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

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**Chair**

**Mr. Bryan May**



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

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• (0835)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** I call the meeting to order. Good morning, everyone.

This is fantastic. For the record, I'm sitting under a disco ball. I just wanted to get that in the blues.

**Some hon. members:** Oh, oh!

**The Chair:** We're a bit punchy this morning. I apologize. We got in very early this morning. I don't smoke, I promise, but it sounds like I'm on my second pack of the day.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday June 13, 2016, the committee is resuming its study of poverty reduction strategies. We're very pleased to be in Medicine Hat, Alberta, continuing the component of our study on housing in neighbourhoods.

We are joined at the table by member of Parliament, Glen Motz. As a point of housekeeping, I just need to seek unanimous consent from the committee that Glen can ask questions.

**Some hon. members:** Agreed.

**The Chair:** We've been looking forward to this visit, and MP Motz has been very passionate about making sure that we stop here on our cross-country tour. We're looking forward not only to the testimony but to some of his insight as well.

Very quickly, I would like to introduce our first panel. From Medicine Hat Community Housing Society, we have Robin Miiller, chief administrative officer, and Jaime Rogers, manager, homeless and housing development department. Welcome to both of you.

From the Prairie Rose School Division, we welcome Reagan Weeks, assistant superintendent, Alberta Education.

From Turner Strategies, we have Dr. Alina Turner, principal. Thank you.

Welcome also to John Brown, associate dean in the faculty of environmental design at the University of Calgary.

We're going to allow you to start us off this morning, and each organization will receive seven minutes for their opening remarks.

After everyone has had an opportunity to speak, we'll have a series of questions.

We're going to go in reverse order, beginning with Mr. John Brown, associate dean, faculty of environmental design, from the University of Calgary. The next seven minutes are yours, sir.

**Mr. John Brown (Associate Dean, Faculty of Environmental Design, University of Calgary):** Thank you very much.

Good morning, everyone, and welcome to Alberta.

I am an architect and I am here to speak about an innovative housing option that we are developing as part of a research project for seniors. It has applicability to poverty reduction.

I will provide a little background before I speak to the images you have in the package I provided.

According to the Federation of Canadian Municipalities' report in 2015 entitled "Seniors and Housing: The Challenge Ahead", we are facing not only a wave of seniors but a wave of seniors who are increasingly challenged with poverty.

For a bit of context, there are currently five million adults over 65, and by 2036 that number will become 10 million. On average, housing affordability affects older seniors more severely than it does younger seniors, which makes sense. To put that in some context, in Edmonton, for example, the population aged 80 and over is going to increase 266% between 2006 and 2041.

Housing affordability is a particularly acute challenge in Canada's largest urban communities, where there is a higher concentration of poor households led by seniors. According to the FCM report, 23.4% of Canadian senior-led households currently face housing affordability challenges. Almost half—48.1%—of senior renters are living in unaffordable housing. By contrast, 15% of senior-led homeowners in Canada face affordability challenges, usually because those people own their own homes.

Affordability challenges extend beyond just the cost or provision of the housing, and that's my interest as an architect. The reality is that most Canadian homes, whether they're owned or rented and whether they're apartments or single-family houses, are not designed to meet the needs of seniors, particularly when they develop mobility and other health concerns. These homes require modifications to accommodate aging in place, which is difficult and expensive, and which further decreases affordability. These modifications are usually not possible to do in rental accommodation, so the people who are most challenged economically are not able to acquire these modifications, but even when those modifications are possible and affordable, they are needed only for a very short period of time, so their value is undermined. Undertaking those kinds of drastic modifications—say, widening doorways when you're trying to create a bathroom that's accessible out of one that's not—often undermines the long-term resale value of these properties as well, which for larger family groups that are also economically disadvantaged causes another problem.

There is also the increase in informal care cost by family members when older family members are in inappropriate housing and need additional care, and that further erodes financial capacity.

The reality is that many seniors end up in hospital or long-term care because their home cannot support their needs. They're the so-called bed-blockers. This can also be very expensive, not only to seniors and their families but also to society as a whole.

The age-in-place housing project that I have attached is an attempt to address these problems. Although it's not specifically a poverty reduction scheme, it does address the needs of affordability in this age category. You see before you a prototype for a prefabricated modular portable temporarily leased project.

Let me go back through that. It's prefabricated, so it's mass-produced, so we get the costs down. It's modular, so the interior can be specifically adapted to the medical and mobility needs of each particular resident. It's portable, in that it's designed to be placed in the backyard of almost any house in Canada, and it is temporary, so it's only there for the time period it is needed.

We're doing a first-generation test in the community this fall. If that proves to be successful, we'll start thinking about what the business model might be, but it would be centrally owned as a public/private partnership, a private corporation, or a public corporation, so they would centrally own it and lease it to the individual. Just as you don't have to pay for an expensive IV pump or an oxygen concentrator or a wheelchair, you simply use it for the time you need it, and there might be some sort of pay arrangement. That's the same situation we would have here.

