programs, 2010-2011, 2011-2012 – British Columbia

Program	2010-2011 Budget	2010-2011 Actual	2011-2012 Budget	2011-2012 Actual
Income Assistance	\$1,598,133,000	\$1,599,369,000	1,652,551,536	1,651,573,438
Employment	\$56,113,000	\$55,904,000	(data not available)	(data not available)
Community Living BC	\$687,106,000	\$684,331,000	(data not available)	(data not available)
Employment and Assistance Appeal Tribunal	\$1,629,000	\$1,549,000	(data not available)	(data not available)
Executive and Support Services	\$25,526,000	\$27,354,000	(data not available)	(data not available)
Total Income Security	\$2,341,352,000	\$2,339,604,000	(data not available)	(data not available)
Total Overall	\$2,368,507,000	\$2,368,507,000	(data not available)	(data not available)

Source: Ministry of Social Development and Minister Responsible for Multiculturalism, 2011, 2010/11 Annual Service Plan Report. <http://www.eia.gov.bc.ca/publicat/reports/annrpts.htm>

Comparing Provincial Budgets

Given the differences between Ministry reporting (e.g. some ministries separate administrative costs), comparing provincial budgets can be challenging. Similar to comparison of income assistance rates, basic income assistance program spending is compared across provinces below (Table 8). Total provincial budget expenditures on social services on a per capita basis can also be summarized (Table 9).

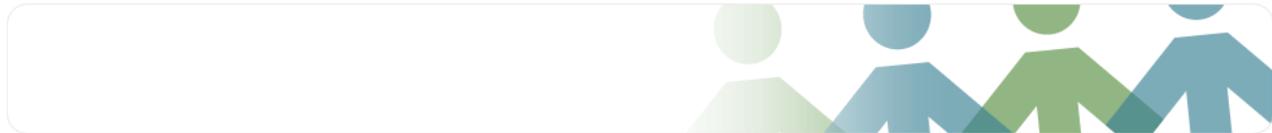


Table 8. Total Provincial Budget Expenditures on Basic Income Assistance Program, 2011-2012

Province	Ministry	Program Name	Total Spending Income Assistance	Population (2012)	Per Capita Spending on Income Assistance
SK	Ministry of Social Services	Income Assistance and Disability Services	\$ 219,861,000.00	1080000	\$232.54
NS	Department of Community Services	Employment Support & Income Assistance	\$ 372,480,000.00	1057884	\$392.62
BC	Ministry Social Development	Income Assistance	\$ 1,651,573,000.00	4622600	\$357.28

Table 9. Total Provincial Budget Expenditures on Social Services, 2009

	Saskatchewan	Nova Scotia	British Columbia
Total government expenditure (all social services)	\$1,137,000,000	\$1,189,000,000	\$7,242,000,000
Population (2009)	1029500	940600	4459900
Total per capita expenditure on Social services	\$1,104.42	\$1,264.09	\$1,623.80

Source: Statistics Canada, CANSIM, table [385-0008](#). Last modified: 2010-11-24. Health and social service institutions revenue and expenditures, by province and territory <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/govt42b-eng.htm>

Provincial Priorities

Saskatchewan

We can also look to the 2011-2012 Ministry of Social Services Annual Report to explore provincial priorities and trends with respect to provision and use of income security programs. The province of Saskatchewan has identified that providing for the basic needs of individuals and families during times when they cannot support themselves is a key priority. Saskatchewan Ministry of Social Services (2012) notes that over 2011-2012, the number of people on SAP declined by 0.3% while the number of people on TEA has decreased by 23.4% and the number



of people on SAID increased by 16.9%. Another strategic priority of this ministry was to provide people with disabilities with distinct programs based on the impact of disability. Through expansion of the SAID program, the Ministry of Social Services aims to support 8,000 to 10,000 people within the next two years. The Saskatchewan Ministry of Social Services (2012) writes that over the past five years, the dependency rate on social assistance (just including SAP and TEA) has decreased from 5.7 per cent in 2005-06 to 5.1 per cent in 2011-12. Notably, in this case the way individuals are classified is driving this apparent decrease rather than a true change in conditions and needs of individuals receiving services.

