

Poverty Reduction Policies and Programs

**The Causes and Consequences of Poverty:
Understanding Divisions and Disparities in Social and Economic Development
in Nova Scotia**

Nova Scotia

By Christine Saulnier,
Canadian Centre for Policy Alternatives-Nova Scotia

Social Development Report Series, 2009
Commissioned by the Canadian Council on Social Development



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Poverty Reduction Policies and Programs

NOVA SCOTIA

The Causes and Consequences of Poverty: Understanding Divisions and Disparities in Social and Economic Development in Nova Scotia

NOVA SCOTIA'S LANDSCAPE

Surrounded on three sides by the Atlantic Ocean, Nova Scotia is the most eastern Maritime province and the second smallest in Canada. The working shipyards and dockyards, though much smaller in their contributions to today's economy, are symbols of Nova Scotia's rich naval history. Halifax has one of the largest natural harbours in the world and it is one of the busiest ports in Canada. Traditionally, the Nova Scotian economy has been largely resource-based, with investment and employment concentrated in fishing, mining, agriculture, and forestry. Its economy has diversified somewhat through the 20th century, with the development of industries such as tourism, technology, film, music, and finance. And while the goods-based industries remain important, the economy in Nova Scotia is now largely service-oriented with a thriving private sector and an extensive public sector that includes, for example, a network of 24 post-secondary institutions (11 universities and 13 community college campuses). Nova Scotia enjoys one of the most educated labour forces in Canada, with some of the highest university enrolment rates (Government of Canada, 2003).

The population of Nova Scotia was 913,462 in 2006, roughly 3% of the Canadian population. In recent years, population growth has been slow, increasing by only 0.6% between 2001 and 2006.¹ Out-migration is one factor underlying Nova Scotia's demographic trends. For example, 11,925 Nova Scotians moved to Alberta between 1996 and 2006.² Nova Scotia also attracts a small percentage of immigrants, which make up only 5.0% of the population (compared to 19.8% in Canada overall). In addition, Nova Scotia has a lower fertility rate than the Canadian average. The only communities that have shown significant natural population increases are First Nations communities such as Eskasoni on Cape Breton. As a result, the proportion of older Nova Scotians in the population has been growing; in 2006, the median age was 41.8 years, compared to a median of 35.8 years of age in the Canadian population (Statistics Canada, 2007).

Although Nova Scotia has a significant urban population – larger than the other Maritime Provinces – it is still among the most rural provinces in the country. In 2006, 44.5% of people in Nova Scotia lived in rural communities. The Halifax Regional Municipality (HRM) is the largest urban area in the province (and in Atlantic Canada), making up about 40% of the total population.³ Cape Breton Regional Municipality (CBRM) is the second largest urban area, with a population of 105,968 in 2006. CBRM

covers a large area of 2,470 square kilometres; its largest urban centres, Sydney and Glace Bay, have populations of 33,012 and 19,968, respectively (Statistics Canada, 2007). The province has three other smaller urban centres – Kentville, New Glasgow, and Truro⁴ – but Truro is the only town with a population of more than 10,000 (11,765 people in 2006) (Statistics Canada, 2007).

The changing economic foundation of the province, its aging population, and the urban/rural character of Nova Scotia are important factors in understanding the economic situation in the province and the evolution of social development here. This report focuses on the circumstances of low-income households in particular, and the policies and programs that have been introduced to reduce poverty and mitigate its devastating impacts. It explores some of the ideas and institutions that have shaped these policies and programs, highlighting the role of community service providers and advocates working for a more comprehensive and equitable approach to poverty reduction.

The first half of this report provides a snapshot of the disparities faced by all Nova Scotians and by specific groups that are persistently caught in the poverty cycle: Aboriginal people, people with disabilities, and African Nova Scotians. Wherever possible, both a geographic lens and a gender analysis are used to examine the similarities and differences across and within groups. Progress to-date is assessed and some of the critical issues facing each group are identified. The report also focuses on the problem of homelessness in Nova Scotia: what is known about those who are homeless and some of the critical gaps in the social safety net.

The second half of the report identifies the parameters of current policies and programs that target low-income households and assesses the features that distinguish the Nova Scotia approach. A common theme from research done on homelessness in Halifax that also summarizes anti-poverty programming in the province is that “the scarcity of social and financial supports would turn even a relatively small challenge into an insurmountable barrier that would often later lead to more serious problems” (HRM, 2005, p. v). In addition to examining the strengths and weaknesses of anti-poverty programming, the report also considers one of the cornerstones of Maritime culture – and indeed, of Atlantic culture – that is, the quality of its social capital and its social cohesiveness. Yet while Nova Scotians take pride in their compassion and generosity, and in the resilience of their communities, the report cautions against romanticizing these ideas and approaches that rely on community goodwill as a substitute for a comprehensive approach to poverty – and to social development more broadly.

UNDERSTANDING DISPARITIES: AN OVERVIEW OF POVERTY IN NOVA SCOTIA

This overview highlights the global trends on poverty and economic insecurity in Nova Scotia and looks behind the aggregate numbers to examine the situation of different urban and rural communities, and of three groups in particular – Aboriginal people, people with disabilities, and African Nova Scotians. The goal is to establish the scale and complexity of the problem of poverty and low income in Nova Scotia as a benchmark against which to evaluate the impact of current policy and programs.

According to the 2006 Census, the low-income rate varies significantly across Nova Scotia, and it has been on a downward trend since the mid-1990s.⁵ In 2006, 13.8% of people in Nova Scotia were living in low income, down from 18.8% in 1996. The highest rate was in the town of Yarmouth (27%), down four percentage points since 1996. Amherst had the second-highest rate at 19.4%, and CBRM had the third-highest rate (18.4% in 2006, down from 24.9% in 1996). Bridgewater and Halifax had similar low-income rates, at 14.8% and 14.3% respectively. The lowest low-income rates were in Antigonish County⁶ (7.0% in Census Subdivision A; 9.4% in Census Subdivision B) and in Truro, at 12.9% (Statistics Canada, 2007).

Figure 1

The low-income rates also varied by gender and family structure. Women in Nova Scotia had a higher incidence of low income in 2006: 10.3% compared to 8.9% among men (Statistics Canada, 2007). And more unattached women than men lived in low income (41.9% compared to 39.7%). The gap among seniors was even larger: 17.4% of women aged 65 and older lived in low income in 2006, compared to 7.5% of men (Raven, Frank and Ross, 2007). In addition, one-third (32.4%) of single mothers were living in poverty – a much higher poverty rate than in two-parent families (DCS, 2008c, p. 37).

With the rising costs of living and current recessionary pressures, there are concerns that some people will not be able to meet their basic needs for food and shelter. According to the 2006 Census, 22.6% of Nova Scotians spent more than 30% of their income on housing costs – a benchmark often used to indicate that a household is in “core housing need” and unable to find affordable, suitable, or adequate housing. In 2001, 15.1% of Nova Scotians were in core housing need – and 21.8% of Cape Bretoners – compared to 13.5% of Canadians (DCS, 2008c, p. 41). According to the Affordable Energy Coalition, the poorest 20% of Nova Scotia households spent, on average, 14.2% of their income on fuel and electricity alone. In addition, 9.5% of homes in Nova Scotia were in need of major repair in 2006, with only Halifax (at 7.5% of homes) below the national average (DCS, 2008c, p. 41).

In addition to having difficulties finding appropriate housing and keeping up with housing costs, 14.6% of Nova Scotia households – approximately 132,400 – reported having moderate or severe food insecurity in 2004. Nova Scotia is the only province with significantly higher levels of food insecurity than the national average (9.2%) (Nova Scotia Participatory Food Security Projects, 2007, p. 2). According to the organization, Feed Nova Scotia, more than 40,000 Nova Scotians – about one-third of them children – rely on local food banks and other food programs each month (Feed Nova Scotia, n.d). Among those who used food banks in 2006, 53.9% were on social assistance, 9.4% were working poor, and 13.3% received disability support. Since 1997, the first year detailed statistics on food bank usage were collected, demands for emergency food relief have increased by 127% in Nova Scotia (FEED Nova Scotia, 2008).

In the next section, the prevalence of low income is examined in detail through four case studies. The geographic and other divides that mark Nova Scotia's social and economic landscape have shaped the province's response to social development and its approach to poverty and low income. It begins with an overview of the Nova Scotia economy.

Understanding Geographic Differences and Disparities: Not a simple rural/urban divide

The Nova Scotia economy is largely service-oriented, with significant contributions from the manufacturing sector. The goods-producing sector – which includes manufacturing and construction, primary industries, and utilities – accounts for 23.2% of the economy; the service-producing sector accounts for the other 76.8% (Department of Finance, 2007, p. 4).⁷ The service sector includes a wide range of businesses and personal services in retail, finance, accommodations and food, as well as public sector jobs in education, health care, social services, and public administration. The public sector accounts for about one-quarter of both GDP (24.2% in 2005) and employment (26.8% in 2006) (Department of Finance, 2007b, p. 4 and 7).⁸

Over the last 30 years, the NS economy has shifted from an economy that was primarily resource-based to one that is more service-based. Between 2002 and 2006, the service sector grew by 10.9% while the goods-producing sector grew by only 1.7% (Department of Finance, 2007a, p. 129). And from 2005 to 2006, the goods-producing sector actually fell by 3.7%, while the service sector continued to grow by 2.7% (Department of Finance, 2007a, p. 129).

Six thousand jobs in the manufacturing sector have been lost since 2000, most of them in rural Nova Scotia (CBC, 2007). At the same time, tourism has emerged as an increasingly important economic engine. Nova Scotia tourism generated \$1.27 billion in direct revenues in 2003, and provided 33,400 direct and indirect jobs. Both rural and urban areas benefit from tourism revenues. Halifax/Dartmouth receives the biggest proportion of economic benefit, followed by Cape Breton, the Annapolis Valley, and the South Shore (Office of Economic Development, 2005). And while the growth of tourism has been positive, there are growing concerns about the quality of employment in this largely seasonal industry and the impact of tourism on local culture.