Our hope is that in the long term, either as part of an affordability strategy or as part of a health care provision, there might be some sort of copay arrangement that would offset that cost. You'll see on page 2 how this might be arranged on a lot where there is a street in the backyard. It would arrive by truck. It's about 420 square feet and it would be placed in the backyard with an umbilical cord connection to the house.

We foresee that this could either be at an older person's house—the person can no longer live in it and moves into the backyard then

rents out their house—or it could be a family member's house, and they live in the backyard. It could be two friends, both of whom are elderly, and one can no longer manage, so the couple moves in behind. It could be a true third-party situation, where someone who is interested might rent out their property in a similar way to home day cares and that sort of thing.

I see my time is up. Thank you very much.

● (0840)

**The Chair:** You had about 30 seconds left, so I wasn't going to call you too quickly, but thanks for keeping me on my toes.

We're going to go to Dr. Alina Turner, from Turner Strategies. The next seven minutes are yours, and you can use all seven.

**Dr. Alina Turner (Principal, Turner Strategies):** I thought about what would be most useful for you, having looked at some of the materials that you've already covered in your trek across Canada, and also respecting the fact that we are in Medicine Hat and have an interest in what's happening locally.

I thought I would give you a better sense of the promising practices that we're seeing from a broader system planning perspective around poverty and then challenge some of the assumptions around a focus on strictly income.

A lot of the presentations you've seen have tended to focus on basic needs-related issues, with things like housing, income, savings, etc., which are absolutely essential. I'm not saying that those are not necessary to a poverty strategy, but looking from the ground up, we're seeing something of a more holistic picture. I wanted to take you through some of those ideas, which are also specific to Medicine Hat's new poverty strategy. You'll hear more about that from my colleagues.

When we asked people experiencing poverty or vulnerability what it means to be living in poverty and what an end to poverty looks like from their perspective, they obviously often talked about their need to afford housing and their inability to pay rent on time. They also talked about the mental stresses that come with that experience.

We wanted to shift the lens from a conversation just about whether we should support a living wage or basic minimum income and say to you that if we want to really tackle poverty, we need to have a multi-dimensional lens to it.

I try to illustrate how interconnected these issues are on slide 4, which shows the key factors to end poverty. There you see it ranges from health and wellness to housing, transportation, safety, inclusion, and belonging. There are about 13 of these factors. When we ask people living in poverty what it means to them to have a life that's full of well-being, these are the factors.... Oh, it looks like you're a little bit confused.

● (0845)

**The Chair:** No, I'm just looking for your package.

**Dr. Alina Turner:** Okay. Maybe I'll wait until you get the package. Shall I keep going? All right.

This idea of a multidimensional approach to poverty reduction is what—

**Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC):** I have a point of order, Chair. This is so you don't keep saying things when we're focused on something else. Do we have a package?

**The Chair:** We'll find that out right now.

Committee rules say that we can't distribute it unless it's translated. For the purposes of the ability to explain, if I can get unanimous consent to distribute, will we do so?

**Some hon. members:** Agreed.

**The Chair:** We're going to suspend for one minute while we get this organized....

Actually, I'm going to suggest we come back to you. I'm not sure how long this is going to take.

I suggest we move on, because we have to do all the presentations before we do questions anyway. I am going to suggest that we move on to Ms. Reagan Weeks, assistant superintendent, Alberta Education, from Prairie Rose School Division.

You don't have a presentation that we have to worry about?

**Ms. Reagan Weeks (Assistant Superintendent, Alberta Education, Prairie Rose School Division):** I wrote a policy brief. Unfortunately, it's not translated.

**The Chair:** That's okay. For the next seven minutes, go ahead.

**Ms. Reagan Weeks:** All right. Thank you kindly.

I work for Prairie Rose School Division, which services rural areas all around the city of Medicine Hat.

Rural poverty has some interesting aspects that are unique compared to the challenges faced in more urban centres. We serve north all the way to New Brigden, which is in the Oyen area. We serve Ralston and Jenner, and then from Foremost through to Bow Island. The geographic area is very vast.

It is a moral imperative that every student be systemically supported regardless of their socioeconomic status or any other background variables to reach equitable educational outcomes. A comprehensive framework for addressing poverty has been created by this poverty coalition team. I'm excited to consider the role that education in our area might play in the realization of this plan.

In the policy brief there is some theoretical and empirical support for framing schools as vehicles for improved community outcomes and a discussion of the potential and current roles that we play in the implementation of this framework

Adverse childhood experiences, which are often referred to as ACEs, have a far-reaching impact on children's neurophysiology and on the academic and non-academic competencies required for school success, such as language, working memory, executive functioning, persistence, aggression, and avoidance. Ample evidence exists that the physical, psychological, and emotional burden of enduring high levels of cumulative risk is a driver in unequal achievement.

Schools can play a key role by implementing the successful community involvement plans that influence both beliefs and educational outcomes by mitigating some of the risk, resulting in

the attainment of higher levels of education and assisting students in building social capital within their community.