Nova Scotia

The Nova Scotia Department of Community Services Annual Accountability Report for 2011-2012 reviews provincial priorities with respect to income security for people living in Nova Scotia. It is a provincial priority to continue to decrease the number of Nova Scotians living on social assistance and specifically to decrease the number of children living in low-income over 2012-2013. It is also a priority to increase the number of people receiving employment income, through orienting ESIA policies, processes, job functions, technology and service delivery approaches to enhance client access, service satisfaction, and maximize client independence and self-reliance and through focusing efforts on recipients who have strong potential for employment success, helping to connect them labour market, and providing pre and post-employment supports where needed and through piloting innovative employment programs in select communities. The province also wishes to increase accessibility of income support services for people aged 16 to 24, with the hope of interrupting the cycle of poverty through providing young people with employment opportunities before they become long-term dependent on income assistance.

British Columbia

The 2010-2011 Annual Service Plan Report, developed by the Ministry of Social Development and Minister Responsible for Multiculturalism reviews provincial priorities and up-to-date trends in usage for income security in British Columbia. Relevant priorities for the 2010-2011 fiscal year included: income assistance for those in need, and an effective system of supports and services for adults with disabilities. The provincial report describes ways in which service was enhanced, including online income assistance self-serve assessment and application process and a homelessness intervention project whose mandate is to assist chronically homeless people to housing and supports.

Comparison of Trends in Usage

We can look to the federally developed FPT Directors of Income Support (2008) *Social Assistance Statistical Report* to support cross-provincial comparisons. In general, number of social assistance cases over time has decreased for all three provinces between 1997 and 2008 (Figure 7). Mental and physical health issues are the most predominant reason for seeking income assistance, followed by unemployment. In all three provinces, the majority of cases are single adults with no dependents, followed by children who belong to a single parent, followed by single parents of children.

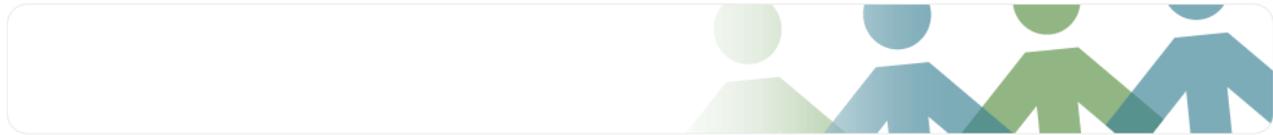
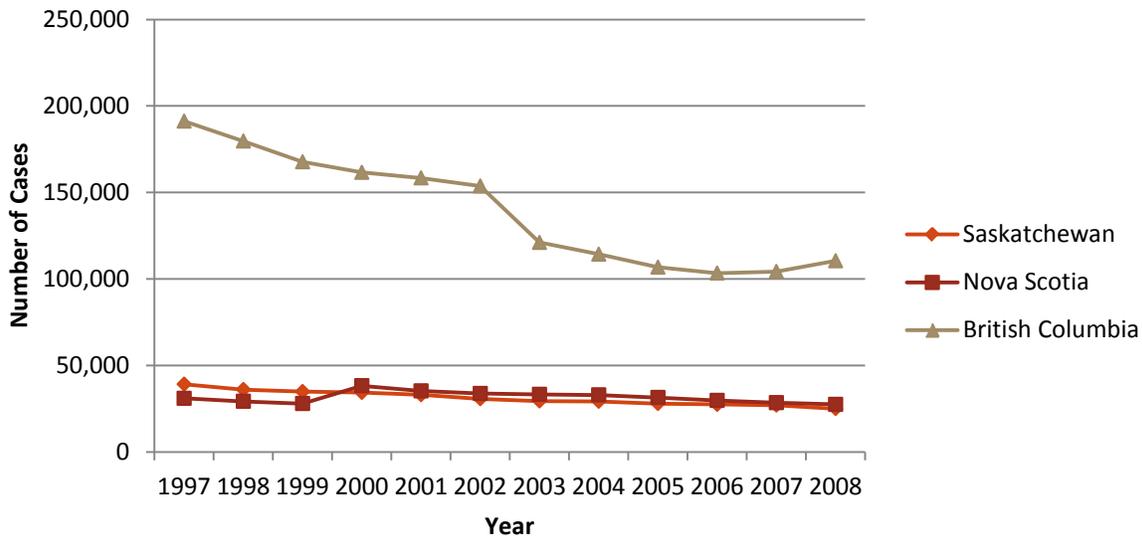


