



# Spotlight: Lessons on Child Poverty during a Pandemic

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# Acknowledgements

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# Introduction: Importance of Child Poverty

All children deserve access to the best conditions and opportunities in order to thrive. It is far more beneficial, as a society, to ensure that these conditions are provided so that children can grow up to become healthy adults, rather than having to intervene in the future.

According to research, children in poverty experience significant challenges including poor health outcomes, learning disabilities, academic underachievement, low literacy rates, a decreased likelihood of completing high school and post-secondary education, and poor incomes as working adults. The stresses related to poverty include, but are not limited to, food insecurity, unemployment, poor education, unsafe living conditions, lack of access to medical services, and material hardships.<sup>1,2</sup>

Thus, child poverty has long-term developmental, social, and economic consequences for individuals, their families, and the province. Preventing adverse childhood outcomes saves public dollars and can break intergenerational cycles of abuse and poverty. Currently, Alberta does not have a provincial poverty reduction strategy; this is a missed opportunity to coordinate efforts between various initiatives related to child care, income supports, health care, and education. This report explores some of the current issues faced by children in poverty including links to household employment and access to basic needs. It concludes with general recommendations as well as specific interventions related to Indigenous children, health care, and mental health services.

“It is easier to  
build strong  
children than to  
repair broken  
[people].”

– Frederick Douglass



# Who's at greater risk?

All children, regardless of their circumstances, should receive what they need to grow into healthy adults.

The well-being of children within a family, and access to basic needs, is tied very closely to household income and parental employment. Among households with children, 16.7% of Albertans under the age of 18 lived under the poverty threshold in 2018—more than 160,000 children. Child poverty is not distributed evenly among family types (Figure 1). Almost 95,000 children living with a single parent are low-income, representing half of all children in this family type.

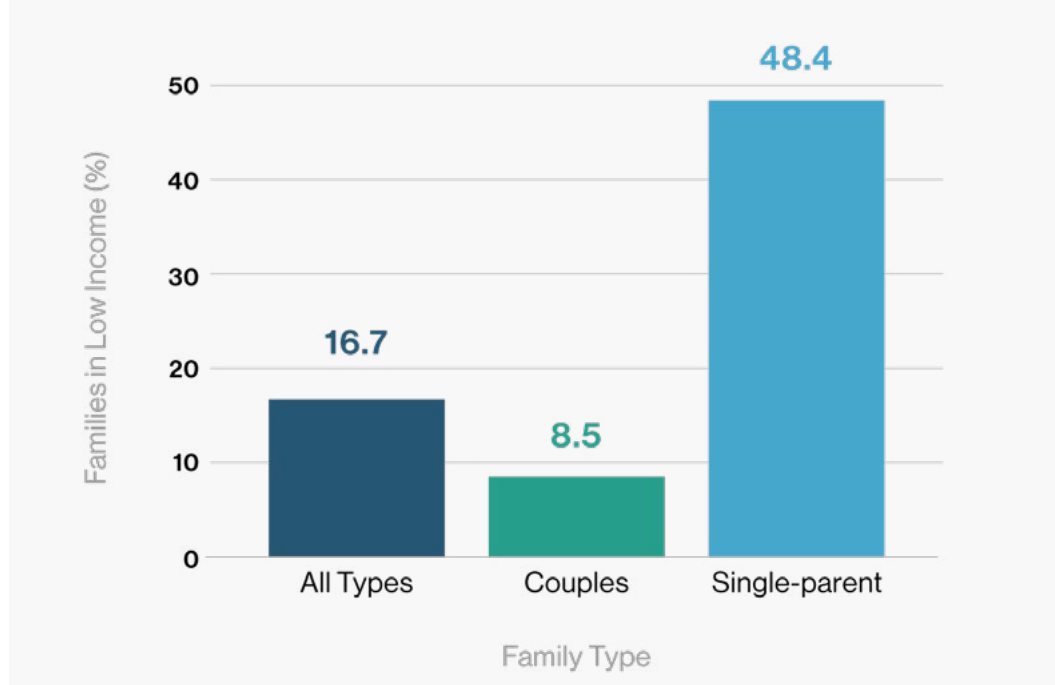


Figure 1. Proportion of families under the CFLIM-AT threshold in 2018, Alberta, based on tax-filer data.

Source: Statistics Canada. Table 11-10-0018-01 After-tax low-income status of tax filers and dependants based on Census Family Low Income Measure [CFLIM-AT], by family type and family type composition

In order to highlight the issues of families and children who might be more vulnerable, we focus on the following groups: Indigenous children; families living in rural settings; and immigrant, refugee, and visible minority families.

## Indigenous Children

The intergenerational trauma caused by colonialism continues to heavily impact the growing population of Indigenous children and youth.

There is a disproportionate number of Indigenous children who interact with Child Intervention services, while the harm inflicted by Canada's violent colonial history continues to threaten the youngest generation's sense of identity and belonging.<sup>3</sup> The most striking examples include the Sixties Scoop, in which Indigenous children were separated from their families and placed in foster homes or adoption from the 1950s to the 1980s. Another is the legacy of residential schools, which mandated that First Nations, Inuit, and some Métis children attend schools in which they were routinely abused and indoctrinated. This ongoing threat to identity has been augmented by the current provincial government and the recommendation by education advisers to downplay Indigenous history and experience in the Kindergarten-to-Grade 4 curriculum.<sup>4</sup>

Poverty impacts First Nations, Métis, and Inuit children at a high rate due to experiences of systemic racism, cultural oppression, and marginalization.<sup>5</sup> The experience of poverty is unique for each family and community, yet common issues include the infringement of basic human rights, lack of access to clean drinking water, as well as insufficient education, mental health, and health care services—especially for those living on reserve.<sup>3</sup>

Nevertheless, the resilience shown by these diverse communities is evident throughout Alberta in the continuation of their cultural expressions, languages, and spiritual distinctions.

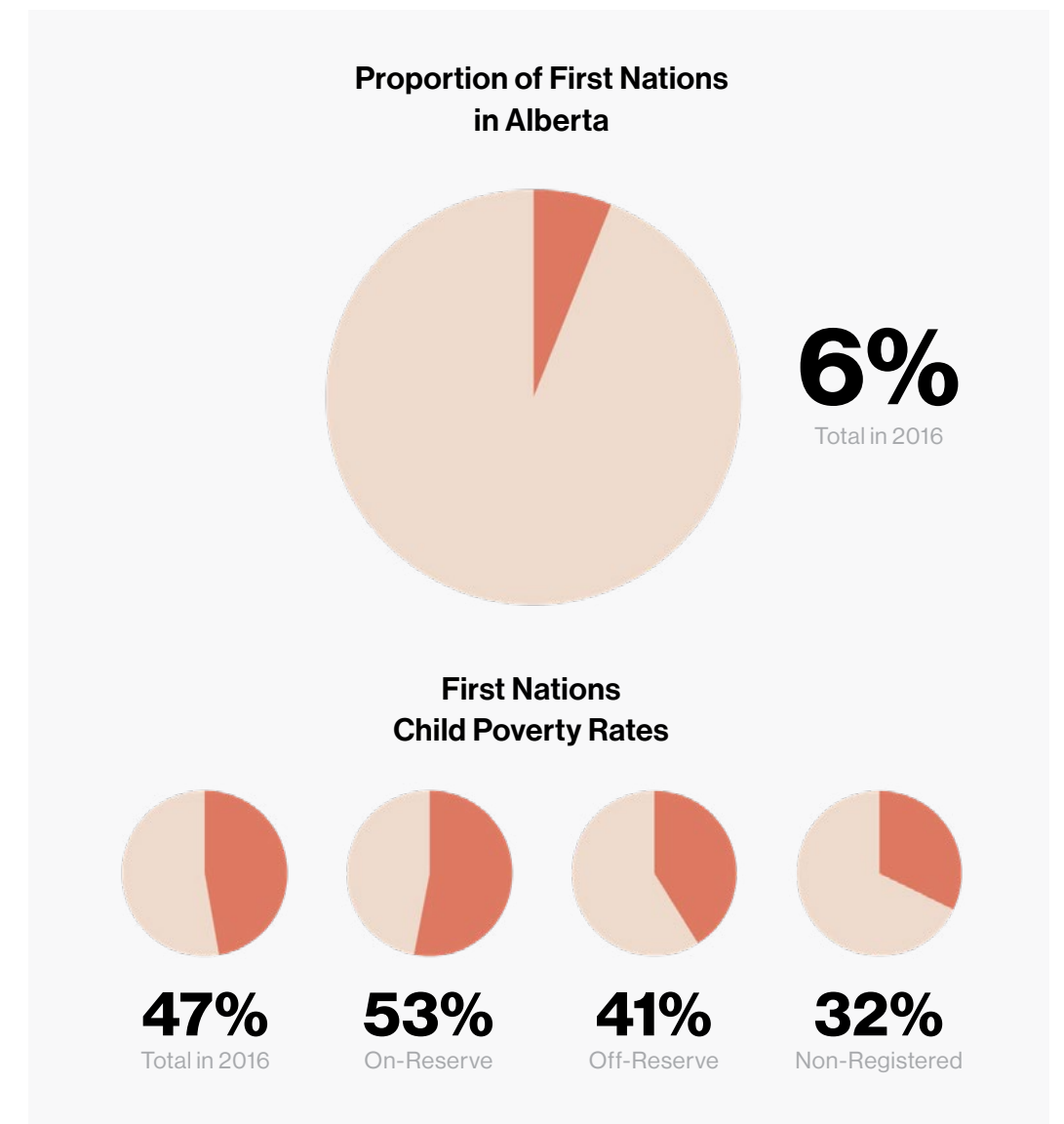
There is an urgency to preserve and honour Indigenous languages and cultures in order to combat some of the root causes of Indigenous child poverty.<sup>3,6</sup>

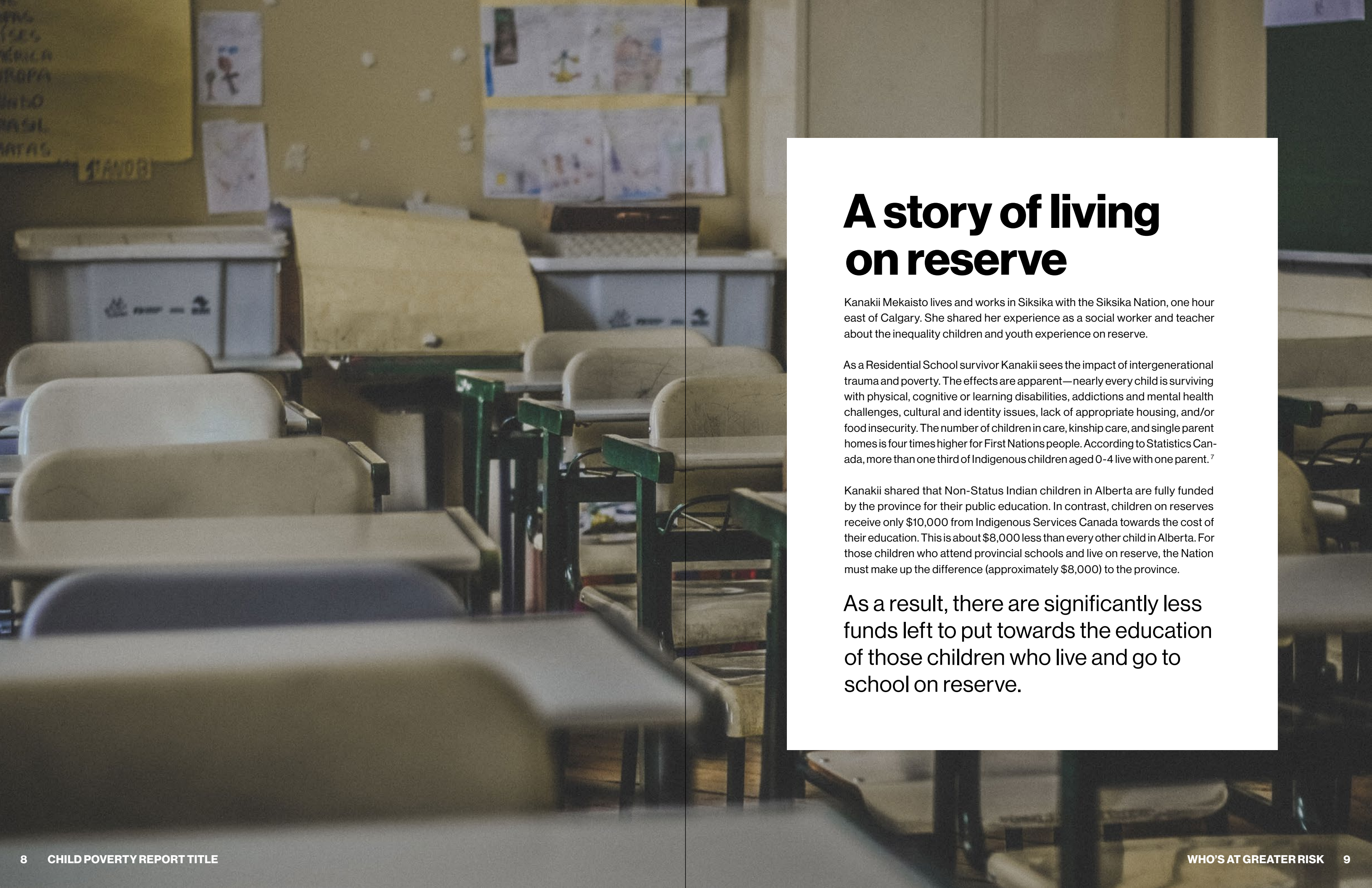
Since funding and resource allocation for First Nations reserves fall under federal jurisdiction, children and their families in these communities have endured continuous budget shortfalls.