I'd like to speak to a problem that is very apparent in southern Alberta and in areas of Manitoba as well, and it relates to the idea of "opportunity to learn", which is an academic concept that has been created by Gee. They argue that for "opportunity to learn", affordances are not enough. "Affordances" refer to any perceived action or possibilities that are created by organizations. In order to actually attain "opportunity to learn", a person must have the capacity to turn an affordance into an effectivity, which means they must actually realize outcomes.

In this area, we serve a large Mennonite population that speaks Low German, and these students often miss vast chunks of school. They're encouraged to leave the school system by grade 9, and females are often encouraged to leave much earlier than that. In congregated home-school settings, uncertified teachers and often people who are illiterate are running these settings, and these people are often segregated from the larger community.

We have made significant efforts and strides in addressing the educational needs of this community, including establishing programs in health care aid and culinary arts that target females to learn. In their communities they're often allowed to work in those fields. This means it may be possible for these females to be independent in the future, should the need or want ever arise.

Continued efforts in this regard are critical in order to meet the growing needs of this population. The numbers of these children are difficult to estimate, because they have a migration lifestyle; however, we know that in our immediate area we are attempting to serve well over 2,000 of these students.

I'd also like to talk to you today about community system planning. We have a program in our area called Fresh Start for School in which over 35 local, provincial, and federal organizations assist 330 students and their families at the beginning of the year. The philosophy is that when families are well, children are well and better positioned to learn.

Here is a quick narrative around this. We had a young gentleman attending one of our high schools whose shoes were so small his toes were coming out of the end. When this program delivered those shoes to him, he actually cried with joy. He was able to reduce a number of stresses in his life, which meant he was better able to engage in the curriculum we were providing in that school and more likely to reach success as he moved forward.

These organizations include health, so people are able to receive everything from immunizations to haircuts at the site. Everything is amalgamated, so people are also able to enrol in services, the goal being that once you've used this program, you won't need to use it again.

• (0850)

Having said that, we also know this will not end poverty and that further work is needed to better integrate these services so that referral processes are amalgamated and we're able to have a consistent response, rather than a one-time effort.

The next thing I'd like to talk about is the business innovation that is occurring. We've established a number of dual credit opportunities that allow students to seek trade certifications and begin their work on college credits and other types of certifications while they are still in high school. This helps with the school-to-work transition and helps reduce costs for students for whom post-secondary education seems financially out of reach or who are required to work. We've also established two night schools that allow children access to educational outcomes, particularly our Mennonite population and other children who have to work. These are run by certified teachers, and we keep them open to the general public and have flexible enrolment. We're also working hard to ensure that we have the technological infrastructure so that people can access these programs remotely.

Transportation is probably our largest barrier. Funding models fail to account for our vast geography. As a result, deficits within the transportation budget are required annually, just to ensure that children make it to school every day. Further, rural poverty is less researched and less mitigated. Services do not scale in our rural areas and are more difficult to access due to transportation. Therefore, resources allocated to these citizens end up, in large part, going towards windshield time in order to ensure professionals are able to reach people who are desperate for the limited therapy hours.

We'd also like to note that within our working population, the Alberta school employee benefit plan notes that one in three teachers, or one of their family members, accesses antidepressant or anti-anxiety medication, as compared to one in 10 in the general Alberta population. We know that we need to improve wellness in our schools and in our educational system, so as a result, we have been implementing a comprehensive wellness model.

We are also training six facilitators in a Connect program, which is empirically supported attachment-based parenting. These programs will be taught free of charge to parents in over 10 different communities to help assist with the mounting socio-emotional needs that we are seeing in our child population.

I would like to conclude with the work that we have done in early childhood education spaces. Across the communities we serve, we have a number of early childhood education spaces within our schools managed by local boards and taught by certified teachers. Additionally, space-sharing approaches have been created in a number of sites whereby private child care spaces are offered within our schools. This saves on infrastructure costs, assists parents with transportation expenses, and also allows for shared expertise. This work needs to be expanded.

Finally, I would like to conclude with the work we would like to see next, and that is the creation of a child wellness centre where we would be better able to comprehensively serve the mounting socio-emotional needs that we are seeing across our communities. This would include family wellness therapy, an amalgamation of service providers, and leadership through appreciative inquiry, which recognizes the strength of the families that we're serving and also the various professionals who are working to achieve the mitigation of adverse childhood experience.

• (0855)

**The Chair:** Thank you very much.

We're going to return to Dr. Turner now. We'll give you back seven minutes. We all have your presentation now.

**Dr. Alina Turner:** Do I have seven minutes?

**The Chair:** Yes, go ahead. My apologies.

**Dr. Alina Turner:** No, no worries.

As I said before, the reason I wanted to do my presentation a little bit differently from the way maybe others here are doing theirs is that I wanted to try to put myself in your shoes. I think what you're being tasked to do—to look into a poverty strategy for the country—is essentially great. I have to think about all the research that's out there and what it's telling us about how to actually effectively end poverty, and how we go about doing that.