Figure 7. Number of Cases Over Time



Local Level Analysis

Case studies were developed to include a diverse sample of people, representative of the most common types of income support recipients: a single adult with no dependents, a single parent, and a person with disabilities. Underlying assumptions for these case studies are that: these people are not receiving any federal assistance (e.g. Employment Insurance), have no assets (e.g. a house that they own or a car) and have no other available sources of income (e.g. inheritance). The basic welfare amounts are shown, without consideration of funding that would be based on individual level factors (e.g. if a person is moving and qualifies for coverage of moving costs, if a person requires special medical equipment and qualifies for coverage of some medical costs). Data used to calculate these rates and sources can be found in Appendix A.

Comparative Case Study # 1 – Renee

Renee is a 27 year old woman living alone. Renee has been employed as a line worker in automotive factories since the age of 18. Renee was laid off from her most recent job 18 months ago due to an economic recession. She has had trouble acquiring work since, as most of the factories were affected by the recession and are no longer hiring. She would like to change careers and is working on her high school equivalency while continuing to seek employment.

Saskatchewan

Under the Transitional Employment Allowance Program (TEA), which Renee is eligible for due to her ability to participate in pre-employment programs, Renee is also eligible to receive a base



amount of \$583 per month or \$6,996 per year. Based on the MBM, Renee lacks \$7,942 per year to meet her basic needs.

Nova Scotia

In Nova Scotia, Renee would also qualify for basic income assistance of \$538 per month or \$6,456 per year. Renee may qualify for employment support services that are geared towards helping those on income assistance to achieve full or part-time employment or volunteer work. Additional financial aid may be available for employability related expenses such as job and training-related costs, while going to school, or through participation in an educate to work program. Based on the MBM, Renee lacks \$9,696 to meet her basic needs.

British Columbia

In British Columbia, Renee would qualify for basic income assistance of \$610 per month or \$7,320 per year. Based on the MBM, Renee lacks \$8,575 to meet her basic needs.

Comparative Case Study # 2 – Tammy

Tammy is a 31 year old single mother of 2. She has a 5 year old daughter named Christine and a 13 year old son named Jacob. She buys a chair at a local hair salon and operates independently as a hairstylist. When Tammy was 14 she suffered her first episode of major depression. Since then, she has experienced 9 episodes of major depression, 3 of which resulted in hospitalizations. She is unable to work for months at a time. The longest period of time she was unable to work was 1 year. During these times, Tammy relies on social assistance. Tammy does not receive child support from Christine and Jacob's father, who is of non-Canadian descent and returned to his native country soon after their birth.

Saskatchewan

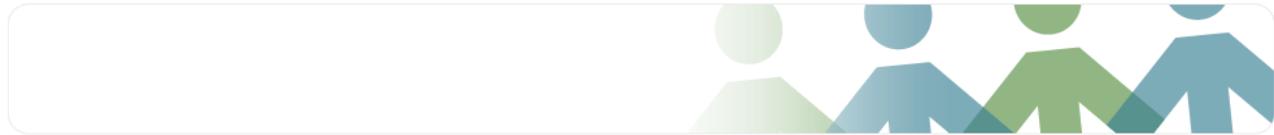
During periods of unemployment, Tammy receives income assistance through the Social Assistance Program (SAP). Her basic monthly stipend for personal needs and rent for a family with two children is \$929 per month or \$11,148 per year. Based on the MBM, Tammy and her children lack \$14,695 per year to meet their basic needs.

Nova Scotia

In Nova Scotia, Tammy would qualify for basic income assistance of \$620 for shelter for three people, \$238 personal allowance and a supplement of \$266 for having 2 children under the age of 18 in her home, for a total of \$1091 per month or \$13,092 per year. In Nova Scotia, Tammy and her children lack \$14,851 to meet their basic needs.