Budgets have increased with inflation, but do not account for increased need due to the growing population of those living on reserve since 1996.<sup>5</sup> One in five First Nations children on reserve live in substandard and overcrowded housing.<sup>7</sup>

**Figure 2:**  
*Child Poverty in Canada*  
[5]

**Note:**  
*First Nations child poverty rates in Alberta have improved since 2006*





## A story of living on reserve

Kanakii Mekaisto lives and works in Siksika with the Siksika Nation, one hour east of Calgary. She shared her experience as a social worker and teacher about the inequality children and youth experience on reserve.

As a Residential School survivor Kanakii sees the impact of intergenerational trauma and poverty. The effects are apparent—nearly every child is surviving with physical, cognitive or learning disabilities, addictions and mental health challenges, cultural and identity issues, lack of appropriate housing, and/or food insecurity. The number of children in care, kinship care, and single parent homes is four times higher for First Nations people. According to Statistics Canada, more than one third of Indigenous children aged 0-4 live with one parent.<sup>7</sup>

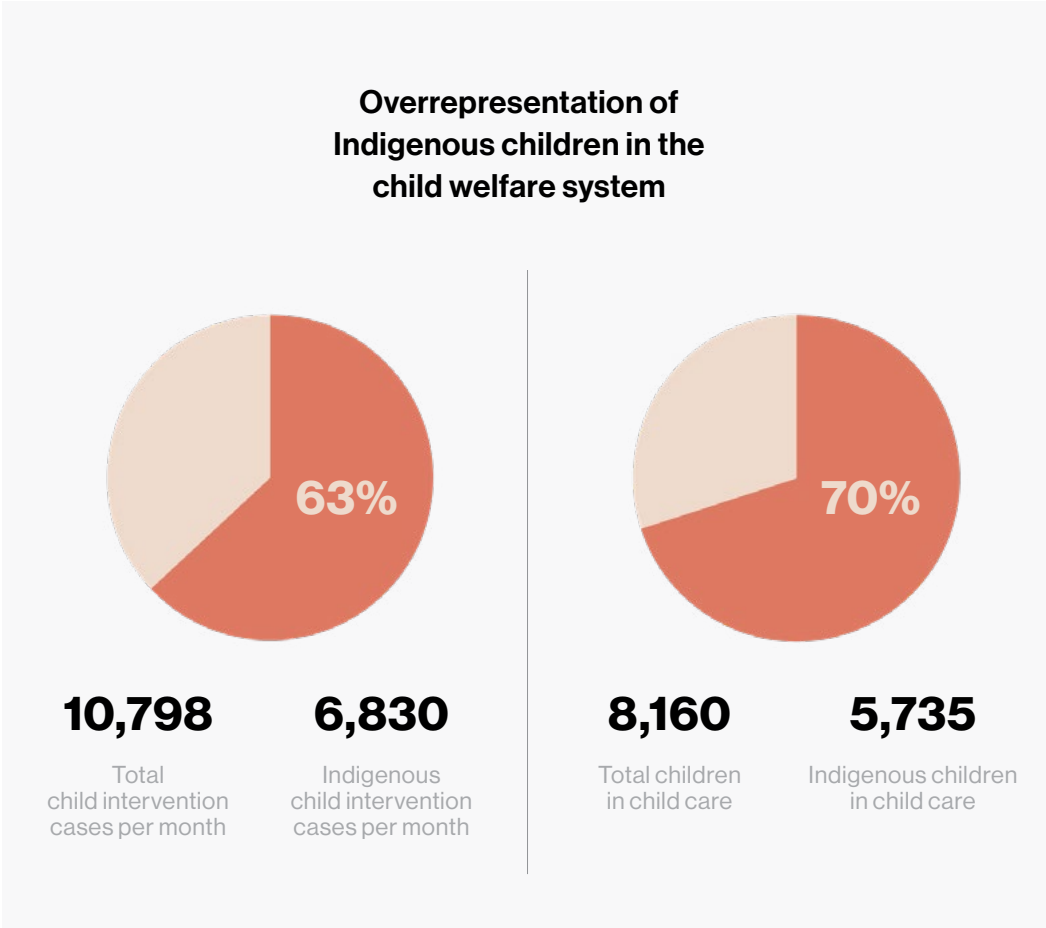
Kanakii shared that Non-Status Indian children in Alberta are fully funded by the province for their public education. In contrast, children on reserves receive only \$10,000 from Indigenous Services Canada towards the cost of their education. This is about \$8,000 less than every other child in Alberta. For those children who attend provincial schools and live on reserve, the Nation must make up the difference (approximately \$8,000) to the province.

As a result, there are significantly less funds left to put towards the education of those children who live and go to school on reserve.

# Child Intervention

Bill C-92, *An Act Respecting First Nations, Inuit and Métis Children, Families and Youth*, came into force in 2020 to recognize the inherent right to self-governance for Indigenous child welfare.<sup>8</sup> Although this is considered an unprecedented step forward for Canada, concerns have been raised:

In addition to the lack of Indigenous consultation, the bill does not address the biased interpretation of, and over-reliance on, colonial courts, measures for data collection and accountability, and clarifying the fiscal responsibilities of the federal and provincial governments.<sup>8,9</sup>



**Figure 3:** Average child intervention cases per month in Alberta (April - June 2020)<sup>10</sup>

**“Jordan River Anderson from Norway House Cree Nation was born in 1999 with multiple medical needs that made him stay in the hospital since birth. When Jordan was two-years old, doctors suggested that he move to special housing for his medical needs. However, Jordan passed away at the age of five in the hospital before he could experience living in a loving home because the federal government and the government of Manitoba could not agree on which one was responsible for home-based care.”<sup>11</sup>**

## Jordan’s Principle

Jordan’s Principle is a child-first principle developed to ensure that First Nations children have access to necessary services in health, education, child care, recreation, and culture and language without jurisdictional dispute delays.<sup>12</sup> Examples include specialized hearing aids; mobility aids (wheelchairs); addiction services; transportation to appointments, assessments and screenings; teaching assistants; school supplies; personal support workers; and respite care<sup>13</sup>. Although the province of Alberta has pledged to formally implement Jordan’s Principle<sup>14,15</sup>, several challenges continue to exist. Lengthy delays in access to services, unclear relationships between new initiatives created under Jordan’s Principle and existing policy frameworks, and negative interactions with service providers are a few examples that demonstrate the fragmented implementation of Jordan’s Principle.<sup>12,16</sup> Furthermore, a lack of coordination between service providers and governments continues to cause barriers for children to access adequate health, social, and educational services.<sup>16</sup>

# Indigenous Children and Mental Health

Suicide is one of the leading causes of death among Indigenous children and youth.<sup>10,17</sup> Across age groups, suicide rates for First Nations living on reserve are twice as high as First Nations living off reserve.<sup>18</sup> In Alberta, the average rate of visits to the emergency department due to self-harm among 10-to-24-year-old children and youth was four times higher for those who identified as First Nations compared to non-First Nations between 2006 and 2017.<sup>18</sup> The rate of self-harm significantly increased for females aged 15-to-19 between 2011 and 2017. The annual increase was more pronounced for those who identified as First Nations (10.7%) compared to non-First Nations (5.2%).<sup>19</sup> First Nations children also had the highest rates of emergency room visits.<sup>20</sup> First Nations children and children from families that receive government subsidies are more likely to visit emergency departments for mental health crisis.<sup>20</sup>

Evidently, aspects of a child’s social identity, such as race, ethnicity, class, and gender, intersect and influence mental health and well-being.

Given that colonialism is embedded in Canada’s health care system, the lack of access to culturally appropriate services, including access to traditional healers and Elders, is partially to blame for these consequences.<sup>17, 21</sup>



Jerry Cordeiro

## Families Living in Rural Settings

Families that live in a rural community face many of the same challenges related to poverty as families in urban areas.

However, rural families can have additional struggles accessing basic needs and a lack of resources due to distance from major metropolitan centers. As of 2016, there were a total of 656,048 people, or 16.1% of the provincial population, living in rural areas (defined as centres with a population of 1,000 people and areas with 400 persons per square kilometer). Alberta also has 112 small population centres (1,000-29,999 residents) where 14.8% of its population resides.<sup>22</sup>

## Housing

Homelessness is often “hidden” in rural, remote, and northern communities, and rarely presents like it does in urban centres.

Homelessness and housing insecurity in rural Canada are critically under-studied and official data on rural homelessness is minimal. While some research does exist, the lack of data on the extent of rural homelessness makes it difficult to understand its nature, cause, and the actions required to tackle it.<sup>23</sup>

To help address the issue, the Alberta Rural Development Network undertook a province-wide project called the Rural Homelessness Estimation Project. A total of 1,771 individuals were surveyed across 20 communities. Of those surveyed, 1,098 (62%) declared they did not have a stable housing situation and/or were at risk of losing their homes. The respondents also identified 905 children and 994 additional adults as co-habitants, bringing the potential number of individuals without stable housing in these communities to almost 3,000. Some of the reasons that individuals felt their housing was unstable were low income (32.1%), inability to pay rent or mortgage (19.3%), conflict (15.2%), job loss, and inadequate housing (14.8%).<sup>23</sup>

### Average rental rates in rural communities:

Bachelor **\$658**

1-Bedroom **\$757**

2-Bedroom **\$893**

3-Bedroom **\$984**

4-Bedroom **\$1,436**

### Highest end of the rental range:

Peace River / Slave Lake **\$1,300**

Fox Creek **\$1,800**

Banff **\$3,600**

Fox Creek **\$3,500**

Banff **\$4,000**

**Figure 4:**  
*Annual Apartment Vacancy and Rental Cost Survey*

**Source:**  
*Province of Alberta, in 2018<sup>24</sup>*

## Transportation

Transportation is a critical issue in rural areas.<sup>25</sup> For most people living in a rural community, “getting around” means having access to or owning at least one vehicle, and sometimes two or three, which can be a significant expense. This is especially true in rural communities where costs for fuel and repairs tend to be higher than in urban parts of the province. Public transportation is rarely an option, which can cause problems for residents of rural communities who are seniors, living with disabilities, or who are low-income. The high cost and general lack of transportation in rural Canadian communities translates directly into dramatically higher food, energy, and housing costs.<sup>25</sup>

These high costs can impact a household’s ability to provide food, recreational activities, and health care to children.





# Immigrants and Refugees

In 2016, immigrants made up 21.2% of the population in Alberta.<sup>26</sup> Of those, 9.7% of new immigrants were under the age of 5 at time of immigration, and 17.7% were aged from 5 to 14 years.

Parents of immigrant children, on average, have higher levels of educational attainment than the general population of Alberta, but their low-income rates are considerably higher.

Recent immigrants (less than 5 years in Canada) have a low-income rate of 25.6%, a rate that is reduced the longer they live in Canada.<sup>27</sup> The struggles faced by people who enter Canada under refugee status are similar to the ones faced by new immigrants, though refugees face additional hurdles in their day-to-day lives. Experiences of refugees have implications for their families, as many migrate with young children. In 2019 refugees accounted for 14.2% of all permanent resident status holders in Canada.

Rola Mustafa, Refugee Support Manager, and Sumaira Farooq, Volunteer Coordinator, both work for the Islamic Family and Social Services Association (IFSSA) in Edmonton, and understand the struggles faced by children from families who have come to Canada as refugees.