Through my experience working with different communities around issues such as homelessness, domestic violence, and obviously child abuse, I see that a lot of these social issues are so interconnected that to narrow things down to income, teaching people how to budget better, and increasing RESP use in the country seems to miss the mark on how intersected these social issues are with income, housing, and other basic needs.

In Medicine Hat, when we took on the creation of a poverty strategy, we took a step backward and said let's not assume we're the experts and let's not assume the research is going to guide this from the top down. Let's just simply begin with conversations in the community. The conversations included 500 Medicine Hatters, about 150 of whom had been in poverty during the consultation process. They self-identified as being in poverty.

We also talked to those who were saying they were not necessarily in poverty at the time; however, most people in the community had experienced poverty at some point in their lives.

What you realize early on is that you're not building a strategy for those people. You're not building something for those who fall through the cracks, even though there certainly are those who consistently do so, and do so intergenerationally; you're actually building something for all Canadians. Therefore, it has to work and it has to make sense and it has to have the buy-in of everyone. It doesn't make sense to just create this bubble around a particular subgroup that we consider disadvantaged, or the underclass, etc., and then build strategies that target them as "others".

If you actually roll that back to the experience of people with the issue of poverty, you find that it's something that connects us all. You have to flip that and look at it not just from a deficit perspective, as Reagan mentioned as well, but look at it from a strength perspective. It's not something that you want to consider with questions about what they are doing wrong and what we can do to fix them. Look at it from a strength perspective, and focusing on the strength piece takes you from unending poverty to a frame of enhancing well-being as well. That's why the Medicine Hat poverty strategy is one that seeks to end poverty but also enhances well-being for Medicine Hat as a whole, not just one particular group.

The other piece I will begin to walk you through is the diagram of a star, for better or worse. My design skills are not the best, but it's on page 4. It tries to illustrate the various factors when you talk to people living the issue day to day, or those who have experienced it at some point of their lives. It's not necessarily the income that becomes your cut-off.

Oftentimes in this work and in research we get into debates, which at some point become quite irrelevant, around whether we should use this income measure, the MBM, the LICO, or the LIM. If you look even more broadly internationally, you'll see that there are hundreds of these measures. It's quite ridiculous. The way we measure disadvantage has become a business in and of itself. It takes us into that path of those people creating boundaries around that, as opposed to looking at it from the holistic perspective and lived experience.

When people talk about where they're vulnerable or how they define poverty from their perspective, it's often things that are not necessarily income, but things like health and wellness or mental health and well-being.

You see there are some quotes on page 3 about how this is laid out in daily life. When we asked "What does ending poverty mean to you, and what does experiencing poverty mean to you?", they said, "Not having to worry about food or deciding what bills to pay". The key word there is "worry". "My children will not have to live the way I did or their children will not have to live the way we do now". That's healthy families, healthy children, early childhood development. Again, they don't talk about income strictly.

● (0900)

Lastly, it's not about just surviving, that basic needs piece; it's about thriving, and it's not just about my thriving on my own. It's about the entire community thriving as well.

I would encourage you to think about a poverty strategy that is built from a strength perspective, and one that is holistic and multi-dimensional. I know oftentimes we like to put boundaries and say that the national housing strategy is dealing with housing and the mental health strategy is dealing with mental health. Poverty is an issue in which, if you do it justice, all those pieces come into play. Your challenge is to show the country a vision of how we're going to end poverty from all those perspectives. That means building something that's going to call out systems that may not necessarily be federal systems either.

Besides that piece, I would also say that the local community's role in doing this work on the ground is unfortunately not something you can cut and paste. We've seen a lot of success in Medicine Hat around the work to end homelessness, and I know that's why you're here in many ways. What's magical about this work is that it can be applied to things like poverty. It can be applied to any of these factors we talked about, because at its core is the idea that we have shared accountability. We have key people who can drive this forward and manage a community system from a system perspective. It means tying together all these pieces towards common objectives, using evidence that's based in practice to actually implement it moving forward.

That's something you can't do at a federal level. Your role is around enabling policy, supporting things in principle, and making sure the resources are there to do the work on the ground. At the end of the day, though, it's by community and for community, and it has to be bought into at this level for it to work. It's a great balancing act that you have to do moving forward, to encourage that leadership from the ground up as well, without it being interpreted as a top-down initiative.

The last point I would make—and it's something I'm very passionate about—is that we're not going to solve this issue by relying on NGOs and government alone. I know you know that, but often when we look at the role of the business sector, we just see it as a pocket for donations. The innovative approaches that are emerging in the social enterprise realm have so much promise and so much applicability to this whole notion of community well-being and addressing poverty from that first perspective.

I love this idea with the homes because I think it's a perfect opportunity for social enterprise. Having a social innovation fund that encourages the incubation and acceleration of these types of initiatives, again supporting a locally based implementation of those social enterprise ideas, would go a very long way to building a third sector that's playing in this field. It's neither non-profit nor government, and it becomes sustainable in the long term without grants. That's something I would strongly encourage you to consider as well in your deliberations.