In comparison to other Canadian provinces, the Nova Scotia economy remains relatively under-developed and a large portion is low-waged. Nova Scotia had the second-lowest average weekly earnings in Canada in 2006: \$659.02 (Department of Finance, 2007b, p. 87). The lowest wages were in accommodation and food services (an average of \$289.97 per week) and the highest were in public administration and finance and insurance (\$876.38 and \$876.84, respectively) (Department of Finance, 2007a, p. 87). There are higher concentrations of goods-producing jobs and low-wage service jobs in rural Nova Scotia compared to Halifax. In turn, Halifax has higher concentrations of “knowledge-economy” service jobs and public sector employment;⁹ more jobs in management (52%), and in business, finance and administrative occupations (56%); as well, 41% of health occupations are located in the Halifax region (Department of Finance, 2007a, p. 161).

Despite attempts to transition to the ‘new economy,’ the shift away from a resource-based economy has been especially difficult in rural Nova Scotia. Outmigration from rural communities to other provinces and shifts to urban areas of the province are exacerbating the situation. Lower levels of unemployment, coupled with an ageing population and the loss of educated and skilled youth to other regions have resulted in some areas struggling to find workers. Anecdotal evidence suggests that seasonal industries such as agriculture, fish processing, and tourism are using more foreign workers these days because they cannot find local workers to do these jobs anymore (APEC, 2008). The increasing use of temporary foreign workers raises concerns about businesses filling short-term needs with low paid, insecure workers.

Nova Scotians living in rural areas and small towns clearly do not have the equivalent economic prosperity, social well-being, educational attainment, or access to health care of their urban counterparts. Compared to urban Nova Scotia, rural and small communities with populations of 10,000 or less have an older age profile and a higher proportion of people living in low income; its residents are also more likely to rely on social transfers, have lower levels of educational attainment, and live in older housing stock.

Unlike most of the rest of Canada, poverty rates in Nova Scotia are higher in rural areas than in urban centres: 17.3% compared to 15.5% in 2000 (Singh, 2004). Two-thirds (66%) of income assistance clients live in rural regions (DCS, 2007b). From 1980 to 2000, the average income gap between rural and urban areas was \$5,242 in Nova Scotia – one of the largest gaps in the country (Singh, 2004). And while there were gains for some rural communities between 1996 and 2001, they were not sufficient to bridge the existing gaps (Peuter and Sorenson, 2005, p.49).

There are also differences between communities in rural and small towns. For example, remote and sparsely populated communities experience the greatest disadvantage, while rural areas adjacent to larger urban areas with established economic and social connections tend to be more affluent; indeed, these communities are equally, if not more, advantaged than their adjacent urban centres (Peuter and Sorenson, 2005).¹⁰

There are also differences between the Regional Municipality of Halifax (RMH) and other urban centres. The Cape Breton Regional Municipality (CBRM) is a case in point. Cape Breton is shifting from an

industrial to a post-industrial service economy. Like large parts of Atlantic Canada, it was hit hard by the closure of the cod fishery in the 1990s. The CBRM also suffered as the coal and steel industries went into decline. Sydney Steel Corporation, the last of the steel mills, was closed permanently in 2000, and the last coal mine closed in 2001.

Over the years, there have been attempts to diversify the economy, and the island has developed a significant tourism industry. There is also on-going exploration of offshore petroleum and natural gas, along with light manufacturing and information technology. However, Cape Breton consistently has some of the lowest labour force participation rates in the country; it was 43.9% in 1987 and 46.4% in 2007, compared to a rate of 66.5% in Halifax. And the unemployment rate in Cape Breton is about twice as high as the rate in Halifax; in June 2008, Cape Breton's unemployment rate was 12.8% and in Halifax, it was 5.4% (Statistics Canada, 2008b).

With personal incomes, the average income in Cape Breton (\$25,940) is 19% lower than the Nova Scotia average of \$30,812 and 40% lower than in HRM (at \$36,246) (CBRM, 2008). Cape Breton has the third-highest percentage of individuals living in low income before tax, at 18.4% (Statistics Canada, 2007). Richmond County on Cape Breton Island has the highest proportion of its population receiving income assistance – nearly 12% – in the province (DCS, 2007b). On another key measure, Cape Breton has a smaller percentage of its population with a university degree than is found in other areas of the province: 14.6% in Cape Breton, compared to 20.2% in Nova Scotia and 29.1% in HRM (CBRM, 2008).

While it is difficult to determine the exact interplay of different determinants of health, the effects of industrial environmental degradation (such as from working in a coal mine or living near tar sands, etc.) combined with the effects of lower socio-economic status have undoubtedly contributed to the health profile of the region. Cape Breton ranks below national and provincial averages for most health outcomes, health behaviours, and psychosocial factors such as stress and depression, and it has a greater incidence of chronic illness, disability and premature death than in Halifax (Hayward & Colman, 2003, p. 27).

The demographic changes and the significant changes in the structure of the economy, its industrial patterns and occupational trends are all significant factors in the disparities and challenges faced by rural and urban communities in Nova Scotia. Bridging those divides continues to be one of the most significant challenges faced by governments and communities working to reduce poverty.

Aboriginal People in Nova Scotia: “We can’t merely treat the symptoms any longer”

Aboriginal people make up 2.7% of Nova Scotia's population, a proportion that has grown significantly since 2001 (Community Counts, 2008). They make up a larger proportion of the population in rural Nova Scotia than in the HRM (4.5% and 1.4% respectively), but this trend is changing as Aboriginal people move in greater numbers to urban areas (Statistics Canada, 2008a).

Just under two-thirds (63%) of Aboriginal people in Nova Scotia are North American Indian, the majority of Mi'kmaq descent. There are 13 Mi'kmaq First Nations, with 42 reserves ranging from a population of 233 in the Annapolis Valley First Nation, to 3,807 in the Eskasoni First Nation on Cape Breton Island. The Registered Indian population is represented by 13 band councils and two tribal councils: the Confederacy of Mainland Mi'kmaq and the Union of Nova Scotia Indians (Office of Aboriginal Affairs, n.d). Aboriginal women are represented by the Native Women's Association, and organizations such as the Native Council of Nova Scotia and Aboriginal Friendship Centres provide services, primarily to Aboriginal people living off reserve.

Aboriginal people in Nova Scotia are caught in a cycle of poverty, social exclusion, and material disadvantage. According to the Regional Health Survey, 50% of Mi'kmaq First Nations living on reserve relied on income assistance for some or all of their income in 2002-03, and 52% reported making less than \$10,000 per year. The average income of Nova Scotia's Aboriginal people was \$13,311, compared to an average of \$25,295 for the province that same year (The Mi'kmaq-Nova Scotia-Canada Tripartite Forum, Health Working Group Subcommittee, p.17).

Unemployment, underemployment, and poverty are realities of life in most Aboriginal communities (MTF, 2005, p.15-16). The unemployment rate among Aboriginal people in Nova Scotia was 15.5% in 2006, down from 21.9% in 2001, and it was 24.6% among those living on reserve (down from 30.2% in 2001). Those rates are much higher than the 9.1% unemployment rate recorded for all Nova Scotians in 2006 (Statistics Canada, 2008a). Only 50% of people living on reserve were engaged in the labour market in 2006, unchanged from 2001 (Statistics Canada, 2008a).

Low levels of education are one factor underlying the significant economic barriers faced by Aboriginal people, and the differences in educational attainment are striking. According to the 2006 Census, over one-quarter (27%) of the Aboriginal population in Nova Scotia (aged 25 to 64) had not completed high school, compared to 19% of the general population. Further, only 12% of this working-age Aboriginal population had a university degree in 2006, compared to 20% among the general population (Statistics Canada, 2008a).

It is also important to consider differences between Aboriginal people living on reserve and those living off reserve, and between Aboriginal men and women. Aboriginal women, like those in the Canadian population, face inequities in their pay and labour market participation compared to their male counterparts; those living on reserve tend to face even greater gaps and disparities. Educational attainment is one example. For example, 57% of Aboriginal and non-Aboriginal women aged 15 to 24 years have some post-secondary education. However, compared to those living off reserve, fewer Aboriginal women living on reserve have post-secondary education (Nova Scotia Advisory Council on the Status of Women, 2006, p. 2).

In some cases, Aboriginal men face greater gaps compared to their non-Aboriginal counterparts than Aboriginal women do. For example, Aboriginal women working full-time have a pay gap of \$6,000 per year compared to their non-Aboriginal counterparts, but Aboriginal men face a greater pay gap (Nova Scotia Advisory Council on the Status of Women, 2006, p. 2). There is a need for disaggregated data that

would create a better knowledge base and permit a more nuanced analysis of these social and economic disparities, and the development of more effective interventions.

A key part of developing strategies to address the educational and economic disparities among Aboriginal people is examining barriers caused by systemic and structural racism. According to the Regional Health Survey, about one-third of Aboriginal adults had experienced racism over the previous 12-month period (MTF, 2005, p.15). Many Aboriginal people have been impacted by residential schools, and survivors often struggle with problems of alcohol and drug abuse, gambling addictions, serious psychological problems, and thoughts of suicide (Atlantic Policy Congress of the First Nations Chiefs, 2007, p. 7). There is growing recognition that communities and governments must take a different approach: “We can’t merely treat the symptoms any longer. In medicine, it is not the way to heal a patient; in society, it is not the way to heal families, communities and nations.” (MTF, 2005, p. 6) Addressing the devastating impact of racism and resolving the on-going disputes over with Aboriginal treaty rights and levels of funding for Aboriginal communities are critical to long-term success in this area.