British Columbia

In British Columbia, Tammy would likely qualify for PPMB funding. Her total would be \$1,331 per month or \$15,972 per year as a single person with persistent multiple barriers to employment and two dependent children. In British Columbia, Tammy and her children lack \$11,526 per year to meet their basic needs.



Comparative Case Study # 3 – David

David is a 45 year old man. When he was 35 he was in a serious motorcycle accident that resulted in an acquired brain injury with both cognitive and motor impairment. David can ambulate independently in a wheelchair. He lives in a subsidized, supportive housing complex and volunteers at a local service agency for people with disabilities.

Saskatchewan

In Saskatchewan, David would qualify for the Saskatchewan Assured Income for Disability (SAID) Program. The total benefit for this program is \$914 per month or \$10,968 per year. In Saskatchewan, David lacks \$3,970 per year to meet his basic needs.

Nova Scotia

In Nova Scotia, David would qualify for the disability basic needs amount of \$803 per month or \$9,636 per year. In Nova Scotia, David lacks \$6,516 per year to meet his basic needs.

British Columbia

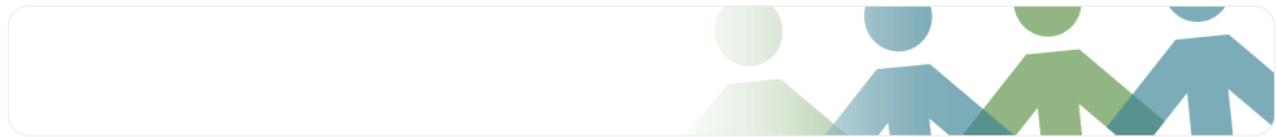
In British Columbia, David would receive the base amount of \$906 per month or \$10,872 per year. In British Columbia, David lacks \$5,023 to meet his basic needs.

Discussion

The Complete Picture

Weaving together the results above, we see a complex picture emerging. The provinces start with equal per capita funding for social services, social assistance, children, and post-secondary education through the Canada Social Transfer. However, we also see very different scenarios of provincial need. For example, Saskatchewan has a significantly lower low-income rate when using the MBM than either Nova Scotia or British Columbia and additionally brings in substantial natural resource revenue. Still, each province received close to \$340.00 per capita annually for the 2012-13 fiscal year from the CST.

As there is no national legislation governing the provision of social services, we see different provincial spending and priorities in the social assistance they provide. Since the provinces are each very different, it is appropriate that there be flexibility in the provision of services. However, without any substantial unifying objectives, principles, standards, conditions, or agreements, there is no assurance that any social services will adequately meet the needs of Canadians. At the provincial level, each province spent different amounts on social services, as reported by Statistics Canada in 2009. Per capita, the social service spending spanned from \$1,104 (Saskatchewan) to \$1,623 (British Columbia) with Nova Scotia in the middle at \$1,264 per person in 2009. Notably, there is separate reporting for education spending, so this figure does not include spending on all of the services supported by the CST. Spending just on social services for each province is three times the total funding transferred from the federal government through the CST.



Each province in Canada provides some financial assistance to cover the cost of basic living requirements for an individual or family when all other financial resources have been exhausted (Federal-Provincial-Territorial (FPT) Directors of Income Support, 2008). Income security programs are administered by different ministries and are governed by different legislation and regulations. All provinces provide a myriad of programs that support individualized needs for people and families at different points in their lives. Though the amount received by individuals, families, and persons with disabilities differs across Saskatchewan, Nova Scotia and British Columbia, there is consistency in the types of programs offered.

The annual income of income support recipients compared to the MBM also shows that in all provinces studied, people who receive income assistance lack funds required to meet their basic needs. Among all recipient types, single parent families experience the greatest gap (range for a single parent family with one child of \$9,914 in Saskatchewan to \$11,482 in Nova Scotia lacking to meet their basic needs) and persons with disabilities the smallest gap (range for a single adult with a disability with no dependents of \$3,970 Saskatchewan to \$6,516 in Nova Scotia lacking to meet their basic needs) with single adults with no dependents falling somewhere in the middle (range of \$7,942 in Saskatchewan to \$9,696 in Nova Scotia lacking for people to meet their basic needs). These gaps and inconsistencies across the three provinces examined here raise profound and troubling questions about the commitment of the federal government to realizing equality and human rights for Canadians from coast to coast to coast.