● (0905)

**The Chair:** Thank you so much.

Last, but definitely not least, from Medicine Hat Community Housing Society, we have Robin Müller and Jaime Rogers.

**Ms. Robin Müller (Chief Administrative Officer, Medicine Hat Community Housing Society):** Thank you so much for having us here today.

I'm going to say a few things that you have probably heard already, because they're important points. Alina just mentioned the value of ensuring that we listen to the voices of people with lived experience, and while this is a slightly different context, the Medicine Hat Community Housing Society has lived the experience of leading very complex plans in our community to end homelessness.

I am very proud to be the leader of the community organization that led that plan in our community, along with Jaime Rogers, who is one of my colleagues. I'm very proud that she has been personally responsible for leading that work in our community. In Medicine Hat, we have evolved as an organization that I lead, the housing organization that you would understand as your housing authority or housing management body. There are many of these across the country.

We've evolved in understanding the value not just of housing people in inexpensive housing; we also understand that people often walk through our doors with a multitude of barriers in their lives, affordable housing being only one of them. We have expanded our approach to not just the provision of affordable housing but also provision of connectivity to the community resources that are necessary to ensure that people have stability in their lives in all areas. We've included the development of outreach programs within our organization that work directly with people to address other issues in their lives besides housing. That is also the approach that is taken in our plans to end homelessness.

I want to speak to some very specific points that we believe are important elements around affordable housing. Then I'm going to let Jaime speak to some of the issues that are relevant. She's much more eloquent on this subject than I am.

From the viewpoint of an affordable housing lens, what we feel are the most important elements to focus on are lending our voice to the call for a national and provincial housing strategy; renewed government investment in new affordable housing options; repairs and upgrades to existing housing stock—we manage more than 500 social housing properties that are falling into disrepair because of not having attention paid to these matters—and exploring how current affordable housing options can best integrate with community systems. It is thus not just housing alone, but housing first.

There are also the elements of challenging and working alongside provincial and federal governments to rethink eligibility requirements and affordability criteria. The definitions we run on today are very outdated. They're actually many times inappropriately serving people who could manage on their own, and this does not leave us the flexibility to serve people who are in deeper need.

We are working in our organization towards the goal of providing a nuance and perspective to affordability, what we call “affordability indexing”. It will examine existing affordability rates and current subsidy rates based on adjusted income and will propose new rates based on total income, including income benefits that are provided to low-income families. Currently there are 291 households on the wait list for social housing in our community. This represents 505 individuals, including 109 children.

Access to safe, appropriate, and affordable housing, not only in our community but across Canada, is a national crisis. Increased investment in this area is necessary. With the development of a national housing strategy, we're optimistic that the strategy will include a comprehensive investment and implementation plan.

I think this is a key point in a strategy: that plans will go very slowly unless there is committed investment over the long term. Resources that have supported our plans to end homelessness in Alberta and in Medicine Hat were deeply invested in by provincial government, and that was one of the keys to our success, as well as promoting local decision-making, as you have already heard, and the authority to develop and invest in housing options for the local context. A community is in the best position to know what is going to work for its community members.

● (0910)

We need an accountability framework for those receiving funds for affordable housing, including provincial and territorial governments. With funding comes accountability, and with accountability comes a responsibility for delivering on outcomes. We know that works. We've been working under this framework for the last seven years.

Now I'll talk about long-term planning versus being reactionary.

Medicine Hat is recognized internationally as the first community to end chronic homelessness, yet one additional economic hit or natural disaster has the ability to set us back exponentially from where we are today.

Our systems, while robust and comprehensive, rely on continued and sustained government contributions. This economic hit could be gas and oil industry-induced or government-induced through lack of continued investment in strategies that have proven outcomes.

Lastly, poverty reduction is homelessness prevention. Access to appropriate housing should, therefore, be seen first from a perspective of a preventive response to homelessness. Currently, access to appropriate affordable housing is sometimes experienced by those living in poverty as a stroke of luck. We should not have to rely on luck to have appropriate housing.

**The Chair:** Do you want to add anything?

**Ms. Jaime Rogers (Manager, Homeless and Housing Development Department, Medicine Hat Community Housing Society):** Yes, please. How long do I have?

**The Chair:** You have about a minute or so, or whatever. We're fairly flexible here.

**Ms. Jaime Rogers:** Thank you for that.

I would like to thank the Honourable Glen Motz for arranging this today, and I thank you all for being here and listening to what we have to say and valuing that.

I am a single mama, and I have to tell you something personal. My daughter gave me the best advice this morning. She gives it to me every time I go to speak. She says, “Mama, please don't try to speak French today”, so respectfully, *merci*.

I want to talk to you about two things, and then maybe pose a challenge to you as well.

I have the privilege to work in this wonderful community of Medicine Hat. I lead the local plan to end homelessness. We launched that plan in 2014. The difference with that plan, and where Medicine Hat has seen success, is we delivered on it. To have a plan is one thing; to do the work is something very different.