The Nova Scotia government says it is “on the road to developing a new relationship [with the Aboriginal community], one based on partnership, respect and mutual understanding.” (OAF, n.d.) One example of this is the Mi’kmaq-Nova Scotia-Canada Tripartite Forum,¹¹ a unique organization designed to engage Mi’kmaq and Aboriginal people in government decision-making. Established in 1997, its executive committee includes the federal minister of Indian and Northern Affairs and the provincial minister of Aboriginal Affairs.

The Forum’s working groups cover a range of issues. For example, the working group on economic development includes members from the Department of Economic Development and the Atlantic Canada Opportunities Agency (ACOA), as well as other agencies. The committee is developing strategies on Aboriginal skills and labour market development, focusing on the untapped potential of the large Aboriginal youth population. Work is proceeding on a Mi’kmaq tourism strategy, an Aboriginal Apprenticeship and trades strategy, and an industry pre-employment training program, among other initiatives (The Tripartite Forum, n.d). Another Tripartite working group is focused on health issues, and they have been advocating for concrete action to improve the health and well-being of Aboriginal people. Data collected in the Regional Health Survey highlighting the significant health disparities in Aboriginal communities¹² have helped inform the group’s work. As a result of their efforts, the Nova Scotia Department of Health has committed to develop a Provincial Aboriginal Health Policy and a 10-year plan for health, in collaboration with the Tripartite Forum and with “close and meaningful Aboriginal engagement” (MTF, 2005, p.8). These are long-overdue steps towards making real progress in improving the life circumstances of Aboriginal people in Nova Scotia.

African Nova Scotians: “We don’t need any more cops”

African Nova Scotians account for 2.1% percent of the population in 2006, an increase of 6.2% since 1996. African Nova Scotians face systemic discrimination and barriers that often limit their full participation in Nova Scotian society. In the 1960s, they were expelled and forcibly removed from Africville, an often-cited example of the racism faced by this community (see Allen, 2001; Petersen, 2004). The limited data that are available on this community confirm the continued existence of discrimination and exclusion.

In comparison with Caucasian Nova Scotians, African Nova Scotians experience higher levels of unemployment and illiteracy, higher rates of heart disease, cancer, high blood pressure, and diabetes, and greater numbers live in inadequate housing (Hayward and Colman, 2003). Even among university graduates, they earn about \$12,000 less on average than other Nova Scotian graduates. Their children are more likely to live in low-income households – 44% for Black children in Canada compared to 19% for the total population (African Nova Scotian Affairs, 2005) In 2000, 39.7% of Black women in Nova Scotia were living in low income – one of the highest rates of poverty in Canada (Canadian Association of Social Workers, 2005, p.11).

Several reviews and consultations have documented the experiences of African Nova Scotians. The Task Force on Government Services, for example, heard about the different challenges faced by senior African Nova Scotian (Kelly, 2003, p.21). This group had little or no access to quality education or decent employment opportunities when they were growing; as a result, most have lived in low income, with all of its negative consequences, over their lifetimes (Task Force, 1996 cited in Kelly, 2003). In addition, a 1994 report, *Report on Education, Redressing Inequity, Empowering Black Learners*, by the Black Learners Advisory Council (BLAC) highlighted the need to address racial discrimination in public school systems (BLAC, 1994). The report “demonstrates vividly, the realities of the African Nova Scotian experience in a discordant education system that is devoid of any effective policies that are essential and sympathetic to their needs” (BLAC, 1994, p. 13). These included the lack of race relations policies, lack of culturally specific curriculum, the need for teacher training and appropriate resources, and a range of other policies and programs. No matter the sector, these inquiries have found that the available services do not adequately respond to the needs of African Nova Scotians and the services are not accessible or culturally appropriate (Bernard and Wein, 2001).

In the only population-based health study of African Nova Scotians, researchers found that African Nova Scotians had higher morbidity levels associated with chronic diseases (i.e., circulatory diseases, diabetes and psychiatric disorders) than the general population (Kisely, S., Terashima, M., and Langille, D., 2008).¹³ Several community-based research studies have found similar trends.¹⁴ The *On the Margins* project, for example, investigated health status, health-care delivery, and the use of health services among African-Canadian women living in rural and remote regions of Nova Scotia. The project team found that racism, poverty, unemployment or underemployment, limited access to appropriate social, economic and health services, and unpaid care-giving roles were key determinants of poorer health among Black women. As the researchers pointed out, many of whom are active members of the Health Association of African Canadians,¹⁵ problems with inadequate access to public services and many of the

other determinants affect the health of rural populations generally, but “for these women, racism was a key factor, intertwined with all of the other issues” (Etowa et al, 2007, p. 61).

Another area of concern is the criminal justice system. A study prepared for the HRM found that African Nova Scotians – representing just 2.1% of Nova Scotia’s total population – are significantly over-represented in the criminal justice system, accounting for 22% of young offenders and 26% of repeat offenders (Clairmont, 2008, p.17). In 2005, as many as 10% of African-Canadian young men aged 12 to 17 years had been involved as offenders in the Nova Scotia criminal justice system (Clairmont, 2008, p.18). When presented with these numbers, one black defence lawyer reported being “not at all surprised because that is where the poverty and underlying issues such as racism are” (Clairmont, 2008, p.18). The study stressed the need to find a better balance between enforcement and early intervention and crime prevention.

The provincial government has not been oblivious to the situation of African Nova Scotians and some programs and policies have been instituted to redress inequalities, but they have had limited success. The province has had an Affirmative Action Policy since 1975, but it was not until 1992 that the government and its public sector union, the Nova Scotia Government Employees Union, began enforcing the policy (Task Force, 1996). The policy only applies to hiring practices within the government; it does not apply to the private sector or to any government commission or board. In particular, it has had limited success in efforts to increase racial equity in management positions (Bernard and Wein, 2001, p.7).

To provide a focal point in government, the province set up the Office of African Nova Scotian Affairs (OANSA). The OANSA was an important step forward, but the community has expressed concerns about its structure (with headquarters in Halifax, for example) and the vehicles in place to ensure meaningful input (Bernard and Wein, 2001, p. 4). In 2006, a regional office was set up in Cape Breton. It provides some outreach and holds regular information sessions across the province; community action partnerships have been set up to serve as advisory groups on different issues.

In addition to the OANSA, there have also been specific initiatives in different provincial departments. For example, the province has adopted guidelines and developed a guidebook to promote culturally competent care among primary health care professionals. Nova Scotia is the first province to take leadership and adopt such guidelines to begin to “respectfully and effectively address health needs and issues related to race, ethnicity and language” (Primary Health Care Section, Department of Health, 2005, p.iii). This initiative will undoubtedly have implications for many groups, not just African Nova Scotians.

Since the release of the BLAC report, attempts have been made to address deficiencies in the education sector as well. In 1996, the African Canadian Services Division was established within the Public Schools Branch of the Nova Scotia Department of Education. Each regional school board in the province has an elected position reserved for an African Nova Scotian representative. The goal is to ensure meaningful representation of the community in the development of educational programs to better meet the needs of Black Nova Scotian students.

By contrast, the response to youth justice issues in the Black Nova Scotian community has been limited. According to some, the only action taken to-date by municipal and provincial governments has been to secure funding to hire 250 more police officers by 2010 (Bousquet, 2008, p.11). Outside of government, several organizations are taking a more preventative approach, working to advance equity for African Nova Scotians in various sectors. The Indigenous Black and Mi'kmaq (IB&M) Initiative at Dalhousie Law School, for example, is a program designed to reduce structural and systemic discrimination in the judicial system by increasing these groups' representation in legal education and the legal profession.¹⁶ Since its inception, more than 90 graduates have secured jobs in the legal profession and justice system (Dalhousie Law School, n.d.).

Community organizations like the Black Educators Association of Nova Scotia (BEA), established in 1969, have been working hard to address educational barriers faced by young Black people (Bernard and Wein, 2001), and to develop strategies for a more-equitable education system for Black learners.¹⁷ The Black Social Workers of Nova Scotia has also advocated on behalf of Black social workers and worked to break down societal barriers for their clients (see Bernard, 2006).

Other community-based initiatives are focused on employment-related opportunities for African Nova Scotians. For example, the Black Business Initiative (BBI) has been working since 1995 to promote employment through entrepreneurship by providing services such as training, advice, and mentoring.¹⁸ BBI's goal is to foster the growth of Black-owned businesses in Nova Scotia and to provide education for Black business owners (BBI, n.d.).

The strength and determination of this population are notable as they work to overcome social and economic disparities. Despite some progress, however, African Nova Scotians continue to face daily challenges in meeting their basic needs.

People with Disabilities: “Struggle every day to get through the day”

People with disabilities are among the most persistently poor of all groups in Nova Scotia. People with disabilities account for 20% of the population in Nova Scotia – a higher proportion than in any other province, and higher than the national average of 14.3% (Statistics Canada, 2007). Yet people with disabilities face major economic barriers, including lower rates of employment, higher reliance on income security programs such as social assistance, and much higher living costs compared to people without disabilities.

In 2006, for example, only 52.6% of people with disabilities in Nova Scotia participated in the labour force, compared to 79.1% of people without disabilities (Statistics Canada, 2008c). This was a significant improvement over 1996, when only one-fifth (21.6%) of people with disabilities in Nova Scotia were in the paid labour force (NSDPC, 2003, p.10). However, much remains to be done to enhance their economic security. In Nova Scotia, the unemployment rate among those with a disability is still higher than the rate among those without a disability: 11.2% compared to 8.0% (Statistics Canada, 2008c). And there is an even larger group (47.4%) that is outside of the labour force altogether, unable to clear the “disability wall” in the labour market: “discrete but interconnected systemic and attitudinal barriers that

remain entrenched to delay, discourage or prevent [those] with disabilities from participating in the labour market to their full potential” (McFadyen, 2006a, p.1). People with disabilities experience these barriers differently, depending on the nature of their disability and the degree to which it can be accommodated or corrected with assistive devices. In Nova Scotia, it also depends to a large extent on the person’s geographical location and the strength of their social and personal support systems.