## Refugee applicants often originate from countries affected by conflict or natural disasters.

Typically, immigrants enter Canada by way of several different private, provincial, or federal programs that require English proficiency and financial stability. However, refugees who apply to enter Canada from outside of the country must go through the Refugee and Humanitarian Settlement Program, which has different criteria. They suffer socio-economic and personal hardships at varying levels before their arrival in Canada, and financial resources are often exhausted or non-existent. According to Rola Mustafa, language is the first barrier faced by people who are resettling. English is often not the primary language in the regions where they emigrate from. Although young children and teens might have a working knowledge of English, many parents and/or older adults have very limited abilities in the language. This results in challenges with simple day-to-day activities like commuting or knowing where and how to ask for help. However, various programs exist in Canada through the federal government, local agencies, and other organizations that help families face these challenges, and to transition into their new life.<sup>28</sup>

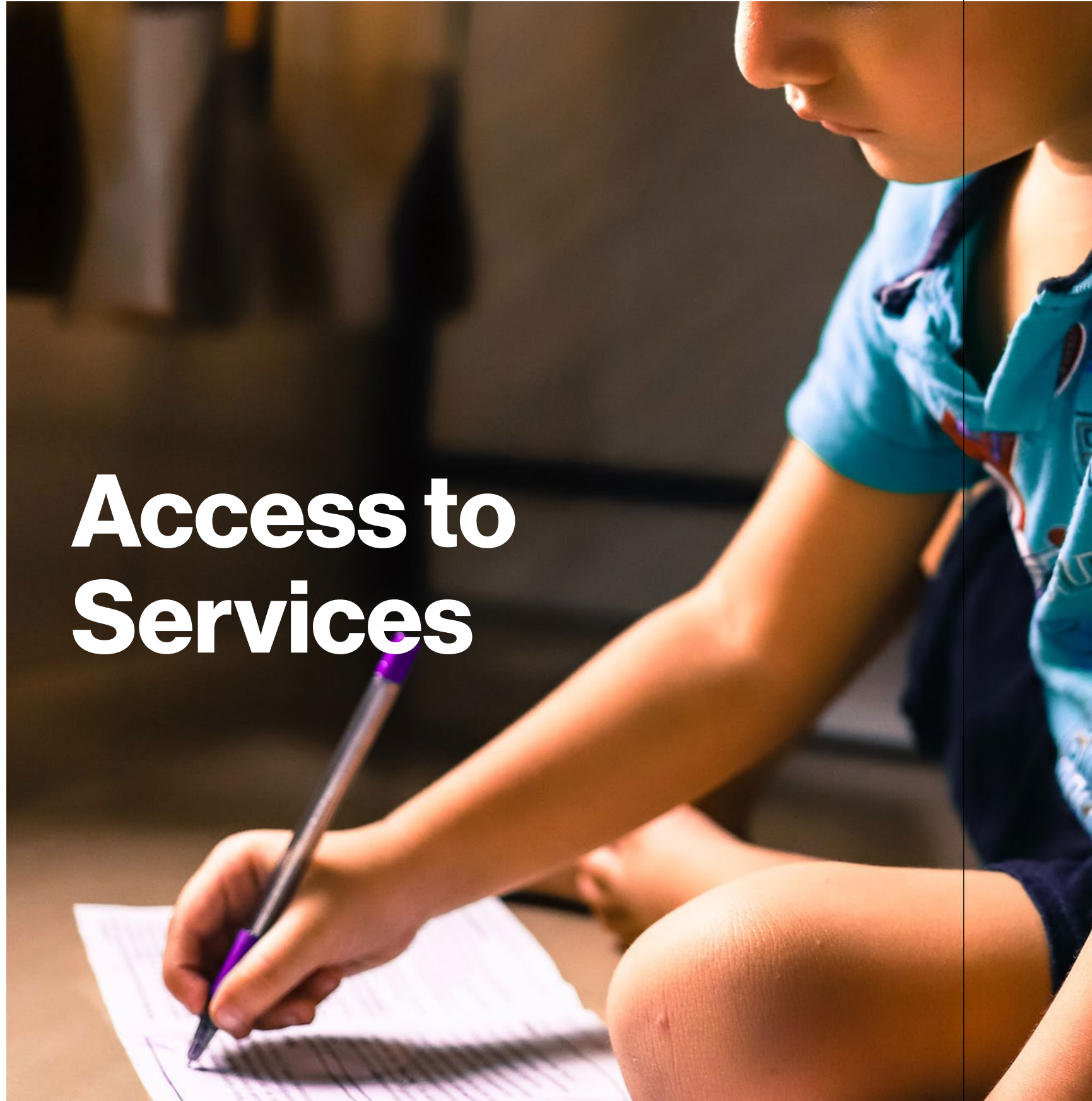
## One of the biggest changes for children who enter through the resettlement program is adapting to a Canadian lifestyle.

These children have lived in refugee camps, often for years. A change in living standard comes with the cost of maintaining it, and the high cost of living, including inflation, is a major driver of poverty.

Immigrants and refugees must overcome many hurdles after landing in Canada. Children often live through poverty as a result of the systemic barriers they or their parents face. It may take years, or generations, before families gain financial stability and independence. Support must be easily accessible, and systemic changes must be made to create a more welcoming and inclusive labour market. But most of all, improvements to better transition children into the Canadian education system are needed to help lift them from intergenerational poverty.



**Immigrants and refugees must overcome many hurdles after landing in Canada.**



# Access to Services

Virtually all aspects of childhood health are negatively impacted by poverty, as demonstrated by the health disparity between children living in poverty and children living in financial stability.<sup>29</sup>

In the following sections, health care, housing, child care and early learning, and family violence are explored.

## Health Care

The World Health Organization notes that poverty is linked to low birth weight, high childhood mortality, high levels of disease, and decreased access to health care services.<sup>30</sup>

Research in Canada supports similar trends, with those living in poverty more likely to experience issues such as cardiovascular health problems, chronic illness, or mental health issues.

<sup>31</sup> Children living in poverty are more likely than their financially secure peers to experience health issues such as asthma<sup>32</sup>, diabetes<sup>33</sup>, and multiple health conditions.<sup>34</sup> Unfortunately, there continue to be significant barriers for people living in poverty to receive necessary health care supports.

The term “access” can refer either to individuals seeking a health care service or to the quality of health care delivery upon point of care.<sup>35</sup> Poverty impacts a person’s ability to access health care services through barriers to visiting a medical office, emergency room, or walk-in clinic.<sup>36</sup>

Data published by Statistics Canada in 2014 acknowledged that 9% of Albertans reported having unmet health care needs, citing reasons such as long wait times, an inability to access health services such as receiving care at a doctor’s office, walk-in clinic, or emergency room, as well as the high cost of receiving care.<sup>37</sup>

## Provincial Health Budget

In the 2020–21 provincial budget, the Government of Alberta allocated \$20.6 billion to health spending, with an aim to increase Albertans’ access to health services.<sup>38</sup> Specifically, Alberta budgeted \$1.3 billion in pediatric care.<sup>39</sup> However, after accounting for inflation and Alberta’s population growth, the proposed 2020–21 health budget resulted in a spending cut of 3.6% compared to the 2019–2020 budget.<sup>40</sup>

**Decisions on health care delivery and privatization impact Albertans who are already experiencing financial strain.**

For example, The Regional Collaborative Service Delivery (RCSD) program was cut this September. The program provided school-based supports for children and youth, such as physical and speech-language therapy, assistance for children who are hearing or vision impaired, and mental health supports.<sup>41</sup> Without such programs, many children will not have access to essential health care supports that they require.



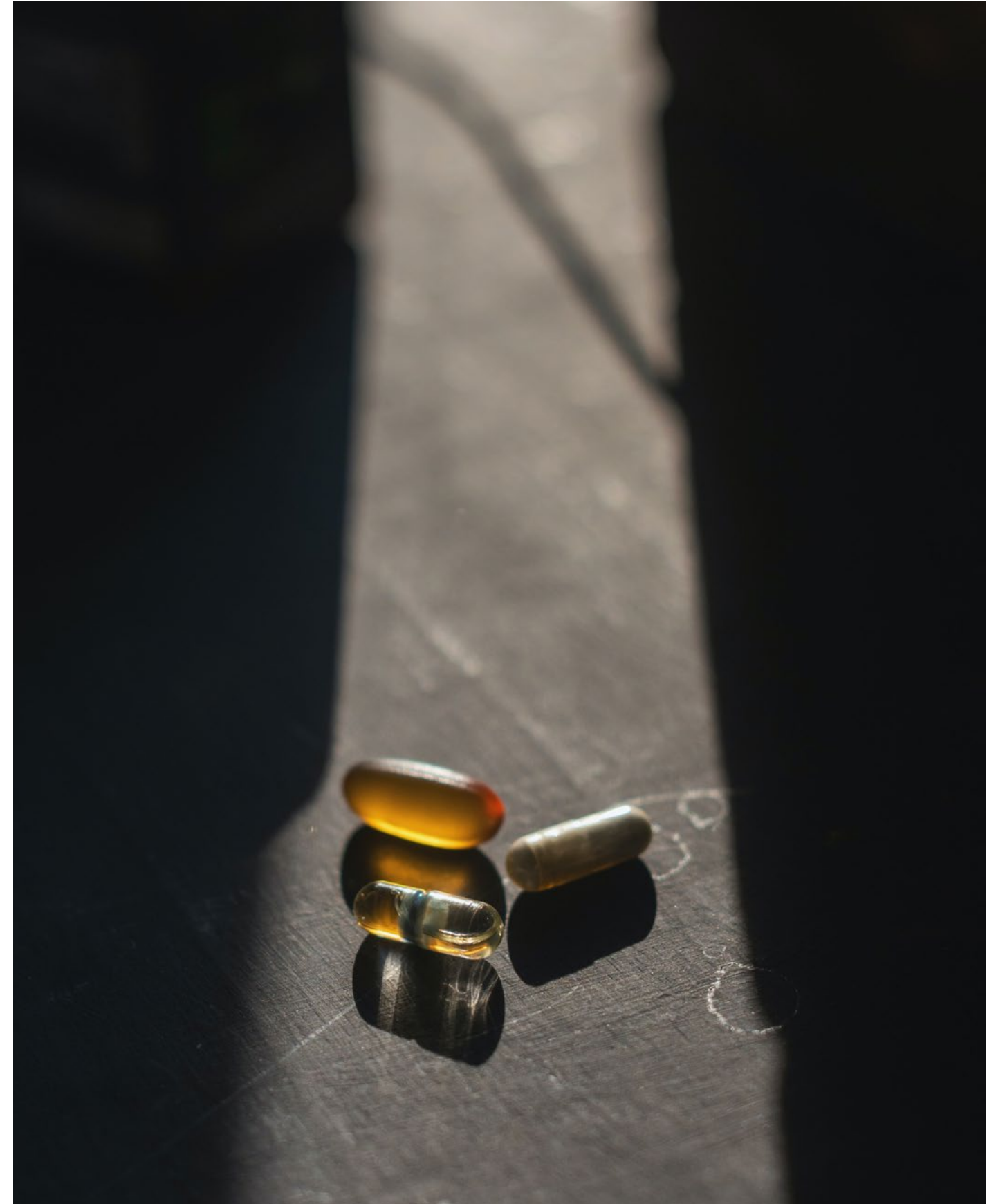
## Pharmaceutical Coverage

In a move to ensure stable and sufficient pharmaceutical coverage for all Canadians, in 2018 the federal government proposed a “pharmacare” program—legislation to provide universal pharmaceutical coverage to all citizens.

The price of prescription drugs is the second largest expenditure in health, and costs more than doctors. In 2018, Canadians spent \$34 billion on prescription drugs, a 7.4% increase from the past year.<sup>42</sup> Although the current Canadian health care system provides universal care, some individuals are unable to afford the cost of treatment due to high drug costs.<sup>42</sup> In order to offset these high pharmaceutical costs, one in five Canadian households have missed prescribed medication doses, 3 million people have been unable to afford prescribed medication at all, and around 1.45 million people have reduced spending on basic necessities such as food and/or heat in order to afford medication.<sup>43</sup> These trends have been most common among individuals who are aged 18–44, living in low-income, female, or those without any form of drug insurance.<sup>43</sup>

Because many medications have not been approved for use in pediatrics, medications may not be covered by public drug plans. This may produce challenges for health care providers in prescribing necessary medications to children.<sup>42</sup> However, if the Government of Canada’s universal pharmacare plan is implemented, more drug manufacturers are expected to create child-friendly formulas to support treatment in children.

The Government of Alberta has stated that it will opt out of a federal universal pharmaceutical plan<sup>44</sup>, and public spending cuts made by both Alberta Health Services and the provincial government have further reduced Albertans’ ability to receive adequate drug coverage. In one example, pharmaceutical coverage of dependents under the Alberta Blue Cross Coverage for Seniors program was cut entirely.<sup>45</sup> Dependent children made up an unknown number of the 46,000 Albertans who were cut off from these benefits, limiting access to pharmaceuticals even more challenging.<sup>46</sup>



## Child Care and Early Learning

Child care for a family may be the second largest household expense after housing and can be as high as 67% of their monthly income<sup>47</sup>, making it extremely difficult for a family to afford nutritious food, housing, education, and other expenses. It is therefore critical to recognize that lower income families pay a larger proportion of their income to child care.

**Collaboration between federal and provincial governments is therefore necessary to provide a solid foundation for improving availability, quality, and affordability of child care.<sup>47</sup>**

Research in Manitoba has “found that for every child daycare job, 2.15 other jobs were either created or sustained in the local economy” while “every \$1 invested in child care provided a return of \$1.38 for the Winnipeg economy and \$1.45 for Canada’s economy.”<sup>48</sup> A recent study suggests that children in jurisdictions with universal access to childcare have better physical health, development, and psychological conditions by ages 6 to 7. These effects are particularly distinct for children from low-income families.<sup>49</sup> Better health means children can live fuller lives, excel academically and therefore increase the likelihood of completing high school and post-secondary education in order to earn higher incomes as working adults.