I challenge you as you're looking at your poverty reduction strategy to have an implementation plan and investment with it. That is how the work will get done. As you heard from my colleagues, community delivery is very important.

In Medicine Hat, we have ended chronic homelessness. We still have work to do. It doesn't mean that people won't experience homelessness. What the important take-away is, and what it means, is that our system of care is so robust and comprehensive that when people experience homelessness—because they will—that system is there to quickly pick them up and provide housing and adequate supports for them. That is key.

I want to switch now to poverty reduction.

Last night and yesterday, we had the great honour to publicly launch about six years' worth of hard work. Most recently, in the last six months, Dr. Alina Turner was our consultant on that. It was called Thrive, Medicine Hat and region's strategy to end poverty and increase well-being.

I need to tell you a bit about the title. One of the conversations that happened at the tables was about why we were saying we're ending poverty, because that can't be done. Our challenge back to the community was that if you do not set the standard as ending something, you will never achieve it. To strive for 80% of something is not good enough.

We framed it in the context of suicide, because that is a strong indicator of community well-being. To have a plan that says two suicides are acceptable this year is morally irresponsible.

Therefore, I challenge you to end poverty and increase well-being. Be bold. Be bold with your message. Unless you are bold, municipal governments, provincial governments, and community will not be bold, so please take a leadership role and be that bold.

Poverty costs Albertans \$7.1 billion to \$9.4 billion annually. Right now that money is going to managing people in their poverty. It's not going to actively get them out of that stage that they are experiencing. Invest wisely.

Please also know that one of our strengths around our plan to end homelessness was taking the stance that homelessness and now poverty do not know party lines. They don't discriminate. We have had such great success in Medicine Hat because we have the support of our community, of course, and our municipal government, our provincial government, and our federal government representatives. When we say it takes a community, we mean all levels of government. Medicine Hat is a great example of where that actually comes together.

Our Thrive report outlines 13 different strategies, as Dr. Turner alluded to. It's not just about income. It's not just about job creation. It's about truly creating a sense of belonging for all members of community. We know that when our community members are thriving, the rest of the community thrives. Business thrives. Industry thrives as well.

I challenge you, again, to be so bold and set that motion and that framework in place, please.

Thank you.

● (0915)

**The Chair:** Thank you, and thank you for reminding us why we're doing this.

I said this in Winnipeg yesterday and I'll say it again here: there's nobody in the House of Commons right now who doesn't want to end poverty. This group that I've had the pleasure of getting to know a little bit better, though sometimes being stuck in New Brunswick.... We're on the same page. There may be different ways we want to accomplish that goal, but the goal stays the same.

We are going to move now to questions. First up, we have apparently the Honourable Glen Motz.

**Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC):** Thank you, Mr. Chair.

Thank you first to each of you for being here today and for taking the time to give us a perspective from lived experience.

In the six minutes that I have for the first round, I want to ask a couple of different questions.

Reagan, you talked initially about a successful community involvement plan. What does that look like? Can you, in a very short time, explain what a successful community involvement plan looks like from an educational perspective?

**Ms. Reagan Weeks:** Sure. In our school division we have used the work of Epstein to establish the community involvement plan. There are a number of components to this.

We've signed three formal partnerships with post-secondary institutions across Alberta that allow us to deliver programming remotely. We've also created something called parent-teacher academic teams to better engage parents who see barriers to being involved in school. This will include everything from hiring interpreters for Low German-speaking people to ensuring that in schools our students have access to languages such as Cree.

We have created partnerships with the local food bank, which has been instrumental in helping us address food security issues in schools. We have partnered with art galleries. We have three community schools that have municipal libraries on site that allow interaction between the larger community and the school. We have created a number of buildings, including a new building in Schuler, in concert with community organizations that allow them to access the building outside of regular school hours. This allows a reduction in infrastructure costs and reduces our costs as well through the use of the infrastructure for multiple purposes.

● (0920)

**Mr. Glen Motz:** Thank you very much, Reagan.

Robin, let me ask this. You mentioned in your presentation that the system has to rethink how we do assessments of individuals, either to make them qualify or to not have them involved in a process.

Can you just expand briefly on what that actually looks like when played out, from your perspective?

**Ms. Robin Müller:** One thing we've recognized in our process is that we....

Are you talking about my comments around the wait list, and people—

**Mr. Glen Motz:** Yes, you used the wording that we need to work on rethinking how to assess the needs of individuals.

**Ms. Robin Müller:** Right.

We've recognized within our system that the approach we were taking may not have been identifying people's actual circumstances in reality. We were using assessment tools that were giving us a needs assessment score, but they weren't necessarily giving us an indication of what the actual need of that individual was.

For example, we know that the social housing legislation in Alberta prioritizes single parents or parents with children—families—over homeless individuals. This was a system designed specifically to serve families, and it had a purpose at the time and there were priorities at the time that needed to be addressed. However, that legislation has not been revised for 25 years, and it is now mis-serving... It proposes to serve those in greatest need, but the definition of who is in greatest need has changed. The assessments that are used to determine who is in greatest need are misaligned with the actual needs of the individual.