Many people who are unable to secure employment rely on social assistance. In Nova Scotia, people with long-term disabilities made up about 45% of income assistance recipients; another 10% of recipients reported having a short-term disability (FPT Directors of Income Support, 2006, p. 43). Benefit levels for people with disabilities are below established measures of low income in every province, including Nova Scotia; welfare incomes for persons with disabilities are only about two-thirds of the poverty line as measured by the after-tax Low Income Cut-offs and by the Market Basket Measure of poverty (National Council of Welfare, 2008, Table 5.2 and 5.3). Overall, the gap in income between people with disabilities and those without is significant. According to data from the 2006 Census, the median income of people with disabilities in Nova Scotia was \$18,231, compared to an average income of \$24,959 for those without disabilities (Statistics Canada, 2008c).

The combination of low incomes and the extra costs associated with having a disability mean that it is a constant challenge to ‘make ends meet.’ In a presentation to the standing committee examining services for disabled people in the province, the NS League for Equal Opportunities¹⁹ made this point: “The cost of living with a disability – wheelchairs, home care, technical aids, transportation – is two or three times what yours is. (. . .) So combined with all that, a lot of people have to choose between food and that” (Robicheau, 2008, p.14). Because government programs for people with disabilities are limited, they often must rely on charities for essential supports and to help meet their basic needs.

For women, “the intersections between disability and gender result in their heightened social and economic vulnerability” (McFadyen, 2006b, p.1). Despite having higher levels of educational attainment than men with disabilities, women with disabilities are significantly less likely to be in the paid labour force, and they are more likely to be poor and to experience food insecurity (McFadyen, 2006b, p.1). In 2001, working-age women with disabilities had an average income of only \$15,726, compared to an average of \$25,173 for working-age men with disabilities and \$20,871 for women without disabilities (McFadyen, 2006b, p.9). The median income in 2001 was \$10,421 for women with disabilities, compared to \$20,610 for men with disabilities (McFadyen, 2006b, p.2). In terms of educational attainment, 31% of women with disabilities in Nova Scotia have less than a high school education, compared to 20% of women without disabilities and 36% of men with disabilities; in addition, women with disabilities are about half as likely as are women without disabilities to have a university-level education (13% versus 25%) (McFadyen, 2006b, p.7). In 2001, less than half (47.6%) of women with disabilities in their prime working years (aged 25 to 54) were in the labour force, compared to 80.2% of women without disabilities.

Geographic location can also represent a barrier for people with disabilities in Nova Scotia. There are regional variations in the prevalence of disability throughout the province, with the lowest rates in the Halifax region and the highest in Cape Breton. The age profile of different regions might explain some of

these differences because disability often increases with age (McFadyen, 2006b, p.2). In terms of employment, only 18% of working-age women with disabilities in the Cape Breton region are employed, compared to 33% of women with disabilities in the Halifax region (McFadyen, 2006b, p.8). One of the most critical requirements for persons with disabilities is having accessible transportation so that they are able to get where they need to go, whether for work, health care, or social support. The lack of accessible public transportation in Nova Scotia communities is a concern,²⁰ but it is particularly an issue in rural communities where there is often no service available at all.²¹ For people with disabilities in Nova Scotia, their geographic location can compound the challenges they face in gaining more independence and breaking down their isolation.

The Nova Scotia Disabled Persons Commission (NSDPC) is a government office that provides people with disabilities with a vehicle to participate in the provincial policy-making process. Since 1989, the NSDPC has advised policy-makers and program-developers about the needs and concerns of people with disabilities and provided advice to the government on a range of issues. Seven of the 12 NSDPC members are from the disability community; the rest are representatives of different government departments that provide disability services (NSDPC, 2004).

Under the Labour Market Framework Agreement for Persons with Disabilities, the Nova Scotia Department of Community Services (DCS) works to increase employment opportunities by providing employment-related assessments, career counselling, training, and disability-related supports. One problem limiting the success of these programs is that DCS defines disability by the ability to work. But as explained by a representative of People First²²: “Every People First member in this province has told me they want to work. That is not the issue. The issue is when people say they can’t work because the supports they have will be taken away” (Cox, 2006, p.10). The cost of having to pay for the necessary supports themselves means that people with disabilities gain little by way of independence or economic security.

Programs offered by the Department of Education to increase access to post-secondary education have met with greater success. Between 2003-04 and 2004-05, the number of students with disabilities attending a post-secondary institution rose by 38.4% (Government of Nova Scotia, 2006, p.10). In 2004-05, students with a disability who graduated from university had a 92% employment rate, and those graduating from college had an employment rate of 89% (Government of Nova Scotia, 2006, p. 20). These are significant numbers, especially in the context of labour market disparities for people with disabilities.

While there has been some progress made, as one member of the Community Advocates Network²³ said: “There is a whole population of disabled people out there who struggle every day to get through the day” (Mullins, 2006, p.13). The government’s understanding of self-sufficiency remains a problem: “the department’s [of Community Services] idea for independence means not needing any services from them” (Cox, 2006, p.10). Unlike other barriers to employment, however, the presence of a long-term disability requires ongoing, daily support. This is different from other barriers such as literacy, for example, where once an appropriate level of literacy is achieved, the support may no longer be required. In addition, “people are turned away from the services because they are not disabled enough

or are unclassifiable;" it depends on which department and sometimes, on which program within the same department (Cox, 2006, p.8). Other limitations of government programs become apparent when we examine homelessness.

Homelessness and Housing: A lack of jurisdictional leadership

The problem of homelessness does not appear to be rising in Nova Scotia, but it is not declining either, which raises questions about the effectiveness of existing interventions or the lack thereof. Street-count surveys conducted in Halifax provide much-needed information on this population, and they allow estimates to be made about who is "absolutely homeless," who is "at risk" of homelessness, and why. The surveys involve a short questionnaire and a count of people who were living in the rough, using shelters, or otherwise without shelter on a particular night. Some highlights from the most recent count in 2004 revealed the following:

- 266 individuals were homeless on the day of the count;
- the vast majority were single (94%);
- 67% were male and 33% female;
- people ranged in age from 14 to 74, with an average age of 35 years;
- 34% of respondents were under age 24;
- 39% were between the ages of 25 and 44;
- 16% were from visible minority groups; of these, roughly one-third were of African Nova Scotian descent (6% of total respondents) and one-fifth were Aboriginal (3% of total respondents) (HRM, 2005, p.21).

Half of the respondents received some form of government assistance and less than 10% engaged in panhandling or related activities; 25% of respondents cited no source of income at all, and less than 10% earned income from working (HRM, 2005, p.21). Thirty-two per cent of survey respondents cited family violence, conflict, and breakdown as the immediate causes of their homelessness, and they were the leading causes cited by women. Other causes reported were problems with substance abuse (26%), being unable to find accommodation (23%), a lack of income (19%), and mental illness (14%). Fifty-eight per cent of respondents reported having a health condition: 33% reported addiction, 20% mental illness, 15% a medical condition, and 4% reported having a physical disability (HRM, 2005, p. 22).

The reasons why people are homeless, as revealed through the street counts, point to the gaps in services for this population, including a continuing lack of access to affordable housing and a lack of housing with social supports. A significant proportion of the homeless population are people with complex needs such as mental illness and addictions (HRM, 2005). Most service providers interviewed for the study indicated that there was inadequate access to mental health professionals. They cited long waiting lists for treatment, a lack of beds in emergencies, and a lack of information for clients upon their discharge from institutions. In particular, the absence of discharge planning has meant that individuals released from mental health programs have moved into the emergency shelter system (HRM, 2005, p.27).

In recognition of the scope and scale of the problem, the government of Nova Scotia has committed resources to set up a mental health court in the province in 2009. However, given the difficulties in accessing treatment, the executive director of the Canadian Mental Health Association's Nova Scotia branch is "still wary some people may use them [the mental health courts] as a 'shortcut' to get treatment" (Carole Tooton cited in Stewart, 2008). The planned mobile street clinics are another positive step forward, with funding confirmed from the primary health care division of the Department of Health. To maximize access to health care, a team of providers will travel around to places frequented by homeless people, such as soup kitchens and shelters in Halifax. Some homeless people may still be out of reach, but the new program is a definite improvement.

The street counts found that a significant proportion of homeless youth were outside the shelter system – only one-third of the youth surveyed used shelters (Koeller, n.d; Karabanow, 2004). Phoenix Shelter for Youth is the only emergency shelter targeted to youth, and it has a waiting list. Young people are often reluctant to access adult shelters because they do not feel welcome or safe; they are also reluctant to access other mainstream services where staff and programs are not tailored to their needs or experiences. Some youth choose not to access services because they have run away and don't want to be discovered or because of negative experiences with child welfare services; others are not eligible for services. For example, youth aged 16 to 19 are not eligible for income assistance, and youth under 16 years of age are considered to be the responsibility of their parents or the Provincial Child Welfare system. With poverty rates so high among youth, it is perhaps not surprising that they make up such a large proportion of the homeless population in HRM: 72.3% of unattached women aged 15 to 24 and 61.2% of unattached men lived in low-income in 2000 (Nova Scotia Poverty Reduction Strategy Coalition, 2007). Even those who do qualify for income assistance face deep poverty: between 1986 and 2006, welfare incomes for unattached individuals of all ages declined by 21.9% (NCW, 2007).

As a sector, homelessness and housing services have been marked by a lack of jurisdictional ownership and leadership. From the 1960s to the 1980s, the federal government funded about 20,000 new units of community-based, co-op and non-profit housing each year in Canada (CAH, n.d). By 1993, the federal government had withdrawn from the sector and downloaded housing responsibilities onto the provinces. In Nova Scotia, the Housing Services Division of the Department of Community Services offers a limited number of programs to help lower-income households secure safe, adequate and affordable housing. At the same time, municipalities have authority over land-use planning and the regulations, bylaws and policies that govern the development of affordable housing. There is little evidence that municipalities are willing to take on a leadership role on these issues, especially given the lack of funding, so advocacy organizations such as Community Action on Homelessness are calling on the federal government to develop a national housing strategy to guide this work and provide critical funding resources.