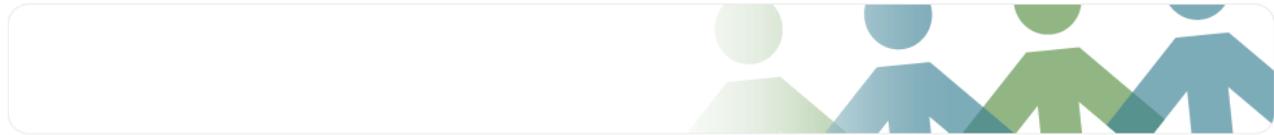
Interpretation

Though each province included in the case study provides a somewhat similar patchwork of social assistance programs, they fund individuals at different rates and do not have a consistent approach to eligibility criteria, claw-back rates, special allowances, and other program details. In addition, the funding provided through the Canada Social Transfer is insufficient to meet most provincial spending on just income assistance, and falls even more drastically short of the actual funding that would be required to provide adequate social assistance, social services, childcare and early childhood education, and post-secondary education.

Despite the lack of accountability and the lack of uniformity in social programming, there is no evidence that the provinces studied were not spending CST funding in appropriate areas. In fact, as the results indicate, provinces are spending far more on income assistance, PSE, and childcare than they receive from the CST. However, it is vital that there be uniformity in the values and expectations driving social service funding and provision in Canada so that Canadians can be guaranteed an appropriate level of support.

Given this shortfall, there are multiple models and additional sources currently used for funding provincial social programs including transfer supplements, trust funds, special funding arrangements, and arm's length foundations (Laurent & Vaillancourt, 2004). Scholars have stated that this complicates FPT relations, and makes it difficult for citizens to hold their governments accountable, the latter having implications for civic engagement (Laurent & Vaillancourt, 2004).

To help guarantee that human rights regarding social security in Canada are fulfilled, the Federal Government should maintain its commitment to the CST, increase the funding that goes into the



CST, and work on other federal strategies such as a National Poverty Reduction Strategy, and a National Child Care Strategy to enhance social programming throughout Canada.

Missing Accountability

The biggest issue with the funding and delivery of social services is the lack of accountability that presently exists. This lack of accountability exists in three different accountability relationships described by Cameron (2012): accountability from the legislators to citizens for fulfilling social rights, accountability from the executive branch at the federal level to the House of Commons for spending federal money on approved purposes, and accountability between the executive branches at the federal and provincial levels for the obligations they have to each other under the transfer arrangement.

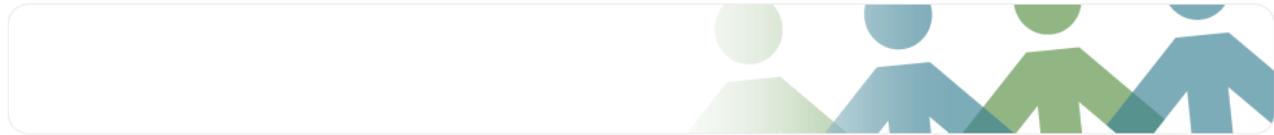
Citizens remain poorly positioned to uphold accountability for the provincial and territorial use of federal transfers (Kershaw, 2006). This has been brought up by policy scholars in the academic literature but also by citizens in the popular media. As demonstrated by the convoluted data collection process that was necessary for this investigation, it is currently challenging for citizens to a) understand the complexity of roles and players involved in funding and delivering various social services, and b) track where the money is spent once they are aware of who is spending it.

Moreover, provinces and territories are not required to transparently report to the federal government spending from the transferred funds or the outcomes of such spending (Library of Parliament, 2011). As there are no conditions, no monitoring or reporting, and no enforcement, the provinces have no need to be prudent or accountable to the federal government in their spending of the Canada Social Transfer money. A clear framework for accountability of the funding and providing social programs is needed. The type of accountability framework required has been described elsewhere by Cameron (2012) and has been used to structure the recommendations below.