**Mr. Glen Motz:** If I understand this, it's that the bottom line is that assessment tools moving forward need to be current, flexible, and adjustable to community or individuals, to some degree; obviously there has to be some standard.

**Ms. Robin Müller:** Absolutely. You need to have services to meet people where they are, rather than have people fit with a system.

**Mr. Glen Motz:** Okay, fair enough.

I'll give most of the time to you, Jaime, on this last question. I appreciate the comments you made. True to who you are and what makes you successful, you challenged.

In an ideal world, how does the federal government play out "being bold" in poverty reduction?

**Ms. Jaime Rogers:** I think being bold comes in many different forms. Part of it is knowing what's happening in your ridings, and in your communities as well. Bringing that information back, as you are doing right now, is instrumental.

As well, please question what we tell you. Always question what you're hearing. Talk to people with lived experience, those who are actually experiencing poverty. We can all sit up here on an expert panel as witnesses, but talk to people who are experiencing it and are having challenges working within that system right now.

I know this will likely be happening, or you have avenues to do it, so respectfully, continue that. Be bold.

Look at your current policies. There are policies right now that are not working. I know policy change takes a long time. Just to illustrate this, I'll share one example that concerns the homelessness partnering strategy.

We are both a housing management body, a community-based organization, and a community entity. Something brilliant happened with the homelessness partnering strategy. We went from a three-year funding investment cycle to a five-year cycle. The federal government stated that Housing First was the priority. It has changed how the rest of Canada addresses homelessness.

It allowed us a couple of things. It allowed us to do longer-term planning with our communities. It also allowed us to leverage it and say to the provincial government, which does one-year funding,

"Our federal government was bold enough to commit to five-year funding." That has allowed us leverage points.

That's just one example, when you look at your policies, of what communities are saying and what's working well. Be bold and take those leaps of faith with your communities. They will do the hard work for you and implement your policies as they should be implemented, because people matter.

• (0925)

**The Chair:** Thank you very much.

Now we go over to MP Long.

**Mr. Wayne Long (Saint John—Rothesay, Lib.):** Thank you, Chair.

Good morning, everyone.

First I want to thank MP Motz for the invitation to this wonderful city. You have a great MP there, very passionate, and I have a lot of respect for him.

I have so many questions. I want to start with Ms. Weeks.

It's really not on housing but on early learning. It's about how in Saint John, New Brunswick, we're coming up with an early learning pilot called Learning Together, whereby we're going to propose that we go into priority neighbourhoods in Saint John, where there is 60% to 65% child poverty, and come up with an early learning concept with the schools.

How important do you think it would be, from a federal government perspective, to come up with a national early learning program offering structured early learning for three- and four-year-olds across the country?

**Ms. Reagan Weeks:** Well, I certainly think there is a role for the federal government in a strategy for early learning, but I also think it's critical to contextualize it according to community.

One challenge you have in establishing early learning programs is that if the children are not integrated with the larger learning community, then sometimes you can actually widen the gap inadvertently through a well-meaning strategy.

For instance, in Alberta we often have children who are funded with program unit funding, and so they're identified with sometimes very minor needs related to speech or other types of activities. Those children are amalgamated in many cases into one early learning setting, so that you have students who are struggling with language all together in one place.

The wisdom of that is questionable. Perhaps we need to do a better job of how we roll out this program. While I think it's very important, and I think many provinces would be in alignment with what you're doing in New Brunswick, I think we also need to have room to contextualize it.

**Mr. Wayne Long:** I think the belief is that governments are great at alleviating, with the Canada child benefit or with various programs, but to get upstream of poverty, our long-term goal, I think early learning is something that nationally we should move forward on.

I also want you to comment on parallel parent programs and how important they are.

**Ms. Reagan Weeks:** I would argue that they're absolutely essential. I'll only speak to our area right now, but we are noticing, because of the expansive cumulative risk our children are experiencing and the high number of cases we have of students in our schools, that support for parents is critical. When the stress levels are so high, parents seem unable to take a step back and develop attachment-based parenting strategies. With these programs, which are offered in a non-threatening manner and are offered to the population at large and not just through specific referrals because a deficit has been identified, we're hoping for a significant uptick. We some of this work a trial in September. It was very well received, and we had a significant cross-pollination of families who attended, so we're hopeful.

**Mr. Wayne Long:** We see a lot of parents in Saint John who want to help. They just don't know how to help.

**Ms. Reagan Weeks:** Precisely.

**Mr. Wayne Long:** That's the issue.

Ms. Turner, thanks for the presentation. It was great.

Have you seen direct benefits of the Canada child benefit in Medicine Hat?

**Dr. Alina Turner:** That's a good question. I spent 20 hours going through the impact of that exact issue because I was recalculating the living wage for this report.