Community-based organizations are also pressuring the provincial government to move more quickly in using the funding that has already been allocated. The Bi-Lateral Housing Agreement is a case in point. Signed in 2002, this agreement with the federal government provided \$56 million in funding for the creation and/or renovation of up to 1,500 new housing units. But the community has not seen a full accounting for these funds. According to the Deputy Minister of Community Services, "funds have been

committed to create or preserve 1,069 homes to March, 2008, 170 new rentals were created in 2007-08, and to date, \$45 million in funding has been committed” (Ferguson, 2008, p.4). Yet 4,000 people are still on waiting lists for public housing in the province, with the highest demands being in the Annapolis Valley and HRM. And with a turnover rate of only 13-15% in public housing, the wait times are at least 2.5 years (Ferguson, 2008, p.3).

The private sector also has a role to play in housing. In one area of Halifax, the local business association took the lead and developed an innovative pilot project called the Navigator Program that provides outreach to the homeless. The four Halifax Capital District business associations, supported by the Halifax Regional Municipality and the provincial Department of Justice, have now launched their own programs to build on the success of the pilot project. The business associations want to decrease panhandling, but they want to do so by getting at the root causes of why individuals are on the street. Navigators are hired to help homeless people access the available services and find employment opportunities, and in so doing, the programs are helping to identify deficiencies in the existing system of supports and recommend changes (Downtown Halifax Business Commission, n.d.).

People living in rural areas face different housing challenges than their urban counterparts. The homeless in rural areas are not to be as visible as those on community streets, and they tend to move from one temporary home to another (Jahn, 2003, p.7); others are forced to move out of their communities because of a lack of affordable or appropriate housing. Homeless people in rural areas also tend to live in substandard housing – camps in the woods or in shelters that are off the electrical grid. While more people in rural communities own their homes compared to those in urban areas, the housing stock in rural Nova Scotia tends to be older and in greater need of repair. Given the lower incomes in rural areas, many homeowners are unable to keep up with the regular maintenance required. The result is long waiting lists for grants for repairs, while people live in houses that are poorly heated or unsafe (see Raven, cited in Standing Committee on Agriculture and Forestry, 2008, p.200 and Munro, p.199).

In response to these housing needs, the provincial government has designed new programs to promote partnerships with the private sector and with non-profit organizations. Experience has shown that governments in Nova Scotia cannot rely on the private sector alone to meet the need for affordable housing. “The private sector has shown little past interest in the development of affordable housing, because it isn’t financially lucrative” (Jahn, 2003, p.9). As a result, there is growing support for the establishment of non-profit housing developers in rural areas, but as one study cautioned, there are still considerable policy barriers to the development of effective partnerships and insufficient funding to develop the needed housing units.

The crisis-management approach to homelessness in Nova Scotia – through soup kitchens, food banks and shelters – barely meets the day-to-day needs of this population. Instead, programs are needed to move the homeless population to more-stable housing situations and to prevent those ‘at risk’ of homelessness from falling into ‘absolute’ homelessness. The current approach does not begin to address the needs of this group, nor those of households spending 50% or more of their gross income on shelter. The emphasis has been on high-cost emergency programs rather than on prevention, yet one study

concluded that by investing in long-term supportive housing in Metro Halifax could achieve a cost savings of 41% per homeless person (Polermo, 2006).

Since 2000, Community Action on Homelessness (CAH) has been an important organization advocating for the homeless in HRM. (A similar organization was more recently set up in Cape Breton.) Funded under the federal government's national homelessness initiative, CAH's mission is "to work in partnerships within our community, to advance community solutions that address homelessness and the right to a home as a key to the quality of life for everyone in our community" (CAH, n.d.). It has become an extensive coalition of government and non-governmental organizations and it includes the voices of homeless individuals in some of its activities. It continues to dispel myths about homelessness, keep track of the scale of the problem in HRM, and create and promote effective solutions with its partners.

All four of these case studies highlight the need for a comprehensive anti-poverty plan, one that balances the need for immediate improvements in the living conditions of low-income households and the need for long-term strategies to prevent and eliminate poverty. Below, this report examines the current approach to poverty and low income, identifying the problems and the opportunities for change.

A BALANCING ACT: GOVERNMENT RESPONSE TO POVERTY AND LOW INCOME

For many Nova Scotians, the 1990s were some of the hardest years. Until the early to mid-1990s, federal income transfers to individuals (such as unemployment insurance benefits) and transfers to provincial governments had played an important role in helping to stabilize incomes in the regions. In 1995, with the Nova Scotia economy still in recession, the federal government made significant changes in its transfers to the provinces. The Canada Assistance Program (CAP) and Established Program Funding (EPF) were eliminated; the amount of the social transfers was decreased and shifted to a block-funding mechanism – the Canada Health and Social Transfer (CHST). With the block funding and cuts to federal transfers, there was more pressure put on provincial income assistance programs and social services, but these programs were now competing for funding with health care and post-secondary education. In addition to dealing with declining federal transfers, the Nova Scotia government also faced a very significant and mounting deficit and debt (Clancy, Bickerton, Haddow & Stewart, 2000, p.2). In response, the provincial government under John Savage instituted significant cuts to health care, education, and welfare between 1993 and 1997, and civil service wages were cut.

Starting in 1989, the federal government also began reforming the Unemployment Insurance (UI) program and narrowing the eligibility criteria. Eligibility for benefits was tightened again in 1996 when Employment Insurance (EI) replaced UI. As a result of these changes, fewer unemployed people were eligible for coverage and there was a disproportionately negative impact on seasonal and part-time workers. Seasonal workers faced penalties and many of those who worked part-time were excluded by

the new hours-based system, thus widening the gender gap in coverage because women tend to work fewer hours on average than men (Townson and Hayes, 2007). Despite growing unemployment during this period related to the 1991-92 recession and its aftermath, the number of people receiving unemployment benefits declined. In 1990, 91% of the unemployed in Nova Scotia drew on unemployment insurance benefits; by 1996, only 57% of the unemployed qualified for benefits (Townson and Hayes, 2007, p.102). And as more of the unemployed turned to social assistance for support, welfare caseloads in the province grew from 78,400 in 1990, to 104,000 by 1994, while child poverty rates rose from 16.8% in 1990 to 23.6% by 1996 (CCSD, 1997).

The Nova Scotia economy started to improve in the late 1990s. The Savage government marked the province's first fiscal surplus in April 1995 and began to pay down the provincial debt (Clancy, Bickerton, Haddow & Stewart, 2000, p.2). Unemployment rates fell from a high of 14.3% in 1993 to 9.8% by 1998, trending lower in subsequent years. In 2005, the unemployment rate in Nova Scotia reached a historic low of 6.9% – even below the Canadian average of 7.1% for that year. Social assistance caseloads also began to drop after 1996, as a result of the lower unemployment rates and tightened eligibility requirements for the program (a point discussed below). In 2001, the province marked the second-highest provincial GDP growth in Canada, due in large measure to revenues from offshore oil and gas reserves from the Sable Island facility (Government of Canada, 2003).

Nova Scotia – Provincial Governments

John Buchanan (Progressive Conservative)
1978 – 1990

Roger Bacon (Progressive Conservative)
1990 – 1991

Donald W. Cameron (Progressive
Conservative)
1991 – 1993

John Savage (Liberal)
1993 -1997

Russell MacLellan (Liberal)
1997 – 1999

John F. Hamm (Progressive Conservative)
1999 – 2006

Rodney MacDonald (Progressive Conservative)
2006 - present

More recently, the relative economic prosperity has prompted a review of the government's approach to economic and social development. The current Nova Scotia government under Premier Rodney MacDonald has developed several strategies and frameworks to promote and balance economic growth, social prosperity and environmental sustainability. In 2006, the government released an economic growth strategy, entitled *Opportunities for Sustainable Prosperity (OSP)*, that sets out a vision for the province, a series of strategic directions, and a list of indicators and targets to measure progress (Government of Nova Scotia, 2006a). The government has also developed a framework for social prosperity, entitled *Weaving the Threads: A Lasting Social Fabric*, that seeks to “more tightly weave our efforts in social and economic prosperity” (Government of Nova Scotia, 2007c, p.34). Its vision is that “every Nova Scotian has the opportunity to live well and contribute in a meaningful way within a province that is caring, safe and creative”

(Government of Nova Scotia, 2007c, p.5). Unlike the government's economic development strategy, however, it does not set out measurable targets or outcomes; rather, this framework relies on measuring progress via related strategies, including a Poverty Reduction Strategy that is still in development.

The publication of these two strategic documents signals the importance of social development for the Nova Scotia government. At the same time, it is clear that the government's vision of social development is a narrow one. Like his predecessors Savage and Hamm, Premier Macdonald continues to prioritize debt management. The Macdonald government plans to put 90% of future instalments from the \$234 million Offshore Accord agreement with Ottawa onto debt reduction (Saulnier and Biro, 2008). The government's debt-management plan legislatively binds governments to prioritize payment of the provincial debt and leaves very little room to respond to the needs of citizens.²⁴ Indeed, in response to the crisis in world markets at the end of 2008 and calls for decisive economic stimulus by economists of all stripes, the Macdonald government has said that it will not run a deficit nor raise taxes, but that it may be necessary to "tighten our belts" (Canadian Press, 2008).

The emphasis on debt repayment is part of a larger approach to government – and to social policy, in particular – that has been evident in Nova Scotia for many years. This approach emphasizes private responsibility for individual and community welfare; the role of the government is reserved for those most in need. Programs are designed to encourage self-sufficiency rather than meeting needs or securing social rights. There is an emphasis on the tax system as the preferred vehicle to pursue public policy goals and on encouraging private savings for retirement or for post-secondary education, rather than on public investments in supports and services for citizens.