Alberta’s recent Early Child development Mapping project indicated that higher or more favourable socio-economic status is generally linked to more positive early childhood development and long-term life outcomes. Socio-economic status is often associated with income levels, but it is also made up of other factors, including social, cultural, and economic conditions. Low socio-economic levels were associated with poor early development outcomes. Where positive socio-economic levels were present, the proportion of children doing well was greater.<sup>50</sup>

**Furthermore, economic disparity is linked to poorer early childhood development outcomes.**

Studies have shown that the greater the difference between the highest and lowest income groups (i.e. the greater the economic inequality), the greater are the problems in early development and the years that follow at school and in adulthood.

The percentage of children living in low-income households more than triples when they are part of a family headed by a single mother. Affordable child care for low-income families can be a powerful incentive to bring mothers back into the workforce and can help lift these vulnerable families out of poverty. The total number of hours a child spends in care during infancy, toddlerhood, and the preschool years is associated with higher maternal wages.<sup>51</sup>



In April 2020, the Albertan government ended the Early Learning and Child Care pilot program also known as the \$25-a-day child care program. This program was an important step to aid young families in affording childcare while building an affordable, accessible, and high-quality child care system. Additionally, the current government also ended the Benefit Contribution Grant—a program that offset the costs of mandatory employer payroll contributions like the Canada Pension Plan, Employment Insurance, vacation pay, and statutory holiday pay; and Staff Attraction Incentive—a program that gave new, qualified staff members a bonus of \$2,500 at the end of one year of employment.<sup>52</sup> Together, both these cuts have resulted in significantly less investment of funding and lower standards in the child care sector.

Already, there is only one child care space for every two children in Edmonton. This is an even bigger issue in Calgary, where half of all children do not have access to quality child care.<sup>53</sup> As a result, many parents (usually mothers) are left with no choice but to stay at home even if they have the desire, education and experience to participate in the workforce.

**Affordable child care is a key area of investment for lifting the nearly 1 in 6 Albertan children who live below the poverty line into a better socio-economic position.**

Implementing a universally accessible, affordable, and high-quality child care program is crucial to combating child poverty, improving children’s health, and lessening the financial burden for families. Furthermore, this would allow for a full workforce participation from parents and lower child care fees which would enable parents to spend more on other essentials such as nutritious food and adequate housing.<sup>53</sup>

# Housing

Housing is the largest living cost that families must pay. It takes a typical millennial nine years to save a 20% down payment for average-priced home in Edmonton.<sup>54</sup> For families with low incomes and limited savings, these costs are out of reach, forcing many families to rent instead. However, rents have been increasing over time, and although wages are increasing as well, the increase in housing costs continue to outpace wages. This means that families are forced to spend a larger portion of their income on rent, and for too many families, rent is becoming hard to afford.<sup>55</sup>

Affordable housing programs are essential to preventing family homelessness; however, barriers within the system can make these life changing supports hard to access. One of the challenges to accessing these services is the excessively long wait-list. In late 2019, 6,000 households were on Capital Region Housing's affordable housing wait-list in Edmonton, and some families had been waiting years to get support.<sup>56</sup> Being on a wait-list forces many families to cut costs by sacrificing food or other essential needs.

**These stresses take a toll on mental and physical health and may put families at risk of living in dangerous or precarious situations.<sup>56</sup>**

One possible intervention includes direct income transfers to families in low-income to subsidize their housing costs. Examples of supports include Community Housing programs where clients pay rent that is a proportion of their income. For families renting from private landlords, Direct Rent Supplements are paid directly to individuals to help afford rent, whereas Private Landlord Rent Supplements are paid to landlords to make rent cheaper.<sup>57</sup> These programs are extremely limited and may never become available for most families. In 2018, as part of the National Housing Strategy, the federal government agreed to partner with provincial and territorial governments to develop a portable Canada Housing Benefit that would initially deliver an average of \$2,500 per year to qualifying households.

**This proposed national benefit has the potential to significantly expand the number of Edmonton households receiving direct rent subsidies, many of which include children.**

The previous Alberta government agreed to co-develop and cost-share the Canada Housing Benefit for implementation in the 2020–21 fiscal year.<sup>58,59</sup> However, the current UCP government, elected in 2019, has not committed to this agreement.

# Homelessness

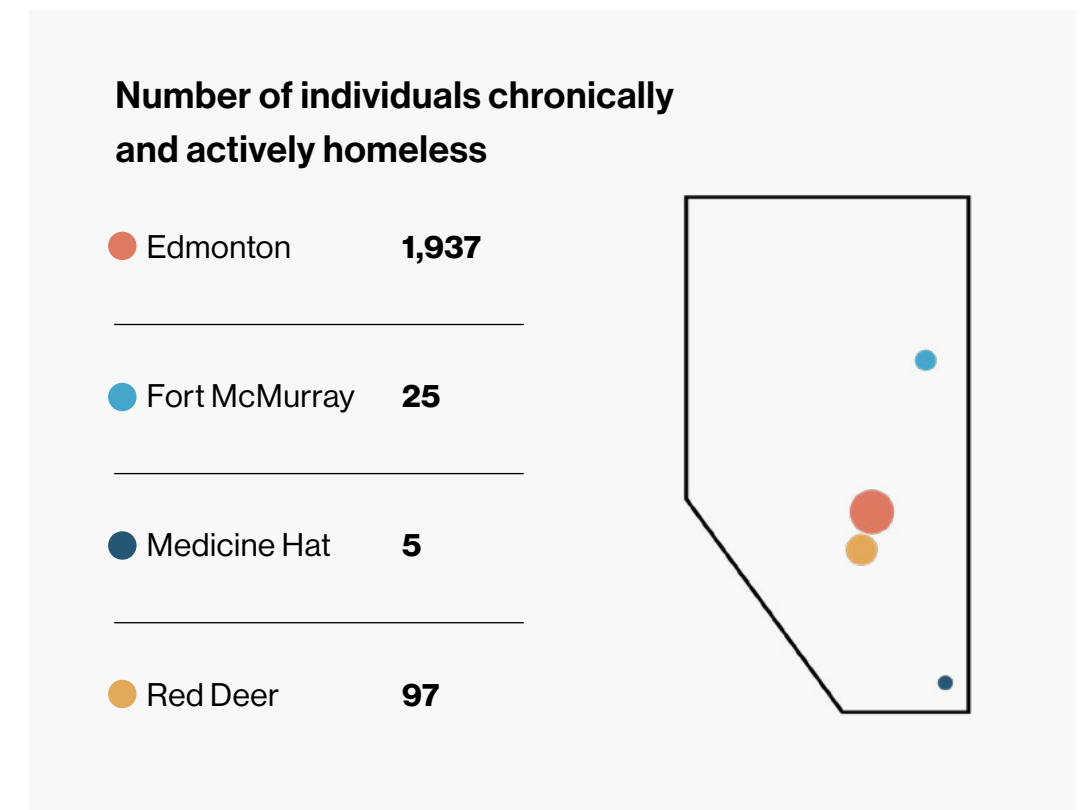
Both the Alberta Government and various municipal governments, along with community organizations and stakeholders, have created plans to address inequality and end homelessness across the province. For example, in 2008, the Government of Alberta released its plan to end homelessness within 10 years.<sup>60</sup> Despite considerable progress, none of these plans have fully realized their goals, and thousands of Albertans continue to experience homelessness. In Edmonton, 1,931 individuals were experiencing chronic homelessness in October of 2020, 10% of whom were children between the ages of 0 and 15.<sup>61</sup> In Calgary, 2,911 individuals experienced homelessness in the year 2018.<sup>62</sup>

**This current year has been a watershed for addressing homelessness, as the expiry of ten-year plans have coincided with widespread social upheaval.**

The COVID-19 pandemic has contributed to staggering job losses and pushed more families into poverty and homelessness. Broader discussions on racism have brought more attention to the overrepresentation of BIPOC (Black, Indigenous, and People of Colour) in homeless populations. As Canadians transition into the winter months, there has been increasing pressure on governments to find rapid solutions to end homelessness.

**Figure 5:**  
*Number of those who are chronically and actively homeless across Alberta municipalities.*

**Source:**  
*Built for Zero.*  
*Retrieved on November 24, 2020.*



## Homelessness, continued...

Some municipalities are implementing ambitious plans to end homelessness as soon as possible. Edmonton Mayor Don Iveson, for example, put forward a 10-week plan to end homelessness in October, 2020. This plan involved creating a 24-hour accommodation site with day programming, advocating to the federal and provincial governments for investments in bridge housing and permanent supportive housing, and calling on the Alberta government to commit to funding wrap-around support services to care for Albertans experiencing homelessness in Edmonton.<sup>63</sup> This initiative was due in part to grassroots initiatives such as Camp Pekiwevin providing prayer services and increasing awareness of many unmet needs among the Edmonton homeless community, such as affordable transit and the closing of various day-shelters due to the pandemic.<sup>64</sup>

The Government of Canada committed to investing \$1 billion to help people experiencing homelessness through the Rapid Housing Initiative (RHI). This initiative will create more affordable housing units by developing new modular multi-unit rentals, as well as converting non-residential and abandoned buildings into affordable multi-residential homes. Edmonton will receive \$17.3 million in federal funding for this initiative, and Calgary will receive \$24.6 million.<sup>65</sup> The provincial UCP government has currently not committed any funding to the Rapid Housing Initiative.



## Rural Settings

Housing, education, income, environment, economy, and transportation are all key elements of healthy living and healthy communities.<sup>25</sup> In 2006, Canada's first comprehensive report on rural health was released. This study attributed shorter life expectancies in rural Canada to higher rates of circulatory and respiratory disease, workplace injury (especially in primary-sector occupations such as farming), suicide, and motor vehicle accidents, along with a higher prevalence of smoking and obesity. The study also found a connection between both poverty and education and rates of death, noting that low educational attainment and low median household income in rural Canada are strong predictors of reduced life expectancies in both men and women.<sup>25</sup>

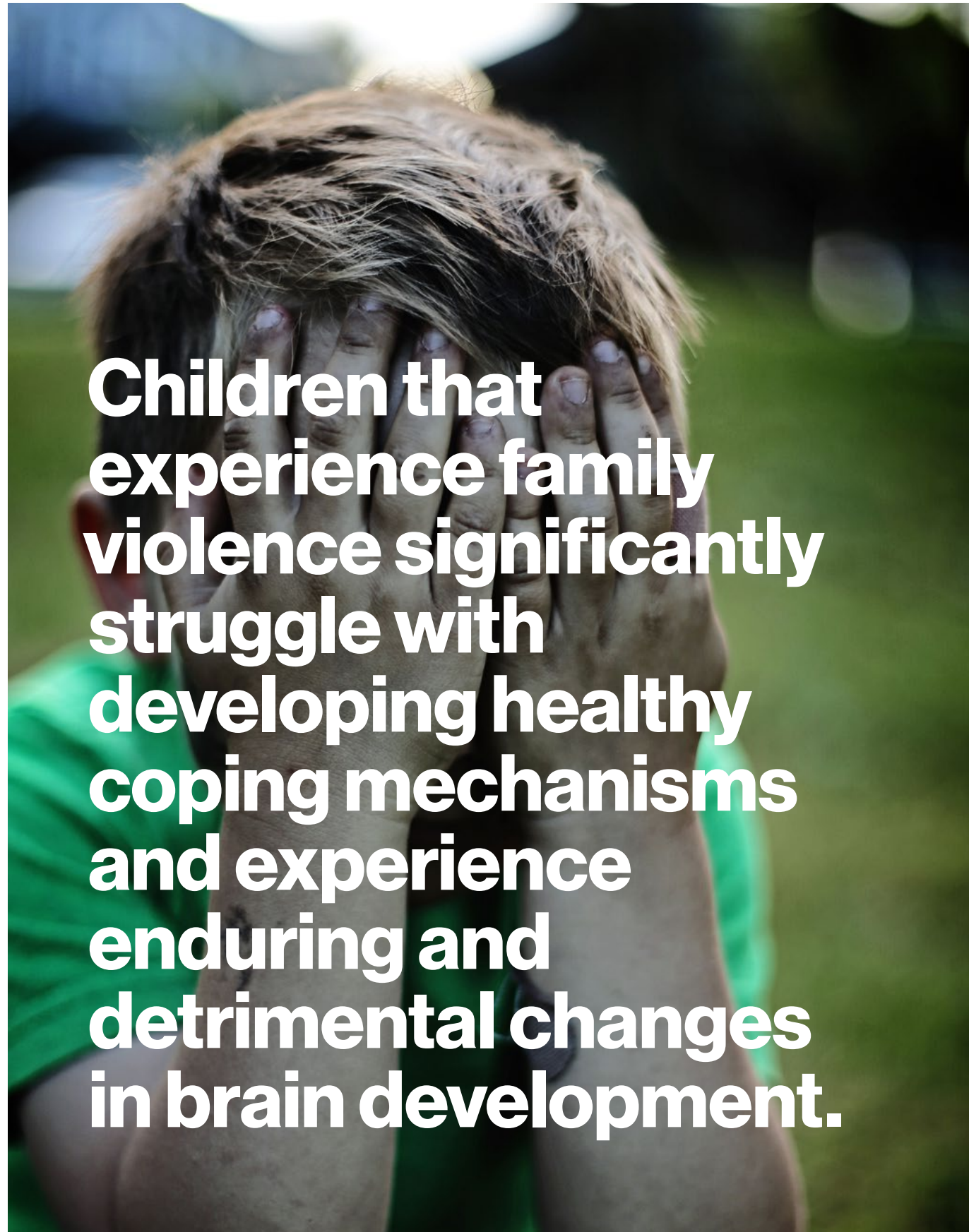
People who live in rural communities face significant barriers to obtaining the health services they need in a timely fashion and at a reasonable distance from where they live. Rural Canadians often must travel great distances to obtain health services that most urban residents take for granted.<sup>25</sup>