Making Change to the Social Determinants of Health

All people in Canada ought to be able to depend on their government to provide policies and programs that ensure basic human rights are fulfilled. Similarly, provincial authorities ought to be able to look to a unifying framework governing social programs in Canada to ensure appropriate levels and standards of service in all parts of the country. Though we ascribe and uphold values in our health care system, social programs have a substantial impact on health – some argue even more than health care programs – and therefore it is illogical that values and accountability are not required in a system that determines much of the health of citizens.

We can see an example of a more functional approach to federal-provincial transfers with the provisions of health care in Canada. A principled and conditional approach exists to guide the funding and delivery of health care services in Canada. Although once funded together, the financing of health care and social services is now separate and operates dramatically differently.



The Canada Health Transfer is supported by the conditions of the Canada Health Act, and sees much more involvement of the federal government in the way health care is delivered. St-Hilaire (2005) comments on the difference between the CHT and the CST by stating that Canada has, “one active social transfer instrument and two others that are basically on life-support, growing at a rate only slightly above that of inflation and population growth for the foreseeable future.”

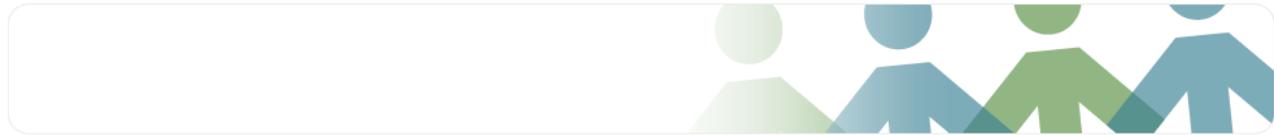
The positive message emerging from this paper is that there exists an opportunity to take action on the social determinants of health via improving accountability and guidance with respect to the CST, with benefits that may extend to better realization of government’s constitutional responsibility and improved fulfillment of the basic human rights of Canadians. This paper offers several recommendations below for making change and moving forward on accountability required in delivering social programs.

Limitations

Given that this data was collected predominantly from various government websites with different reporting timelines, and different years were utilized for calculations. For example, recent budgets are available for all three provinces (up to the projected and actual spending for the 2011-2012 fiscal year), while MBM amounts are available for 2010, the most recent comparable social service expenditure data reported to Finance Canada are available for 2009 and the most recent trends in income assistance utilization reported by the FPT Directors of Income Support are available for 2008. The relevant dates are noted in all figures cited.

While up-to-date social service ministerial budgets are available for all three provinces, the overall total provincial expenditures on CST-related items cannot easily be calculated from these budgets. Provincial ministries are responsible for a portfolio of activities that may include activities not specified to be covered under the CST and CST-related items. Both CST-related expenditures and other expenditures may fall under the portfolio of a number of ministries. As a result, we only included income assistance from each ministry and total expenditures on social services taken from Finance Canada. Although these data are more comparable, they are provided to Finance Canada at such a high level it is difficult to know what these figures include and exclude. Per capita calculations were made based on population counts for July 1st of the fiscal funding period and this time reference was standardized across provinces.

Individual level calculations take into account basic rates for shelter and personal needs and do not take into account additional financial support that income support recipients may be eligible for, as these are situational and individual specific. It is likely that these additional funds could decrease the gap between the MBM and annual income of recipients; however, it is unlikely that these additional benefits would significantly decrease this gap. Individual rate tables available on government websites are challenging to interpret; however all rate calculations were confirmed with ministry representatives. Comparing the change in total number of social assistance cases in each province over time without nuanced details with regard to program or proportion of the total population may be deceiving. For example, recipients who move between programs (e.g. from basic income assistance to transitional employment programs or to disability



assistance) may not be captured. There is no perfect measure of low income in Canada. However the MBM was chosen as it reflected the most adequate measure for purposes of our analysis in this paper.