The reform of income assistance in the province perhaps best illustrates this approach to social development and to poverty reduction programs in particular. Below, this report looks at the recent history of social assistance, identifying key themes driving the reform and the role that communities are playing to advance social and economic development.

Social Assistance Reform: "The best weapon in the war against poverty is a job."²⁵

In 2001, the *Employment Supports and Income Assistance* (ESIA) program replaced the two-tiered welfare system – the *Family Benefits Act* and most provisions of the *Social Assistance Act* – thus phasing out municipal assistance. The preceding decade had been a hard one for welfare recipients. Income assistance at that time was a two-tiered system with the province providing Family Benefits for applicants such as people with disabilities and single parents who had longer-term needs. The 66 municipalities administered welfare for the rest of the applicants – those deemed "employable" – while the province paid 75% to 93% of the municipal welfare costs. Between 1991 and 1994, the province froze the assistance it provided under Family Benefits; and in 1995, the province also capped welfare contributions to municipalities. As a result, benefit levels fell sharply just as caseloads were rising (Osberg & Sharpe, 2008, p.iii). In response, many of the municipalities reduced benefits. Annapolis

County, for example, cut rates by 20% and deducted the federal child tax benefit dollar for dollar (National Council on Welfare, 1997).

By 2001, many people acknowledged that change was long overdue, but there were clear differences of opinion regarding the prescription. The government's explicit goal was to reduce the number of people receiving welfare by narrowing eligibility for the program and introducing a new focus on employability. When the government introduced ESIA, the Minister of Community Services said "the new system will shift the focus away from reliance on government and toward self-sufficiency" (DCS, 2000). Changes introduced were to encourage and, in some cases, compel training and labour force participation. For example, mothers with babies as young as 12 months were required to participate in education or training or to actively seek employment. A new six-week waiting period was introduced for applicants who had quit their previous job.

According to anti-poverty advocates, there were several improvements over the old system, including additional funding for childcare and transportation, additional employment supports, a supported employment program for people with disabilities, and wider access to the pharmacare plan. The new uniform benefit structure across the province was also an important step forward, reducing disparities among regions that had existed under the old welfare program (CAN with NSASW, 2003). That being said, however, the move to reorganize the welfare system around employment and introduce stricter eligibility requirements created new barriers for people seeking economic security, most notably for single applicants.

In conjunction with economic growth through the first half of the decade, these social assistance reforms contributed to a reduction in caseloads of 19% between 2000-01 and 2006-07. In 2006-07, the latest year for which data are available, 5.1% of the Nova Scotia population were receiving ESIA benefits (DCS, 2007), down from 9% of the population in 1998 (CCSD, 1998). There were also changes in the composition of the social assistance beneficiaries. While the caseload is still comprised primarily of lone-parent mothers, single adults, and people with disabilities, the share of lone-parents declined from 52% of Family Benefits recipients in 1997 to 24% of ESIA recipients by 2006-07. By contrast, the share of single adults jumped from 39% to 64% of the caseload – a proportion vastly greater than their 15% share of the population²⁶ (National Council of Welfare, 1998). The proportion of people with disabilities receiving Income Support did not change: in 1997, over half (56%) of those on social assistance reported having a disability, compared to roughly 55% in 2006-07 (DCS, 2008c, p. 19).

As noted above, under the two-tiered system, the provincial government had provided assistance to individuals with longer-term needs and those not considered employable, while municipalities provided assistance for people considered able-bodied and ready for work. Single parents were exempt from this requirement, which partially accounts for their declining share of the caseload after 2001. The rising share of single persons in the caseload, despite declining numbers overall, suggests that those who still draw benefits face significant labour market challenges, as do people with disabilities on the program. This is evident in statistics on employment support services. For example, people receiving employment support services were reported to have anywhere from six to 12 barriers to employment, including

literacy issues, changing family circumstances, disabilities, and/or educational or training gaps (DCS, 2007, p.20).

With the introduction of ESIA, new investments were made in employment supports – but not in benefit levels. According to the National Council of Welfare (2006), assistance to single employable people in the province fell by 36.3% between 1989 and 2005 – from \$8,511 (in 2005 dollars), to \$5,422. Financial support provided to persons with disabilities decreased by 20.9% – from \$11,241 in 1991, to \$8,897 by 2005. In October 2007, the government increased benefit levels by \$5 per month and in October 2008, by another \$4 per month. However, welfare incomes in Nova Scotia remain below all common poverty measures used in Canada.

Figure 2

Welfare Statistics by Household Type, Nova Scotia, 2007				
	Single Employable	Person with Disability	Single Parent One Child	Couple Two Children
Welfare Income* (\$)	6,427	9,088	14,725	20,464
Estimated Before-tax Average Income (\$)	27,501	27,501	37,315	41,303
Welfare as % of Average Income	23.0%	33.0%	39.0%	50.0%
Estimated Before-tax Median Income (\$)	24,434	24,434	32,204	93,238
Welfare as % of Median Income	26.0%	37.0%	46.0%	22.0%
Peak Year for Welfare Income	1,989	1,991	1,991	2,001
Peak Amount (\$)	8,872	11,718	16,114	21,094
2007 Amount (\$)	6,247	9,088	14,725	20,464
Peak compared to 2007:				
Change in dollar amount (\$)	-2,625	-2,630	-1,389	-630
% change	-29.6%	-22.4%	-8.6%	-3.0%
Before-tax Low Income Cut-off (\$)	18,659	18,659	23,228	34,671
Poverty Gap (\$)	-12,413	-9,571	-8,503	-14,208
Welfare Income as % of LICO	33.0%	49.0%	63.0%	59.0%
Estimated Market Basket Measure (\$)	14,717	14,717	19,132	29,434
Estimated MBM Gap (\$)	8,471	5,629	4,407	8,971
Welfare Income as % of MBM	42.0%	62.0%	77.0%	70.0%

Notes: * includes the federal GST credit
Source: National Council of Welfare, *Welfare Incomes 2006 and 2007*, Winter 2008.

The drop in caseloads is an important indicator of the impact of social assistance reform, but it raises a more fundamental question: what has happened to those who no longer qualify for support under the ESIA or to those who have left the program? Have they achieved self-sufficiency? Have they achieved economic security? Have they found employment? Are they earning a living wage? Do they enjoy job stability? Evidence suggests that some former social assistance recipients may have found employment

in Nova Scotia's growing low-wage service economy, particularly those living in urban areas. However, it is arguable whether many have found sustained economic security, and others have slipped off the radar completely.

This shift to what some have called a "neoliberal" social policy model has had significant consequences for many low-income people. Changes over the last 20 years have "led to the deepening of women's poverty and the removal of some avenues for women to get out of poverty" (Mahon, 2008, p. i). The ESIA "locks women within the system" or makes them vulnerable to return because the program does not provide suitable or sustained transitional supports (Lord and Martell, 2004). For example, the government deducts 70% of their wages from their income assistance, making it very difficult to transition out of poverty.²⁷ Those who manage to move up the economic ladder lose important support services and benefits, thus replacing income poverty with "time poverty" (Harvey and Colman, 2008, p. ii). These changes leave single mothers to juggle their paid work and family demands without adequate supports, including enough regulated, affordable, childcare spaces²⁸ (Mahon, 2008; Ross, 2006).

Another barrier is created by "policies that limit women's education and training options and push them into low paying entry-level jobs and/or into work in non-family centered environments, [thus] perpetuating their dependence upon income assistance" (Ross, 2006). For example, one policy disqualifies any person attending a post-secondary education program of two years or more from receiving social assistance. According to Reed (2005), this provision disproportionately affects single mothers because they are unable to afford university or college solely with student loans. A lack of bursaries and grants leaves them at a further disadvantage.²⁹ (Under the old Family Benefits program, those who attended university could qualify for social assistance.) And in a province with the highest tuition fees in the country, the inadequacy of funding and the lack of bursaries and grants constitute significant barriers to those seeking greater economic security.

Other policies and programs also seem to discriminate against low-income people. For example, the *Motor Vehicles Act* was amended to make it illegal for panhandlers to approach vehicles on the road and for squeegee kids to offer to wash windshields. Individuals doing so can be fined \$250 or face jail time. (However, charities were granted an exemption from these provisions. In a telling comment made while announcing a welfare rate increase in October 2008, the Minister of Community Services asked, "Can it ever be enough?" (Brooks, 2008).

The government has made several positive steps, such as the introduction of pharmacare for low-income Nova Scotians (those on social assistance and in low-wage employment). It has also raised the minimum wage, frozen tuition fees, and increased the number of needs-based bursaries for post-secondary studies. At the same time, however, the poor – and anti-poverty programs – continue to be viewed in a negative light. Typically, the debate about programs like welfare, unemployment insurance and fiscal equalization is framed as being as a choice between offering a helping hand and reinforcing dependency. These discourses, consistent with a neoliberal approach to social policy, obscure the structural causes of inequality in Canadian society and marginalize economically vulnerable individuals and communities.

Social Cohesion, Social Capital and Community Resilience: “Harnessing that Maritimer compassion and generosity”

The Macdonald government’s record indicates very little willingness to approach poverty as a problem of social justice. Instead, its new economic development and social prosperity framework rely on an old notion that Maritimers need only look to each other for their security and prosperity. In *Weaving the Threads*, Nova Scotia is described as a place where “we care about and look out for our neighbours . . . we value and respect children and families and have a strong sense of tradition, heritage and faith . . . we feel a strong connection to and within our communities” (p. 28). Similarly, Ministers taking the lead on Nova Scotia’s Poverty Reduction Strategy recently suggested that any strategy to deal with poverty would be “harnessing that Maritimer compassion and generosity” (Streach & Parent, 2008). This focus on individual and community relationships – on social capital – advances the idea of self-sufficiency and self-help in the context of poverty reduction. In practice, however, these ideas shift the responsibility for addressing economic needs and fostering individual and community well-being onto individuals and communities that are already under great stress.

