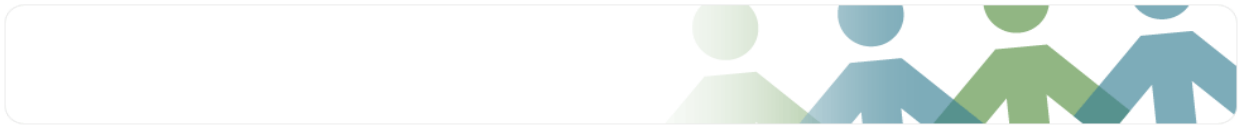


Submission by the
Canadian Association of Social Workers
to the
Standing Committee on Finance
Income Inequality in Canada

April 5, 2013





Defending Social Programs for a Stronger Canada

Introduction

The Canadian Association of Social Workers (CASW) was founded in 1926 and has evolved into a national social work organization that promotes the profession of social work and advances issues of social justice.

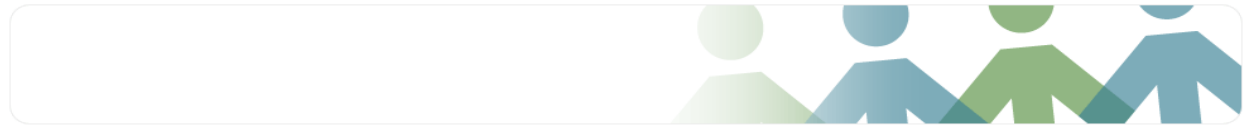
CASW recently released a paper that investigates the implications behind a lack of transparency and accountability in delivery and receipt of the Canada Social Transfer (CST). Entitled the [*Canada Social Transfer and the Social Determinants of Health*](#), the paper provides an in-depth exploration of income security funding at the national, provincial, and local level focusing on the provinces of British Columbia, Saskatchewan and Nova Scotia. Income support programs were chosen to highlight as they are closely linked to all the other Social Determinants of Health and are explicitly covered by the CST.

Many opportunities exist for strengthening accountability and improving Canada's performance on the Social Determinants of Health. Adequate and accountable social programming is important to people living in Canada, and remains part of Canadian identity. Income inequality is highly associated with the health of a nation; consequently accountability to the CST has great potential to reduce income inequality and positively impact the overall health and well-being of Canadians if applied equitably.

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, 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. 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, 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.



Income Security in Canada

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. 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.

Generally, social assistance income in Canada provides recipients with an inadequate amount of money to meet basic material needs, despite constitutional obligations laid out in section 36 (1) of the Constitution Act of 1982. Although income inequality in Canada is growing, the generosity of social assistance programs has declined. Canada has been referred to as a thought-leader in the area of income and health, and in health promotion more broadly. However, more practically, Canada has fallen behind other nations in applying these concepts politically.

The Complete Picture

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.

Although spending on social services for each province is three times the total funding transferred from the federal government through the CST, compared to the Market Basket Measure (MBM), the annual income of income support recipients does not meet their basic needs. 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.

In fact, among all recipient types studied, 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.



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: 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.

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. 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.

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.

Implications

The funding provided through the CST 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, CASW found 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.

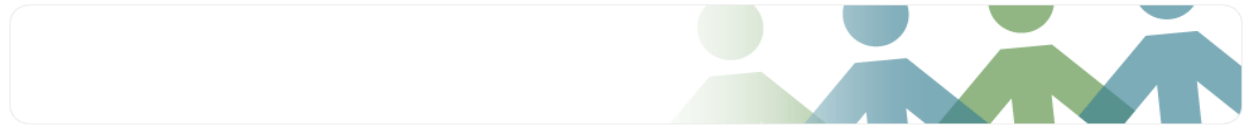
Recommendation # 4: The **federal government** should make a commitment to the **protection of human rights** in Canada by: 1) increasing CST funding to the provinces, 2) securing an ongoing commitment to the CST, and developing additional national strategies to secure social programming such as a National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

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.



References

Canadian Association of Social Workers. (2012). Canada Social Transfer Project - Accountability Matters. Ottawa: CASW.

Canadian Association of Social Workers. (2013). The Canada Social Transfer and the Social Determinants of Health. Ottawa: CASW