Statistics available from 2013 show that although rural Canada accounts for about 18% of the population, only 14% of family physicians in Canada practice in rural or remote areas.<sup>66</sup> Another key issue affecting poverty in rural areas is inadequate access to addiction and mental health services; distances to hospital emergency departments or detox services in other communities are large. For rural residents, these services are often scarce, costly, and, at times, ineffective due to a lack of long-term follow-up. Unfortunately, some people may not be able to get effective help as a result of these barriers. As much as possible, individuals should be able to receive services in their homes and in their communities.<sup>67</sup>

## Stigma

Stigma and discrimination have a direct effect on children and families accessing health care.<sup>68</sup> Parents struggling with poverty may refrain from seeking health care due to feelings of shame and judgement about their caregiver abilities, lack of familiarity with the health care system, and shortened visit time. These issues limit patient-physician relationships, and an individual's ability to adequately share lived experience.<sup>69</sup> Patients experiencing poverty are often at risk of being stigmatized due to negative and prejudicial attitudes from health care providers who may feel overwhelmed and powerless, and who lack training on how socio-economic factors impact peoples' lived realities.<sup>69</sup> Recently, the Chief Public Health Officer of Canada proposed an Action Framework for Inclusive Health Systems, which would greatly benefit families struggling with stigma in its various forms.<sup>68</sup>





**Children that experience family violence significantly struggle with developing healthy coping mechanisms and experience enduring and detrimental changes in brain development.**

## Family Violence

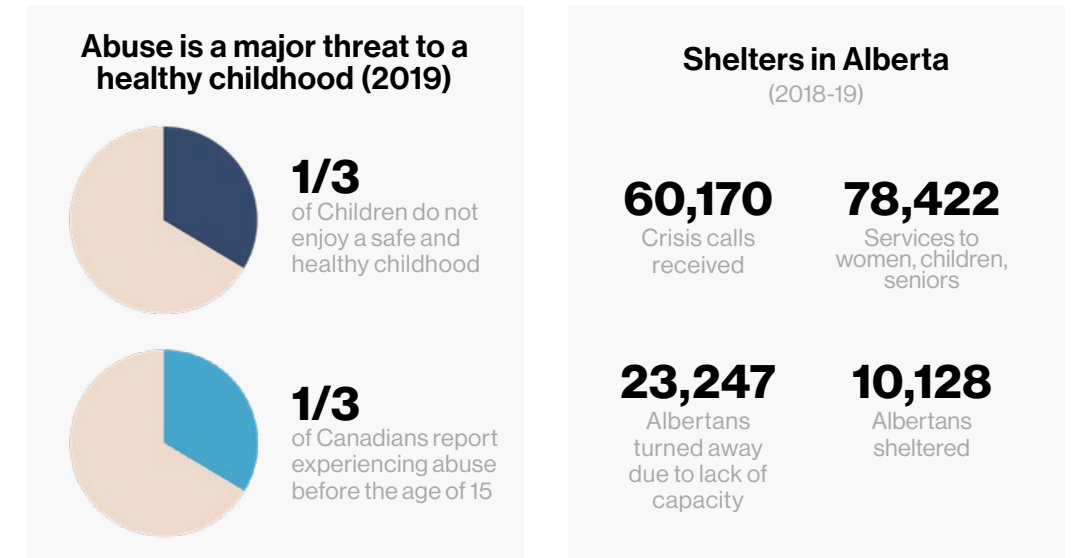


Figure 6<sup>70</sup>  
Figure 7<sup>71</sup>

Although not all families who live in poverty experience family violence, its prevalence is more pronounced in families of lower socio-economic status. COVID-19 public health measures have led to reduced access to emergency shelters and other supporting resources. The restrictions have also meant fewer opportunities for children to develop supportive relationships with teachers, coaches, and community members who may have identified early signs of family violence.<sup>72,73,74</sup> As such, children may be trapped in homes with abusers and unable to seek help or find safety.

Family violence negatively impacts the health of all children and experiencing it alongside poverty can have long-term harmful effects.<sup>75</sup> Children that experience family violence significantly struggle with developing healthy coping mechanisms and experience enduring and detrimental changes in brain development.<sup>74</sup> As a result, family violence greatly impacts the immediate and long-term emotional, social, cognitive, and behavioural aspects of children's overall mental health.<sup>76</sup> PTSD, anxiety, depression, and a poor self-image are among the most common mental health challenges that persist into adulthood.<sup>76</sup> Children experiencing family violence tend to withdraw from those around them, struggle academically, and develop harmful coping mechanisms that could potentially lead to self-harm and suicidal ideation, and suicide attempts.<sup>76,77</sup> Later-life consequences also include unemployment, criminalization<sup>75</sup>, and difficulty with forming close relationships<sup>76</sup>, which all contribute to remaining entrenched in a cycle of poverty.

To break this cycle of poverty and prevent serious long-term effects, investing in publicly funded mental health supports for vulnerable children experiencing family violence is essential.

# Food Insecurity

Jerry Cordeiro

Food security is when “all people at all times have physical, social, and economic access to sufficient, safe and nutritious food that meets the dietary needs and preferences for an active and healthy lifestyle.”<sup>78</sup>

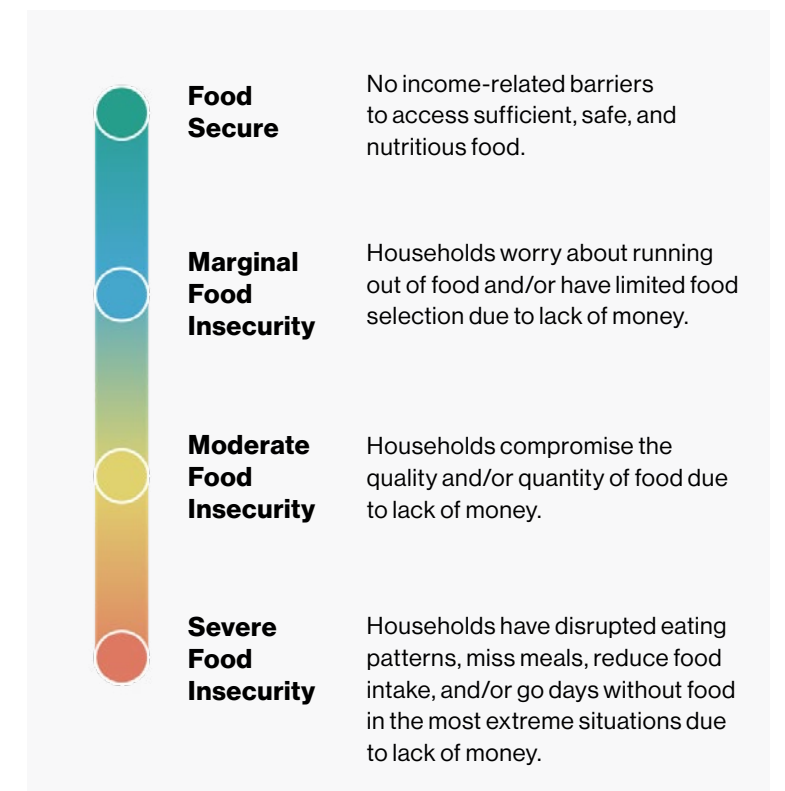
Food security encompasses system-level access and individual or household financial access to food sources. Ensuring that all children never go hungry by getting enough food and having quality food is a moral obligation of society, particularly because of the heightened vulnerability faced by children living in poverty.<sup>79</sup>

Households struggling with poverty are often forced to spend less money on food after accounting for other basic necessities such as housing, education, and child care.<sup>80</sup> Household food insecurity (HFI) is a term that describes poor household access to adequate food due to financial barriers.<sup>81</sup>

Alberta measures HFI provincially using the Household Food Security Survey Module (HFSSM) within the Canadian Community Health Survey (CCHS).<sup>82</sup> HFSSM measures the prevalence and severity of household food insecurity, by obtaining self-reported data from a household member on experiences and conditions over the previous 12 months.<sup>83</sup> For households with children under 18, the survey has eight child-specific survey items in addition to the 10 adult-specific items. HFI status is classified accordingly into marginal, moderate, and severe food insecurity.

**Figure 8:**  
*Description of food security status as defined by the Household Food Security Survey Module from Health Canada.*

**Source:**  
*Adapted from*<sup>84,85</sup>



About 1 in 8 households in Alberta are food insecure, of which 28% are marginally food insecure, 46% are moderately food insecure, and 24.6% are severely food insecure.<sup>81</sup>

Although HFSSM is recognized as the best available measurement to assess income-related household food insecurity, it fails to describe the frequency and duration of food insecurity, nor does it provide an in-depth understanding of each family member's unique experiences and challenges.<sup>82</sup> Thus, it cannot be assumed that all members share the same food security status. The CCHS population sampling does not include Canadians experiencing homelessness, Inuit, or First Nations living on reserve—groups that are at higher risk for food insecurity. As a result, actual HFI prevalence rates are likely to be higher than national and provincial estimates.<sup>82</sup>

Which households are most vulnerable?	How do households cope with food insecurity?
<ul style="list-style-type: none"> <li>★ Households with at least 1 child under 18 years of age</li> <li>★ Lone-parent households</li> <li>★ Households in rental accommodations</li> <li>★ Indigenous- and Black-led households</li> </ul>	<ul style="list-style-type: none"> <li>★ Limiting food selection</li> <li>★ Skipping meals</li> <li>★ Decreasing the number of meals per day</li> <li>★ Increasing intake of calorie-dense foods &amp; decreasing intake of nutrient-dense foods</li> </ul>

Figure 9<sup>81</sup>

The high cost of housing is not just an urban issue; it also affects those living in some smaller towns and rural areas.<sup>86</sup>

It is generally recommended that households pay no more than 30% of their income on rent, but evidence shows that the lowest income group in Alberta allocates up to 60% of their income towards the cost of rent and utilities.<sup>86</sup> The cost of housing has a significant impact on food insecurity. Rent is a non-negotiable expense, and other basic needs such as food are sacrificed.<sup>86</sup> Across Canada, food banks in rural communities reported that they saw an increase of clients who lived in market rental housing: in 2010 it was 52%, and it increased to 59% in 2019.

	Rural Alberta (%)	All of Alberta (%)
<b>Rate of Children Accessing Food Banks</b>	<b>40.3</b>	<b>38.4</b>
<b>Primary Source of Income Reported</b>		
Job Income	<b>15.2</b>	<b>19.5</b>
Social Assistance	<b>32.0</b>	<b>33.8</b>
Disability	<b>19.2</b>	<b>15.4</b>
<b>Types of Families Reported</b>		
Two-parent Families	<b>20.9</b>	<b>21.1</b>
Single-parent Families	<b>21.5</b>	<b>23.2</b>
<b>Types of Housing Reported</b>		
Market Rental	<b>49.8</b>	<b>70.8</b>
Homeowners	<b>12.4</b>	<b>9.0</b>
Band-owned Housing	<b>21.5</b>	<b>5.8</b>
Homeless	<b>9.6</b>	<b>5.4</b>

Figure 10: Food Bank Use and Indicators comparing Rural Alberta and All of Alberta in 2019.<sup>86</sup>

## Causes and Associations

At its core, food insecurity is rooted in inadequate income.<sup>87</sup> For Canadian families that do not have the financial resources to sustain a healthy diet, the affordability of healthy food options and consistent food sources can be a significant challenge. Even though policies to address food insecurity have historically focused on short-term food-based solutions, rather than downstream factors, understanding the link between income and food insecurity provides a better foundation for future policy-making.<sup>87</sup>

Hunger experienced by children can be thought of as a food ecosystem. Inadequate income, in conjunction with high food prices, disrupts a family's ability to provide enough food—and high-quality food—to their children.<sup>79</sup>

## Income and Employment

Income plays a crucial role in the experience of food insecurity. Canadians who receive a very low income are at a much higher risk for severe food insecurity.<sup>81</sup>

Although Statistics Canada notes that the majority of food insecure households rely on income generated through employment, many Canadians continue to struggle to put nutritious food on the table even when employed.<sup>81</sup> Those who are unable to work and who receive a form of social assistance are at an even greater risk of experiencing food insecurity.<sup>88</sup>

Research demonstrates inadequate food spending as income decreases.<sup>89</sup> Additionally, lone-parent households with children are twice as likely to experience food insecurity in comparison to couple-led households.<sup>88</sup> Female-led households in particular are at a heightened risk, with 25.1% experiencing food insecurity in comparison to 16.3% of male-led households.<sup>88</sup>

## Cost of Healthy Eating

Alberta Health Services released a report in 2015 that documented the significant barrier Albertans faced in terms of their ability to afford healthy food.<sup>90</sup>

In conjunction with other costs of living such as shelter, health care, and transportation, the ability to afford healthy food may be a challenge for Albertans.<sup>90</sup> Research demonstrates similar affordability barriers for low-income families, noting a positive association between food prices and food quality.<sup>91</sup> In order to offset the cost of living, individuals may have to cut other costs in order to afford food by decreasing the consumption of healthy food, cancelling expenses such as utilities, postponing household repairs, and/or borrowing money to pay rent to free up funds for food expenses.<sup>92</sup>

## Impacts and Consequences

Food insecurity has a negative impact on nutrition, which in turn influences the physical and mental health of children and their families. These impacts can be short- or long-term, depending on the severity and duration of HFI.