While Nova Scotia communities have shown great resilience, outmigration from the province has undoubtedly had an effect on the communities’ social capital and cohesion. The loss of population brings a loss in the tax base and a loss in per capita funding allotments. In turn, these losses in revenue result in school and hospital closures and the loss of medical services. Having fewer private businesses and public services in the community mean that people must travel longer distances to work and school or to access services, resulting in financial and logistical problems. In many of these communities, charitable organizations are expected to fill the gaps in service, but they have fewer volunteers (Harper, 2007). As well, the physical infrastructure – high-speed Internet, cell phone service, etc. – is often inadequate or in poor repair (Elliott, 2005). The stress takes a considerable toll on communities.

One example of this struggle concerns harbour infrastructure in rural Nova Scotia. Since 1987, the federal government has been transferring the responsibility for non-priority harbours to community organizations, while allowing the expansion of private sector involvement in the operation of core harbours through the Harbour Authorities (HA) system. The goal is to allow communities to take a lead in managing and planning this resource (Senate Standing Committee on Agriculture and Forestry, 2008, p.134). For many of these communities, however, the reality is far different. According to research commissioned by the Coastal Communities Network (CCN),³⁰ many communities are struggling to maintain and manage the wharves and harbours because of a lack of public investment in harbour infrastructure (Praxis Research and Consulting Inc, 2004). As CCN Executive Director Ishbel Munro recently pointed out, “I like to equate the situation to one of asking people on Highway 401 in Toronto, between Jane Street and Keele Street, to manage their own highway and cover the cost of the lights, the snow removal and upgrading, as well as build five-year business plans of how to sustain the highway because that is how they go to work. We go to work through our wharves.” (Munro cited in Standing Committee on Agriculture and Forestry, 2008, p.134-35).

Community goodwill is no substitute for comprehensive and well-resourced anti-poverty policies and programs. A study of fishing communities also found there is evidence that community connections are

weakening as pressures on rural communities intensify. In the early 1990s, following the collapse of ground fish stocks, changes in fishing policies and years of industry restructuring have left people more disconnected from each other. As one fisher's wife described it, "the government has made the fishermen turn into 'dog eat dog.' Once they would help each other, but now it is every man for himself" (Pahlke, Lord, & Christiansen-Ruffman, 2001, p. 8). According to researchers, the cumulative effect of the policies instituted around the fisheries crisis "substantially interrupt[ed] the networks and support systems on which rural peoples had been relying" (Christiansen-Ruffman, 2008). Regulatory changes introduced to save what was left of fish stocks have led to downsizing of the industry, exacerbating inequalities between crew and boat owners, between different fishing enterprises, and between communities (Carrel, 2008, p. 9). And as rural communities look for new opportunities in the renewable energy sector, there are concerns that mistakes of the past will be repeated. "If market-driven economic processes are allowed to run their course then community cohesiveness and viability may be at stake, making the anchoring of local governance and public services increasingly untenable." (Cameron, 2008)

Nova Scotia has a long history of community-managed social and economic development. There is a tradition in the province – and indeed, the Atlantic region – "of trying to combat excessive external control of the economy through the creation of community controlled businesses" (MacAulay, 2001). This tradition can be traced back to the Antigonish movement, which brought together democratic principles and those of adult education for the benefit of workers and primary producers.³¹ By 1938, there were 10,000 co-operative members in Nova Scotia, with 142 credit unions, 39 co-op stores, 11 fish plants, 17 lobster factories, and over 100 study clubs (Alexander, 1997, p. 88 cited in MacAulay, 2001). Today, community development organizations remain a vibrant element of life in Nova Scotia. For example, co-operatives contribute one-sixth of the economy activity in the province, employing 7,000 people and providing 6,000 people with homes. Over 300,000 Nova Scotians are member-owners of the province's 402 co-op businesses. Community development associations (CDAs) such as New Dawn Enterprises in Cape Breton provide important leadership in Nova Scotia communities, coordinating development initiatives, facilitating community participation and serving as advocates. They play an important role in existing anti-poverty programs.

But there are significant barriers for these organizations in their efforts to achieve socially, economically and environmentally sustainable communities. Chief among them, according to CDAs, is "the combination of paperwork, long waits, poorly designed funding schedules, and project-based funding models [that serve to] exclude many groups from the funding process and from a positive relationship with government at various levels" (Elliott, 2005, p.35). Other problems relate to volunteer burnout and a lack of infrastructure and resources, both human and physical (Elliott, 2005).

Building social cohesion and social capital through community development is an important part of fostering more-inclusive citizenship and advancing social and economic development. But as Larry Haiven argues, they cannot be relied upon as the cornerstones of community development. "The idea that the sum of relations among people, including love, trust, common goals, common ideas, and the drive to associate and work and play together (social capital) can be taken seriously in the political economy is very compelling" (Haiven, 2008, p.110). There are limits to goodwill, however, and promoting the ideals of self-help and charity can be obstacles to community development if they are

used to justify the downloading of responsibilities onto individuals and communities. Bluntly stated, the charity model cannot address the underlying causes of social and economic injustice.

LOOKING FORWARD: BUILDING PARTNERSHIPS FOR POVERTY REDUCTION?

In 2009, as recession takes hold in Canada and in Nova Scotia, the current social safety net is not protecting low-income citizens or providing the support they require to achieve social and economic well-being. Reforms in policies and programs over the last decade have effectively reduced the number of Nova Scotians deemed worthy of state assistance. Those receiving support through programs such as ESIA continue to struggle to meet their basic needs. Those who do not qualify for support must make their way in an uncertain and low-wage labour market, using up personal and social assets in the process, and more often than not, living on poverty-level incomes. The current approach to poverty reduction is clearly not up to the task as the province faces a widening gap between rich and poor, deepening levels of poverty, rising rates of obesity and chronic disease – both linked to levels of poverty – rising health care costs, and continued out-migration of the province’s youth. Regional inequities appear to be deepening and communities are under great stress.

With the release of a poverty reduction strategy by the Newfoundland government in 2006, community groups in Nova Scotia saw an opportunity to bring attention to the continuing economic struggles of low-income people in their province. Organizations such as Community Action on Homelessness, the Community Advocates Network, the Northern Women’s Centre, and Oxfam Canada organized a march against poverty on October 17, 2006, and they called on the Nova Scotia government to develop a Poverty Reduction Strategy (PRS). Getting no response came from the government, the group organized a two-day visioning session that brought together a wide range of individuals and groups from across the province to hammer out a set of priorities for a Nova Scotian anti-poverty plan. On October 17, 2007, a new and expanded coalition called the Community Coalition to End Poverty in Nova Scotia (CCEP-NS) launched a document entitled, *Framing a Poverty Reduction Strategy for Nova Scotia*.

In November 2007, the government began its own consultation process, and it appointed a Poverty Reduction Strategy Working Group to develop recommendations for the government to consider. While community groups had lobbied hard for the establishment of such a working group, there were concerns about the way it had been formed, with legislation naming specific organizations as members. Several members of CCEP-NS were appointed to the Working Group and it was co-chaired by both a government and a community representative. The community co-chair was the coordinator of Feminists for Just and Equitable Public Policy (FemJEPP), a member of CCEP-NS.

The Working Group submitted its report to the government in June 2008 (Government of Nova Scotia, 2008a). It recommended that the government develop a comprehensive plan to alleviate, reduce and prevent poverty, and to work through *meaningful collaboration* with partners to achieve the plan’s goals (PRWG, 2008, p.17). One of the key recommendations was to “redefine the purpose of social assistance

support, away from a ‘last resort’ welfare model to a model of proactive and progressive support” (PRWG, 2008, p.19). In response, the government set up an interdepartmental committee tasked with developing a poverty reduction strategy, for release in 2009.

Hopefully the announcement of a poverty reduction strategy for Nova Scotia signals a new commitment by the government to work in partnership with non-governmental actors in the pursuit of more effective policies and programs. This reflects a broader trend towards new forms of collaborative partnerships that is occurring across different levels of governments and departments, and among different sectors, as well as a shift in thinking towards the interconnections of social and economic development (as reflected in *Opportunities for Sustainable Prosperity* and *Weaving the Threads*). In addition, “whether dealing with intergovernmental relations at the sub-regional, provincial-municipal or federal-provincial levels, there has been a growing trend towards greater community autonomy and capacity” (Locke and Tomblin, 2003, p.65).

Many community advocates are hopeful that the Nova Scotia government will move away from its preoccupation with individual self-sufficiency and smaller caseloads, and instead commit to building a comprehensive platform of support and services to assist all low-income households in achieving their economic security and well-being. However, recent policy decisions – such as a \$4 per month increase in social assistance benefits, and the closure of an emergency shelter of last resort that took a harm-reduction approach (Homeless Shelter, 2008) – have left anti-poverty advocates wondering whether the government is truly committed to meaningful collaboration. The question remains whether the government will be willing to make the substantial investments needed to get at the root causes of poverty.

What is more promising is that a strong network of community organizations in Nova Scotia has been galvanized to hold all levels of government accountable for improving the living conditions of low-income people in the short term, and to move forward with concrete action to prevent and eliminate poverty in the longer term. And they are determined that this opportunity not be lost.

ENDNOTES

¹ The largest population increase was in Halifax (3.8%) and the greatest decline was in Guysborough County (-7.8%) (Statistics Canada, 2007).

² An issue not addressed in this paper, but one that policy-makers may have to consider in the near future is what will happen if the recession deepens and the tar sands and construction industries in Alberta begin to lay off workers? How would the return of these Maritimers be dealt with by those communities?

³ With 382,200 people (2006 Census), HRM only ranks 13th in size among cities in Canada.

⁴ In 2006, the town of Kentville had a population of 5,815 and the Census Agglomeration (CA) 25,969; New Glasgow had a population of 9,455 and the CA had 36,288; the Truro CA had a population of 45,077 (Statistics Canada, 2007).