Recommendations

At the National Level

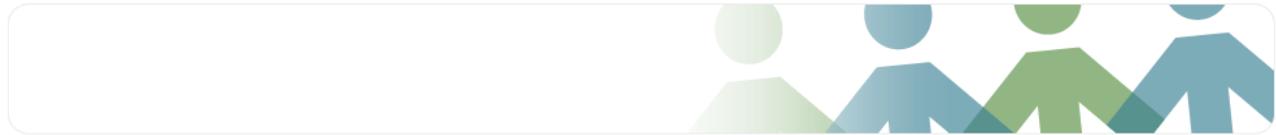
Recommendation # 1: All parties involved in financing and delivering social programs (federal and provincial government) should come together to **develop conditions** that meet the accountability for human rights demanded by the Constitution of Canada. Potential conditions that could be adopted include:

- At minimum a return to the conditions of the former Canada Assistance Plan (CAP):
 - no minimum residency requirement;
 - a process for appeals;
 - needs test in place to determine eligibility (including an addition commitment to meeting needs regardless of cause); and
 - records regarding programs and services under the agreement should be kept.
- Moving beyond CAP, there should be conditions of adequacy of service that meets Charter obligations and human rights legislation.
- Transparency could be realized through the public availability of records kept on social programs and services, including the use of CST funding by provinces, and evaluation of such programs in an accessible, central location.

Recommendation # 2: The **federal and provincial governments** should agree on an **accountability framework** and process for reporting and enforcing conditions related to provincial spending of CST funds.

Recommendation # 3: The **federal government** should take a leadership role in developing an **overall vision** for Canada's social system and specific objectives with respect to the Canada Social Transfer within that system. Principles of dignity, equality, anti-poverty, and accessibility should provide a foundation for this vision.

Recommendation # 4: The **federal government** should make a commitment to the **protection of human rights** in Canada by: 1) increasing CST funding to the provinces, 2) securing an ongoing commitment to the CST, and developing additional national strategies to secure social programming such as a National Poverty Reduction Strategy.



At the Provincial Level

Recommendation # 5: In addition to participating in recommendations #1 and #2 above, the provinces should take a leadership role in revitalizing the Provincial-Territorial Council on Social Policy Renewal to guide national social policy issues.

At the Organizational Level

Recommendation # 6: Non-governmental organizations should also take a leadership role in educating Canadian citizens about the current lack of accountability in social programming and the shared responsibility of the federal and provincial governments in ensuring that social rights are realized in Canada.

Recommendation # 7: Non-governmental organizations, social policy think tanks and academics with a similar understanding of the current situation of social programming in Canada should be brought together to form a coalition whose purpose is to ensure that the federal and provincial governments are aware of the collective disapproval of the lack of accountability in the current arrangement. A secondary objective of this coalition could be ensuring that the CST and accountability measures stay on the political agenda.

At the Individual Level

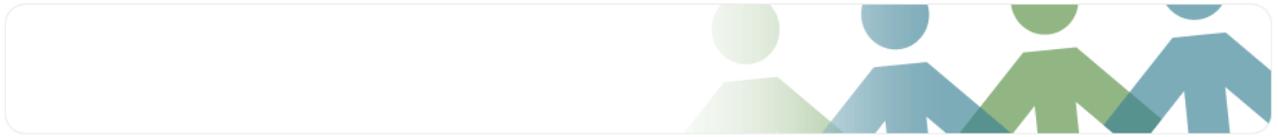
Recommendation # 8: That individual social workers and citizens send a letter to their local MPs and MPPs stating their disapproval with the current lack of accountability around social programming in Canada and asking their parliamentary representatives to take action on the above recommendations.

Recommendation #9: That individual social workers and citizens sign the petition put forth by CASW and join the social movement calling for increased accountability in social programming.

Conclusions

In conclusion, adequate and accountable social programming is important to people living in Canada, and remain part of Canadian identity. Yet the gaps, inconsistencies, and lack of accountability found across the three provinces examined indicate a lack of commitment on the part of the federal government to realizing equality and human rights for all people in Canada.

Critically, the funding provided through the Canada Social Transfer is insufficient to meet the amounts required provincially to provide adequate social assistance, social services, childcare and early childhood education, and post-secondary education.



There exist many opportunities for strengthening accountability and improving Canada's performance on the social determinants of health including: creating conditions on the CST, FPT collaboration on an accountability framework, federal leadership in developing a vision for social services, federal commitment to planning and funding social services, provincial revitalization of the Provincial-Territorial Council on Social Policy Renewal. Individuals and organizations can take action in: educating Canadians about the current lack of accountability in social service programming, lobbying for change, and joining the Canadian Association of Social Workers in this movement towards accountability.