Food insecure households in Canada are more likely to experience nutrient deficiencies due to eating less healthy foods and not having a diverse diet.<sup>93,94</sup> For pregnant women, poor nutrition can impact iron and folate levels. This increases the risk of low birth weight and/or neural tube defects in newborns.<sup>94,95</sup> Food insecurity is associated with higher mortality rates caused by infection, unintentional injuries, circulatory-respiratory diseases, and suicide.

Consequently, food insecure individuals have a shorter life expectancy than food secure counterparts.<sup>96</sup> Toddlers in food insecure households may have a greater risk for health issues requiring hospitalization after birth and have greater odds of reporting fair/poor health than food secure counterparts.<sup>97</sup> Also, severe food insecurity has been associated with increased risk for asthma and poor mental health outcomes.<sup>98,99</sup>

Dietary variety may also be particularly important in influencing the risk of adolescent depression and anxiety.<sup>100</sup> In fact, research in the field of nutritional psychiatry suggests there is a strong association between gastrointestinal health and mental health.<sup>101</sup>

In addition, experiencing food insecurity at an early age is associated with poor early childhood development, impacting cognitive development, school readiness, and long-term learning outcomes.<sup>102</sup>



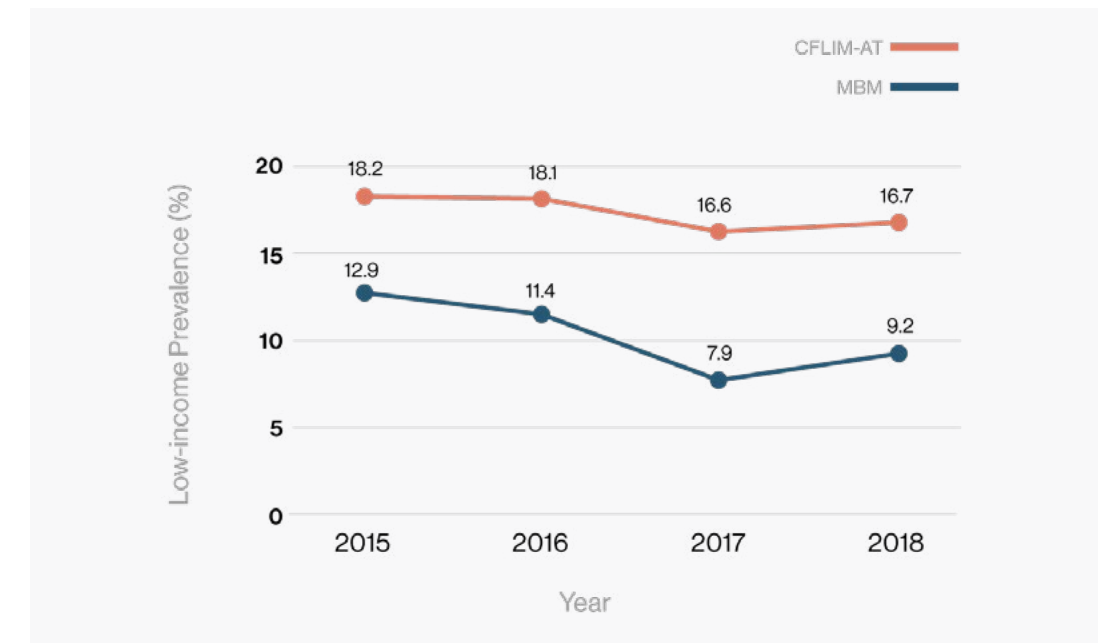
Jerry Cordeiro

# Child Poverty and Family Incomes

In 2018, the federal government introduced Opportunity for All—Canada’s First Poverty Reduction Strategy. This strategy designated Canada’s official poverty line, the Market Basket Measure (MBM). The MBM uses the cost of goods and services that would allow a family to meet their basic needs and have a modest standard of living. Statistics Canada recently adjusted the MBM with a new 2018 base. The MBM uses data from the Canadian Income survey, and due to sampling, is not as reliable with smaller populations or geographies.

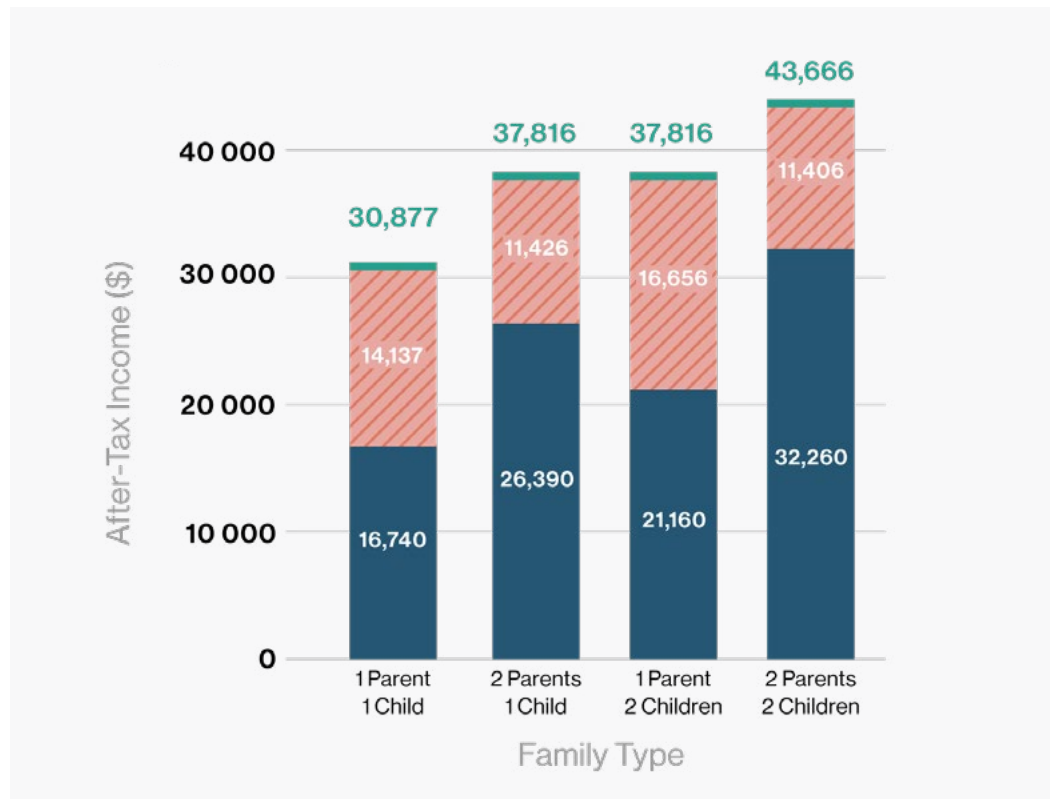
In addition to the MBM, the Alberta Child Poverty Report also uses the Census Family LIM-AT (CFLIM-AT) to demonstrate family income. This measure is more comparable to other data from Statistics Canada and has increased reliability because it is based off of tax-filer data. The CFLIM-AT threshold is calculated as 50% of the median income in Canada. It reports a higher overall prevalence of low-income as compared to the MBM, due to the higher income threshold as a result of the calculation method. For the full threshold amounts, please refer to Appendix I.

In Alberta, single parent families with a single child were five times as likely as couple families to have low-income status, 30.1% versus 6.5% in 2018.<sup>103</sup> In single-parent families with 3 or more children, 52.7% were low-income compared to 9.7% in couple families.<sup>104</sup>



**Figure 11:**  
Proportion of Albertans aged 0 to 17 living below the low-income threshold according to the CFLIM-AT and the MBM

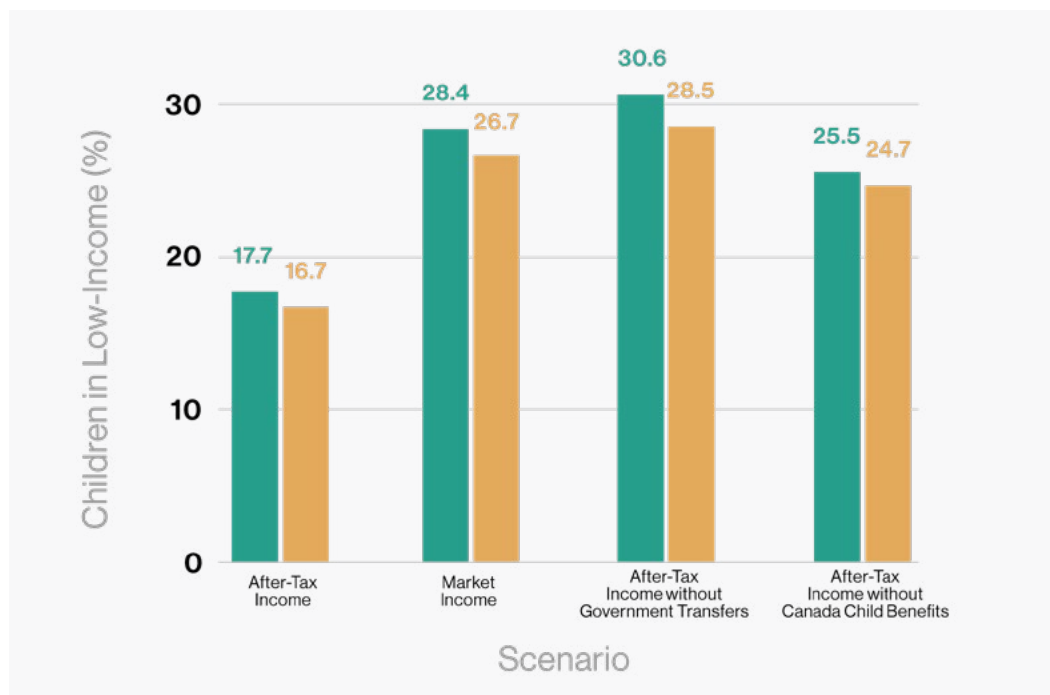
Child poverty in Alberta has persisted over the years and the trend has remained stable over time. The most significant reduction occurred in 2017, which is reflected in both the CFLIM-At and the MBM. This is the year after the Alberta Child Care Subsidy was introduced, which gave families up to \$741 per month per child depending on the age of the children and family income.<sup>105</sup> According to the MBM, 86,000 families lived in poverty in 2018, while the CFLIM-AT measure reported 167,310 children—more than twice that of the MBM. This suggests that the official poverty line may be too low and underestimates the prevalence of child poverty in Alberta.



■ Poverty Line  
■ Poverty Gap

**Figure 12:**  
*Poverty gap for Albertan families in 2018.*

Many families live well below the poverty line and would have to substantially increase their incomes in order level the playing field. One way of illustrating this is with the low-income poverty gap, which is the difference between the poverty line threshold and the median after-tax income of all low-income families living below that threshold (Figure 11). In 2018, a single parent with one child experienced a poverty gap of \$14,137; lone-parents experience the largest poverty gap and would have to almost double their incomes to no longer be in poverty.



■ Persons Under 6  
■ Persons Under 18

**Figure 13:**  
*Percent of Children in Families with Adjusted Income below the After-tax LIM, ALBERTA 2018*

Government income transfers are a crucial tool used to lift people out of poverty, especially children and youth aged 0 to 17 years. If accounting only for Market Income, which includes employment income and investments before taxes are filed or benefits are received, 28.4% of children under the age of 6 would be in poverty. After taxes are filed and government transfers are received, the proportion of Alberta children who were living in poverty decreased to 17.7%. This represents a decrease of more than a third of children who live in poverty. Government transfers of note include the Alberta Child Care Subsidy, the Alberta Child and Family Benefit, and the Canada Child Benefit.