⁵ The low-income measure used in the Census is the Low Income Cut-off (LICO). The before-tax LICO was used to generate these data.

⁶ Antigonish also experienced significant outmigration of 14.5% (Statistics Canada, 2007).

⁷ The breakdown of industries in Nova Scotia by per cent of GDP in 2004 was as follows: 7% GDP and 6% of employment came from **primary industries** (1% each for Agriculture, Fishing and Forestry; 2% Mining, oil and gas; and 2% for Utilities); 16% of GDP and employment from **secondary industries** (10% Manufacturing and 6% Construction); 52% of GDP and 54% employment from the **private services sector** (Transportation and warehousing 4%; Finance, insurance, real estate 22%; Professional, scientific and technical 3%; Business and other support services 2%; Information, culture and recreation 5%; Accommodation and food services 2%; and other services 2%); and 23% of GDP and 26% of employment contributed by the **public sector** (Educational services 5%; Public administration 10%; Health and social services 8%). (Government of Nova Scotia, 2006, p. 9)

⁸ This sector includes the province's 11 universities, a \$1-billion industry that provides 7,500 direct and 17,500 indirect jobs (Department of Education, 2008). Defence services directly account for over 3% of Nova Scotia's GDP (Office of Economic Development, 2005).

⁹ Halifax's major employers are the Department of National Defence (the largest employer) and the Port of Halifax.

¹⁰ This study used Metropolitan Influence Zone (MIZ) classifications to understand differences among rural communities. MIZ is designed to measure the degree to which all Census Metropolitan Areas / Census Agglomerations influence rural communities, as measured by commuting flows. See Peuter and Sorenson, 2005, p. 12-13 for further explanation of the method. Fifteen communities are classified as "No MIZ" including: Canso in the north; Whycomagh and Waagmatcook on Cape Breton; New Ross, parts of Yarmouth County; Digby in the south; and Cambridge and Horton in Annapolis. Forty are classified as "Weak MIZ" including Yarmouth, Bridgewater, Amherst, Antigonish, Guysborough, and Inverness. Only two are classified as "Strong MIZ" rural communities: East Hants in Annapolis and Stewiacke in the North Shore. "Moderate MIZs" (19) include Mahone Bay, Chester, Berwick, Wolfville, West Hants, Windsor, Hantsport. For a map of this classification see: http://data2.beyond2020.com/AgCAN/ThematicMaps/mapView.aspx?reportName=P12_Selected%20indicators%20for%20Nova%20Scotia

¹¹ Alongside the Tripartite Forum is the *Made-in-Nova Scotia Process*, a forum for the Mi'kmaq and governments to resolve issues related to Mi'kmaq treaty rights, including Aboriginal title and Mi'kmaq governance. Under the forum, a framework for negotiations was agreed upon, and procedures and a list of topics set out, including Aboriginal rights to fisheries and forestry (Office of Aboriginal Affairs, n.d).

¹² The Regional Health Survey is a national project funded by Health Canada and implemented by the Assembly of First Nations and the National Aboriginal Health Organization. In Nova Scotia, it collects data from all 13 Mi'kmaq communities, primarily on-reserve. The first survey was conducted in 1997, and again in 2002-03 by the Union of Nova Scotia Indians, with assistance from the Mi'kmaq Health Research Group, the Population Health Research Unit of Dalhousie University, and a Regional Advisory Committee of Health Directors.

¹³ The authors found that the differences could not be fully explained by socio-economic characteristics, recent immigration status or language. Others have challenged their interpretation, calling into question the limited number of socio-economic markers (Bonham and Ramos, 2008). Even within a universal health care system, mediating factors should be considered such as residential segregation and the quality of neighbourhoods, as well as issues such as social marginalization and experience of discrimination.

¹⁴ Examples of research include: Keddy, B., Clow, B., Thomas Bernard, W. (October 2002). *On the Margins: Understanding and Improving Black Women's Health in Rural and Remote Nova Scotian Communities*, Canadian Institutes of Health Research; Keddy, B., Enang, J., Thomas Bernard, W., Loppie, C., Began, B., Gahagan, J., Egan, F. (July 2002). *Menopause and the Myth of the Strong Black Woman*, Nova Scotia Health Research Foundation; Thomas Bernard, W., Este, D., James, C., Amartunga, C. (March 2002). *Caught at the Intersection: Working With the Impact of Witnessing and Surviving Violence on the Health of Black Men and Black Women, Their Families and Communities*, Canadian Institutes of Health Research.

¹⁵ HAAC began as the Black Women's Health Project funded by the Atlantic Centre of Excellence for Women's Health. It offered various workshops on Black women's health and now includes a network of researchers and partners working to fulfill its mandate: "to provide resources, conduct research, and disseminate research findings to government agencies, institutions, and Black communities, with a long-term vision of seeking policy reform on health issues of African Canadians" (HAAC, n.d). See www.haac.ca for more information.

¹⁶ The IB&M Initiative involves community outreach and recruiting; providing student financial aid and other support; developing scholarships in the areas of Aboriginal law and African Canadian legal perspectives; and promoting the hiring and retention of graduates. It was established in 1989 in response to community demand, a review by Dalhousie University of access for these groups, and the recommendations of the Royal Commission examining the false persecution of Donald Marshall Jr.

¹⁷ BEA has representatives on various boards, and it serves as an advocate for Black educators on issues of employment equity. It also offers post-secondary bursaries. The Regional Educators of the BEA coordinate their efforts with those of the Department of Education, the African Canadian Services Division, local school boards and other educational bodies to provide a higher standard of education for Black learners in Nova Scotia. For more information, see <http://www.thebea.ns.ca/about.html>.

¹⁸ It has a provincial mandate aimed at enhancing business skills and employment opportunities in the Black community: a Black business centre; community outreach; and a revolving loan and capital fund. It has helped more than 600 individuals and organizations in Nova Scotia by providing almost \$1 million in financial assistance to Black business owners (BBI, n.d.).

¹⁹ The Nova Scotia League for Equal Opportunities was organized in 1979 as a consumer and public education organization. It is an umbrella organization that brings together municipal/local chapters to address province-wide issues. For more information, see <http://www.novascotialeo.org/>

²⁰ The public transportation system everywhere in Nova Scotia is underfunded and underdeveloped. Compared to the average provincial investment in public transit of \$34 per person, Nova Scotia spends only \$1.38 (Saulnier and Biro, 2008, p. A13).

²¹ In 2006, the NS League for Equal Opportunities summarized the transportation concerns as follows: (1) Lack of infrastructure and funding to support transit systems, both regular and accessible; (2) In some areas, particularly in Halifax and Sydney, travellers must pre-book their travel as much as two weeks in advance; (3) Individuals are hard-pressed to find suitable and affordable transportation to and from their place of learning; (4) A large number of people who require regular transportation for medical reasons are having extreme difficulty finding it; with regional hospitals located in Halifax, people needing dialysis, for example, must travel to and from their communities many times a month; (5) Lack of accessible taxis in the province, particularly in Halifax; (6) Lack of support for individuals to assist with the cost of retrofitting their personal vehicles to make them accessible; and (7) Lack of accessible rental vehicles; there is currently only one accessible vehicle for rent in the whole province (Levy, 2007, p.13).

²² People First is a self-advocacy group for people labelled with an intellectual disability. It was established in 1989 and has eight chapters across the province. For more information, see <http://users.eastlink.ca/~pfns/index.htm>

²³ CAN was originally formed to mobilize province-wide community involvement in social assistance reform, and it continues to lobby for changes to government programs such as social assistance so that the programs better meet real needs. Along with the Nova Scotia Association of Social Workers, CAN did an early evaluation of the social assistance reforms. See www.nsasw.org/impact.pdf.

²⁴ In 2005, the Hamm government passed Bill 177, which stipulated that any revenue not included in the annual budget or not expected to become a "typical" revenue source was to be allocated to the debt. See Bill 177,

Financial Measures Act, 2005, Chapter 29.

http://www.gov.ns.ca/legislature/legc/bills/59th_1st/1st_read/b177.htm#s29

²⁵ Statement made in a recent speech from the throne (Government of Nova Scotia, 2007).

²⁶ The rest of the caseload in 2006-07 were couples with no children (7%) and two-parent families (5%).

²⁷ The only exception is the ESIA Harvest Connection, where ESIA recipients can work for a Nova Scotia employer (they must pay for transportation and child care) and earn up to \$3,000 per fiscal year.

<http://www.gov.ns.ca/coms/employment/documents/HarvestConnectionFAQ.html>

²⁸ There is a vibrant network of child care advocates and advocacy organizations in Nova Scotia. In existence since 1989, Child Care Connections Nova Scotia is a non-profit community-based organization that provides services, resources and builds capacity in the province's child care sector (see <http://www.cccns.org>). The Nova Scotia board member of the Child Care Advocacy Association of Canada, along with the Coalition of Not-For Profit Childcare Centres, and others continue to lobby the government for a comprehensive, fully developed childcare strategy (see Kirk, 2007). The lack of availability to good-quality and affordable child care is an acute problem in rural areas where there is often no regulated childcare available. There are regulated childcare spaces for only 9.6% of Nova Scotian children up to age 12 – the third lowest percentage in the country (Beach and Costigliola, 2005, p.8).

²⁹ After intense lobbying, DCS initiated a new pilot project in 2007. Career Seek allows a limited number of eligible income assistance recipients to continue to receive assistance while they attend university or a post-secondary education program of more than two years.

³⁰ The Coastal Communities Network itself is a coalition of coastal community interests including the fishing industry, the tourism industry, local government and community economic development agencies, and a wide range of community organizations. For more information, see www.coastalcommunities.ns.ca.

³¹ The Antigonish movement originated as a response to the poverty that was afflicting farmers, fishers, miners and other disadvantaged groups in Eastern Canada. It was a local, community development movement which combined adult education and group action to address the economic needs of the people. For more information, see: www.stfx.ca/institutes/coady/text/about_antigonishmovement.html

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