Appendix A. Calculation of Rates

Case Study # 1 Calculations

	Saskatchewan	Nova Scotia	British Columbia
Income per month	\$583	\$538	\$610
Income per year	\$6,996	\$6,456	\$9,696
MBM*	\$14,938	\$16,152	\$15,895
Difference	-\$7,942	-\$9,696	-\$8,575

*MBM for a reference family of 4 divided by 2 and multiplied by the square root of 1 (1).

Case Study # 2 Calculations

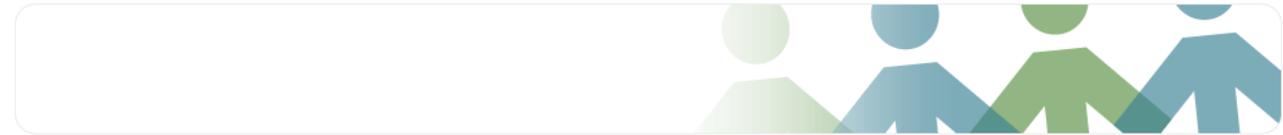
	Saskatchewan	Nova Scotia	British Columbia
Income per month	\$929	\$1,091	\$1,331
Income per year	\$11,148	\$13,092	\$15,972
MBM*	\$25,843	\$27,943	\$27,498
Difference	-\$14,695	-\$14,851	-\$11,526

*MBM for a reference family of 4 divided by 2 and multiplied by the square root of 3 (1.73).

Case Study # 3 Calculations

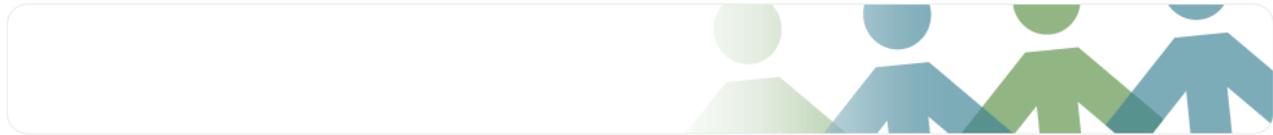
	Saskatchewan	Nova Scotia	British Columbia
Income per month	\$914	\$803	\$906
Income per year	\$10,968	\$9,636	\$10,872
MBM*	\$14,938	\$16,152	\$15,895
Difference	-\$3,970	-\$6,516	-\$5,023

*MBM for a reference family of 4 divided by 2 and multiplied by the square root of 1 (1).



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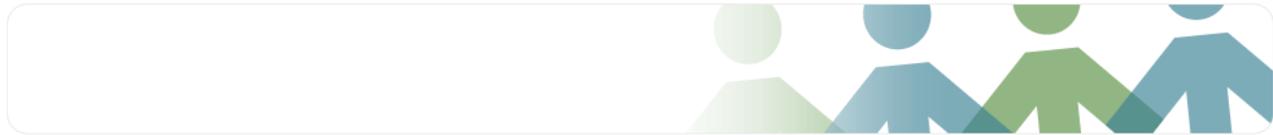
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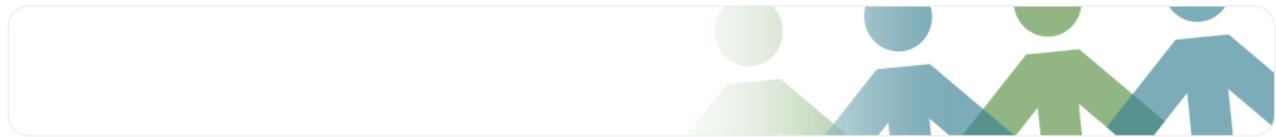
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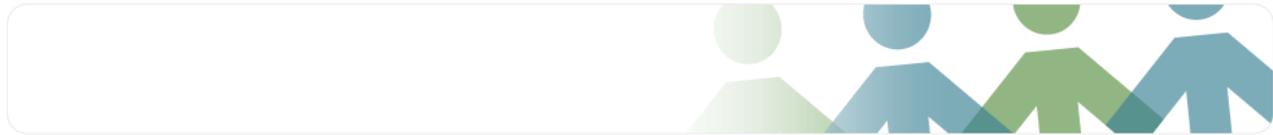
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