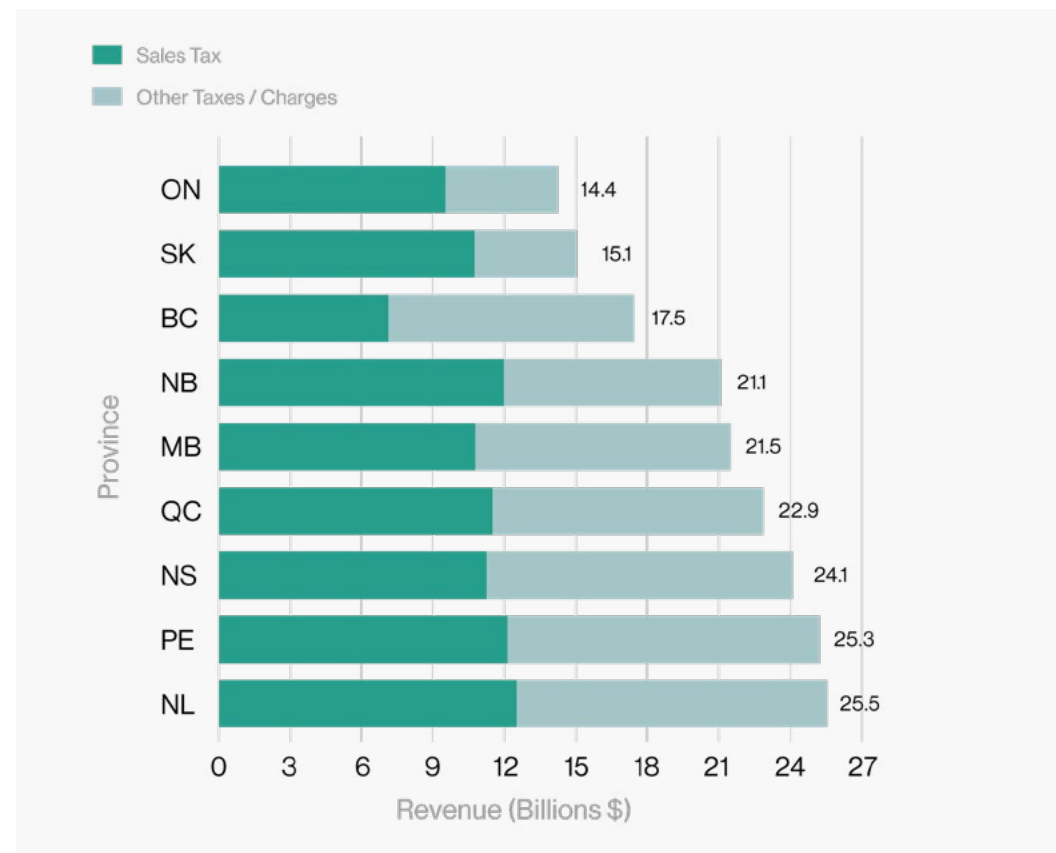
Government transfers are a critical tool to combat child poverty. They reduce the number of children living in low-income by one third.



# Revenue and Tax System

A common theme connecting many of the issues identified in this report is the need for public funding. Taxes help Albertans to pay for necessities, rather than placing the burden on each individual family through out-of-pocket costs. This concept applies to issues like the lack of universal pharmaceutical coverage in Alberta's health care system or the government's decision to no longer index income support programs like Alberta Workers and AISH (a collective investment the government took away from Albertans) to increase with rising costs of living. Public funding is therefore vital to individuals who would be impacted most by government cuts.

The Alberta Budget shows a significant gap between provinces in their tax system's ability to raise revenue. If Alberta had the same tax system as any other province in Canada, additional annual revenue would be, at minimum, \$14.4 billion.<sup>106</sup>



**Figure 14:**  
Alberta's revenue gap, 2020-21  
(billions of dollars)

**Source:**  
Alberta Treasury Board  
and Finance



The justification politicians often give for not properly funding basic needs like pharmaceutical coverage is due to a lack of public funding. If Alberta closed the tax gap with other provinces, it would address these funding concerns.

Raising new revenue must be done in a way that does not have a negative impact on those already under the financial strain of living in low-income households. Although recommending specific changes to the tax regime goes beyond the scope of this report, changes should focus on a progressive approach to raising revenue from individuals and corporations with middle- to high-wealth and income. The Alberta government's corporate tax cut, which was reduced from 12% to 8% of profits (now one of the lowest-taxed jurisdictions in North America), takes the province in the opposite direction of where it should be headed. It reduces the amount of tax paid by large corporations, and at the same time reduces government's overall revenue and ability to pay for necessary programs and services.

The government estimates that the corporate tax cut will cost it \$600 million per year between the 2019-20 and 2022-23 fiscal years.<sup>107</sup> Reversing that tax cut would only represent a small step in solving Alberta's revenue gap with other provinces, as well as its overall revenue shortage.



# COVID-19 and its Impacts on Child Poverty

As of November, 2020, Canada surpassed 10,000 deaths attributed to COVID-19.<sup>108</sup>

This has caused irreparable loss for the families who have lost loved ones. The pandemic continues to sweep across Canada, and many people face health and socio-economic uncertainties. Though provincial health safety measures have been put in place to limit the spread, the health impacts have been devastating. With case numbers increasing, and record-breaking daily case detection, COVID-19 has unquestionably affected child poverty in Alberta.

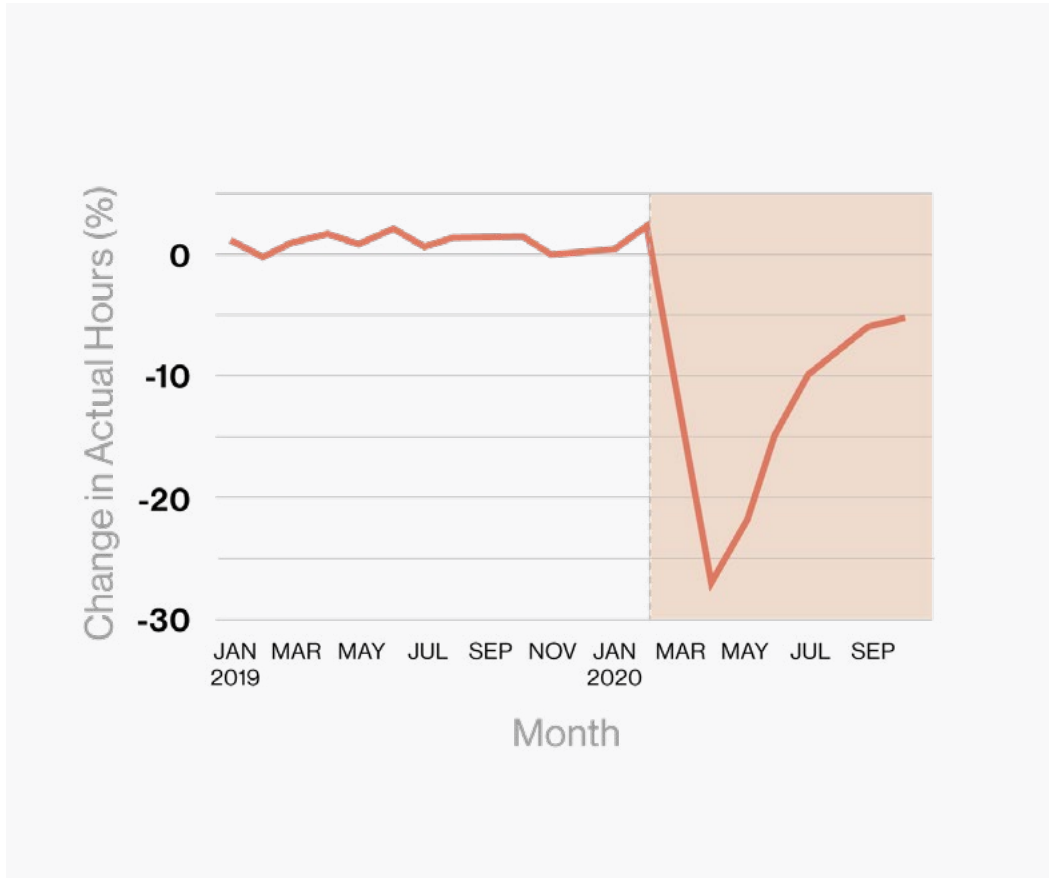
Due to the rapid changes in public health measures and the evolving nature of the pandemic, the full impacts of COVID-19 on child poverty and well-being remain to be seen.

One of the most serious impacts of COVID-19 felt by Albertans has been on the economy. In June 2020, the unemployment rate in Alberta hit 15.5%.<sup>109</sup> One of the most affected age groups was the 15–24 year old population, which saw unemployment rise to 31.6% in May 2020.<sup>110</sup> To help Canadians affected by COVID-19, the federal government launched the Canada Emergency Response Benefit (CERB) on April 6, 2020, providing \$500 weekly to eligible recipients. A total of 27.56 million applications were processed, and \$81.64 billion in benefits paid to Canadians as of October 4, 2020. Over 1 million Albertans were approved for CERB—17.2% of them under the age of 25. The benefit helped youth aged 15–18, whose jobs were affected due to COVID-19, to access funds that could potentially provide financial support for low-income families with a single parent.<sup>111</sup> As COVID-19 wreaked economic havoc on Canadians, the government implemented additional measures such as the expansion of Employment Insurance (EI) and a Canada Emergency Student Benefit (CESB).



Although extremely necessary, these interventions have not been a panacea. The benefits come with eligibility requirements, are insufficient as a sole means of survival—especially for larger families, and are not designed for the long-term.

A more challenging but sustainable and beneficial initiative would be a permanent basic income guarantee to families across Alberta. A Basic Income for Alberta, published in 2020 by the Parkland Institute, recommends implementing a basic income for all Albertans, in addition to measures that would simultaneously eliminate long-term poverty. Some of these measures include tax reforms, reinvesting in a Heritage Savings Trust Fund, regulations on rent control, climate action policies, and the expansion of universal health coverage to include pharmaceuticals and dental care, among others. This would help Albertans address rent and food expenses.<sup>112</sup> As a result, child poverty could be addressed through interventions designed for families.



**Figure 15:** Canada: change in actual hours worked at main job from January 2019 to September 2020.

**Source:** Statistics Canada. Table 14-10-0032-01 Actual hours worked by job type (main or all jobs), monthly, unadjusted for seasonality

# Indigenous Resilience on Reserve

At the time of writing, First Nations living on reserve had a rate of COVID-19 cases that was four times lower compared to the general Canadian population.<sup>113,114</sup> More than 75% of positive cases on reserve had recovered, indicating a 30% higher recovery rate compared to the general Canadian population.<sup>113,114</sup> This was a result of Indigenous self-determination, where communities were able to enforce rules and regulations stricter than those enacted by local municipalities.<sup>115</sup>

# Immigrants, Visible Minorities

Data collected by the Labour Force Survey indicates that as a result of the pandemic, recent immigrants were harder hit by lay-offs than Canadian-born and long-term immigrants. The rate of transition to non-employment peaked at 17.3% for recent immigrants, as compared to 13.5% for others. This is largely due to vulnerabilities among recent immigrants that existed prior to the pandemic; they are more likely to be working in low-wage and precarious jobs.<sup>116</sup> Furthermore, a study conducted by Statistics Canada conveyed that immigrants were significantly more likely than Canadian-born individuals to report that the crisis would have a “major” to “moderate” impact on their finances.<sup>117</sup> Specifically, immigrant men were more likely than Canadian-born men to report that the crisis would have an impact on their ability to meet financial obligations or fulfill basic needs.

Immigrants generally arrive in Canada with better self-perceived mental health than Canadians. However, this declines over time and is congruent with recent findings in which immigrants reported fair to poor mental health more often than their Canadian counterparts.<sup>118</sup> Higher levels of anxiety are reported among immigrants financially affected by COVID-19, partly due to the impact of the pandemic on their employment situation. Overall, data suggested that almost 64% of recent immigrants aged 15 to 24 indicated negative impact on their mental health since physical distancing protocols were put in place.<sup>119</sup>

# Visible minorities may also have lower incomes and more precarious employment than the average Canadian population.<sup>120</sup>

This can hinder their ability to recover from income losses due to work interruptions. The pandemic amplified these precarious circumstances—according to a crowdsourced survey from Statistics Canada (n=36,000), who were employed before COVID-19, one third experienced job loss or reduced work hours. Filipinos and West Asians were particularly impacted, at 42% and 47% respectively, when compared to 34% among all Canadian-born individuals. This put them at greater risk of being unable to pay their bills or afford necessities. Due to how this survey was conducted, this may not be generalizable to the Canadian population.



# A COVID-19 Story

Ahmed is an 8-year-old boy, he is the youngest of four children. He lived in a refugee camp for four years prior to coming to Alberta. Ahmed and his family currently live in a two-bedroom apartment.

**These were some of the impacts that he and his siblings faced during the COVID-19 pandemic:**

- The family shared two devices to attend schooling online. All four children were attending school, and the mother was attending ESL classes. They had one tablet that the school lent to the family temporarily, and one laptop that the family acquired through a community organization. This was a struggle for the family, as they had to take turns each day to determine who would attend their classes.
- The children had accessed a school lunch program and were able to get snacks and lunches for free. This allowed them to easily access healthy food daily while they were in school. When the lockdown measures were put in place, Ahmed's mother had a hard time acquiring enough food for the family, as the amount of money she had budgeted did not increase, while the amount of food the family needed did.
- The children were accessing supports through their school to address some of the migration-related traumas they had experienced. The family needed to find support for the children elsewhere during school closures and are still on a wait-list for programming.

## Food Insecurity

COVID-19 has placed tremendous pressure on Canadians, as demonstrated by the significant increase in food insecurity during the pandemic due in part to job loss, reduced work hours, and impacts on income.<sup>121</sup>

Canadians living with children have felt the effects of COVID-19 even more so: food insecurity rose by 7% to a staggering 19.6% in households with children at the onset of the pandemic.<sup>121</sup>

Households with children are more likely to cite difficulties in the ability to afford balanced meals and worry about food running out before there is enough money to restock.<sup>121</sup>

Food Banks have also felt increased pressure due to the pandemic. Usage of the Food Banks in Canada increased by 20% following the COVID-19 pandemic.<sup>122</sup> The organization has also experienced a drastic decrease in volunteer availability, reduced food pick-ups, and financial strain.<sup>123</sup> To help offset some of the economic struggles, the federal government stepped in to support food access by providing additional funding through an Emergency Food Security Fund which supported organizations addressing food insecurity during the pandemic.<sup>124</sup>

According to Hunger Count 2019, 38.4% of Food Bank clients in Alberta are children.<sup>86</sup> Although food bank data provides key insights into the overall picture of food insecurity, evidence suggests that only 21.1% of food insecure households access food banks.<sup>125</sup> Instead, most food insecure households rely on financial help from relatives, friends, and other agencies to access food—making food bank data insufficient as the sole means to determine food insecurity trends.<sup>125</sup>

Nearly 1 in 7 Canadians (14.6%) reported living in a household that had experienced food insecurity within a 30-day period, according to Statistics Canada (May 2020).<sup>121</sup> For Canadians living in a household with children, the rate was higher (19.2%) compared to households with no children (12.2%).<sup>126</sup> Canadians employed during the week of April 26th, but absent from work due to business closure, layoff, or personal circumstances due to COVID-19, were more likely to be food insecure (28.4%) than those who were working (10.7%).<sup>121</sup> The Breakfast Club of Canada reported that, prior to COVID-19, nearly 1 in 4 children (one million) in Canada went to school without breakfast. They estimate that throughout the pandemic, the number could be as high as 1 in 3 children, an increase of an additional one million children.<sup>126</sup>

## Mental Health

Recently released data suggests that the perceived mental health of Canadian youth has declined during the pandemic—57% of participants aged 15 to 17 reported that their mental health was “somewhat worse” or “much worse” than it was prior to the implementation of physical distancing measures.<sup>126</sup> Kids Help Phone has also seen a surge in the number of calls.<sup>126</sup> A study by the Angus Reid Institute in May 2020 asked youth aged 10–17 about their feelings in recent weeks; those aged 16–17 were more likely than younger children to say that they felt “lonely” (38%) or “angry” (17%). A little over half of the youth (54%) across all age groups stated that it was their friends that they missed the most as a result of isolation. Another concern for youth (29%) was that they would miss school the following year. When asked how well parents were helping with school, 35% reported that they were doing their best, but needed more help.<sup>127</sup> The Centre for Addictions and Mental Health also collected data in May 2020. A key finding was that women with children under the age of 18 living at home, and younger adults aged 18–39 were more likely to feel depressed and anxious.<sup>128</sup> This is worth noting and taking into consideration when considering what families may be facing, specifically single mothers and lone-parents.

It is too early to determine findings on how COVID-19 has specifically impacted children living in poverty, but the findings mentioned above support the conclusion that children who are currently living in poverty are in an even more vulnerable situation during these troubling times.

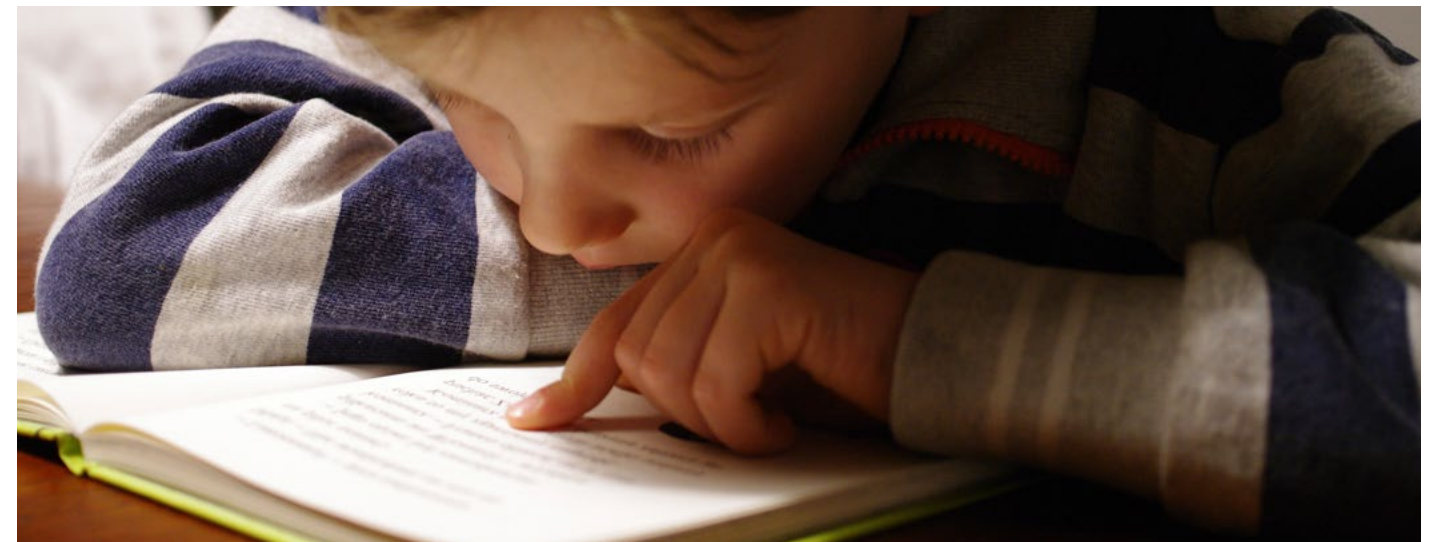
Children and youth living in poverty are three times more likely to have mental health problems than children who do not live in poverty.<sup>129</sup>

## School and Education

School closures took a heavy toll on children, with major inconsistencies in the quality of education provided and access to supports typically available for students.

Some of these supports aimed specifically to alleviate symptoms of poverty, such as nutrition programs, mental health services, physical education, and protection from violence, among others. During lockdown, many children, specifically those living in low-income families, did not have adequate access to computers or wireless internet in order to participate in online schooling.<sup>126</sup> The capacity for parents to support their children’s education also varied. In 2018, Statistics Canada surveyed households about their internet use. Of the households surveyed, 58.4% of those with internet access at home had less than one internet-enabled device per household member, which also varied by level of household income (63% in the lowest income quartile, 56.2% in the highest income quartile). Lower income households were far more likely than higher income households to use only mobile devices to access the internet at home (24% in the lowest income quartile compared to 8% in the highest income quartile).<sup>126</sup>

These numbers indicate that during lockdowns there is a clear disadvantage to children in low-income, or families with multiple children, who do not have access to adequate tools to learn, as mobile devices are not as effective as computers.



## Child Abuse

The World Health Organization (WHO) calls violence against children the hidden crisis of the COVID-19 pandemic.

Due to closures of schools and child care centres, many children living with family violence found themselves without a safe refuge.<sup>126</sup>

Kids Help Phone reported increased calls regarding physical, sexual, and emotional abuse. Reports of child abuse may spike as children once again interact with trusted adults outside of their homes.<sup>126</sup> Another extremely troubling trend during COVID-19 has been the increase in reports of online sexual exploitation of Canadian children. The director of [cybertip.ca](http://cybertip.ca) said that the organization saw an 81% spike in reports between April and June of this year.<sup>130</sup> These reports are from youth who have been sexually exploited, and reports of people trying to sexually abuse children. The RCMP's National Child Exploitation Crime Centre, which is responsible for investigations into child sexual exploitation online and child pornography, has also reported an increase in the sexual exploitation of children.<sup>130</sup> They are getting referrals in the thousands every month about Canadians who are sharing child pornography actively online. They state that the increase is likely due to COVID-19, and that people are at home, spending more time online—especially the amount of time children are online. In Alberta, the Internet Child Exploitation (ICE) unit received 243 reports of online child exploitation in March alone—their average number of monthly reports prior to the pandemic was 110.<sup>130</sup>





# Conclusion and Recommendations

Child poverty is a multiple systems failure, and eradicating it involves interventions at various levels. Where possible, the following recommendations are organized according to jurisdiction or topic area.

For progress to be made, our society must take bold action and champion for fundamental shifts in policies, processes, programs, and practices.

While COVID-19 has caused severe disruptions across society, the following recommendations would ensure that children have better outcomes and opportunities both in times of crisis and relative stability.

## General

- Subsidize the costs of child care by reinstating the \$25/day child care program and making it universal. This would enable working parents to access employment or attend school in addition to improving the quality of training and wages provided to child care providers.
- Increase monthly payments of social assistance programs to ensure they provide enough income for households to afford basic needs.
- Provide a livable wage to all employees in order to reduce employee wage gaps, especially for single parents, female, and/or BIPOC employees.

## Indigenous Child Welfare

Rather than develop recommendations independently, it is critical that Indigenous-created recommendations honour Indigenous self-determination. The Truth and Reconciliation Calls to Action (2012) lists twelve recommendations specific to child welfare and education. These recommendations are also reflected in the *Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (2019).

### They include but are not limited to:

- Calling upon the federal, provincial, territorial, and Indigenous governments to reduce the number of Indigenous children in care by providing adequate resources to Indigenous communities and child-welfare organizations to keep Indigenous families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
- Calling upon all levels of government to fully implement Jordan's Principle.
- Calling upon the federal, provincial, territorial, and Indigenous governments to develop culturally appropriate early childhood education programs for Indigenous families.

## Health Care and Mental Health

- Implement the Action Framework for building an Inclusive Health Systems as recommended by the Chief Public Health Officer of Canada.<sup>68</sup>
- Support for the Government of Canada's universal pharmacare plan.
- Align Alberta's health care system with universal health coverage standards and practices
- Make improvements to the sustainability of long-term mental health support for children by integrating mental health service providers (other than physicians) into provincial public health insurance systems.<sup>131</sup>
- Invest in publicly funded in-school mental health supports and early and preventative mental health programming for vulnerable children, especially those experiencing family violence.



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# Appendix I. Thresholds for poverty measurements

The MBM was recently reviewed and changed from being based off of the cost of a basket of goods in 2008 to the same basket of goods in 2018. The 2018-base is higher than the 2008-base, mostly due to the increased prices in housing. The MBM has the advantage of being able to calculate a threshold related to a specific geography, and so is able to consider the costs of living in a specific area. It is Canada's Official Poverty Line, and is based off of survey data collected in the Canadian Income Survey. The MBM is able to consider discretionary spending and include breakdowns for specific subpopulations, such as gender and age. However, due to its reliance on survey data, the MBM is no longer reliable for smaller geographies and smaller populations. All MBM data used in the Alberta Child Poverty Report 2020 is rated to be good quality.

Geography	Income Threshold (\$)
Rural	40 183
< 30,000	41 598
30,000 to 90,000	40 371
100,000 to 499,999	38 630
Edmonton	38 584
Calgary	40 452

Figure A1:  
Thresholds for the 2018-base  
MBM in Alberta

The Census Family Low-Income Measure After-Tax (CFLIM-AT) relies on income data, which is aggregated and taken from tax returns filed with the Canadian Revenue Agency, known as the T1 Family File. The CFLIM-AT uses Census families as a unit of measure, which are members of a couple family, with or without children, and lone-parents and their children. All other family types are considered non-census families. The CFLIM-AT thresholds are determined at 50% of the national median income, adjusted for family size. They are re-calculated annually. The poverty (or low-income) rate refers to all persons whose household income falls below the thresholds. The after-tax income includes all income transfers from the federal and provincial governments.

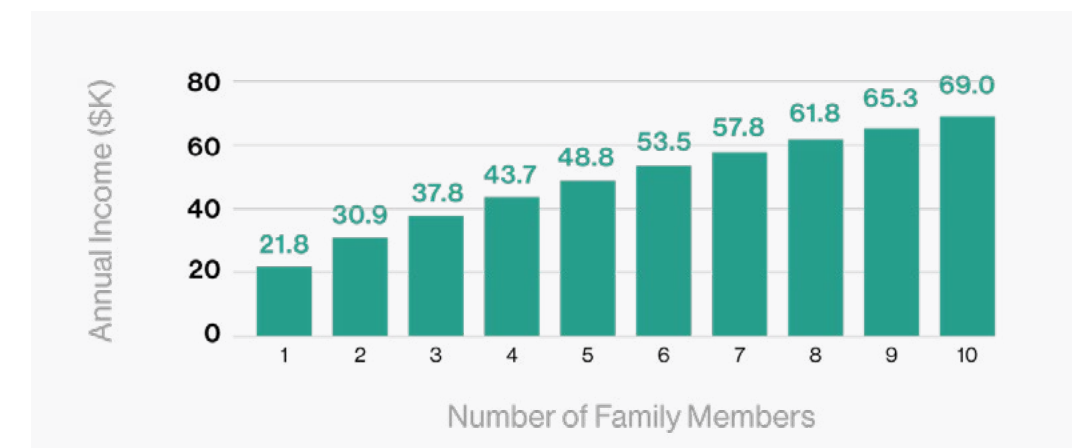


Figure A2.  
Income thresholds for  
the CFLIM-AT in 2018