Yes, absolutely. Just to illustrate that, when Medicine Hat initially took on poverty work back in 2012, I believe the living wage calculation was \$13 per hour. Obviously, when we recalculated for today, in 2017, it was \$13.65, so it went up 65¢ an hour. Seriously, we put in all this work and it went up 65¢? What are we going to tell the community? The whole point was to make a case. It was even less than the minimum wage that was being proposed at \$15. When we looked a little bit deeper as to why that was, it was because of the impact of that benefit being introduced six months into last year. Without that benefit, the living wage would have been closer to \$15 per hour versus \$13. You've effectively ruined the argument for a living wage in Medicine Hat because of that benefit, but it shows you how important it is.

Now, that's for children. If you look at singles, obviously, that benefit is not visible.

• (0930)

**Mr. Wayne Long:** I'll just jump in. I think what's coming out of this and what we're seeing is that, again, I believe wholeheartedly

that transformational change nationally comes from federal programs. The Canada child benefit is something that's a transformational initiative. The OAS/GIS is not the be-all and end-all, but it is very close to a living wage; it's inadequate, but nearly a living wage.

Can you comment on who we're missing and how—I think we know who they are, single people—and what you think we should do to try to help them?

**Dr. Alina Turner:** Unfortunately, I think the populations that get missed are the ones that our systems themselves find ways not to serve, so it's the chronically homeless and the people who have active addictions. It seems to be the ones who consistently get shut out of the system that we do have. Housing First is the first time when we said no and said we were going to flip things on their head and prioritize those who have been marginalized.

The trick with that is there always seems to be a loser in these initiatives, because even with Housing First, that investment has prioritized the chronically homeless population, but we've now forgotten about those who experience homelessness as a transitory experience. This has reverberated across the country. As awesome as Housing First has been and as great as it is that our cost-savings argument has leveraged those initiatives—we say that this guy's costing \$100,000 and now he's costing \$10,000—a youth who hasn't been going to emergency care, has been living on the street, and is engaging in the sex trade for survival is not costing us, so that extremely vulnerable youth is not a priority now because of our Housing First focus, so I would say that you need to consider the unintended consequences in all of this. In my research, I've talked to so many youth who say—pardon me—“I'm not effed up enough to get help.” That's not the intent, I'm sure, but it happens a lot.

**Mr. Wayne Long:** Thank you.

**The Chair:** Thank you very much.

We'll move over to MP Sansoucy.

[*Translation*]

**Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP):** Thank you, Mr. Chair.

This is my first time appearing before the committee on this tour. I was looking forward to it. I am glad it is happening here, in Medicine Hat. Following the testimony of my colleague Mr. Motz, I was very keen to hear your comments. They are truly inspiring.

For about 10 years, I headed up a community housing organization for vulnerable youth, at a time when there were calls for the principles that you defend, that you apply, and that are very important. By that I mean talking to citizens, listening to those living in poverty, and helping them take charge of their own lives rather than being looked after.

My perspective is from Quebec, and I was inspired by what Ms. Weeks said about the child welfare centre, because it sounds similar to the social pediatrics centres that Dr. Julien created in Quebec. The same applies for Ms. Turner and the social economy sector, which is giving rise to new ways of addressing funding. It is truly inspiring to hear all of that.

My first question is about the homelessness partnering strategy. You said we have to talk to the people who know the problems and the solutions. We should not focus on just one specific approach. You said the Housing First approach works well. Ms. Rogers spoke to that, as did Ms. Turner. There are, however, many other approaches that can also work well. We should also consider prevention. Ms. Turner just talked about that. We must take action and help people before their situation degenerates.

We know that the funding of the other approaches was limited, unfortunately. Essentially, I would like to know if you see the same problem here. Would you like to see a broader approach to funding for the prevention of homelessness?

Ms. Rogers can answer first and then the others can add their comments.

• (0935)

[English]

**Ms. Jaime Rogers:** I think what's important with the funding and investment is that strong outcomes and accountability frameworks are attached to it. Funding for a community, but at the same time having that federal perspective and expectation and guidelines about how that funding will be invested in the community is going to be key.

It needs to be even taking an approach whereby you know  $x$  percentage will go to prevention initiatives and  $x$  to addressing things like chronic homelessness, and there needs to be more long-term planning.

Investment into quality assurance is going to be so key. If you don't have someone monitoring, you may have invested a lot of money, but you will not see outcomes. Data is so important as well, and making sure we have... When I came to Medicine Hat about six years ago, we had a saying that "data drives your dollars". If you're not demonstrating outcomes, you will not receive funding.

Part of that boldness I talk about is ensuring that message is given when the national poverty strategy comes out. Data has to drive the dollars in the investment. If things are not working, don't fund them anymore. Don't continue to invest in things that are not showing results.

[Translation]

**Ms. Brigitte Sansoucy:** Thank you.

Ms. Turner, would like to add anything?

[English]

**Dr. Alina Turner:** Sure. I think I'll add something about system planning because it has come up a lot, and I think it speaks to what you're getting at as well.

In the context of system planning and locally driven strategy and what Jaime was also alluding to, there needs to be a quarterback who

mans the game, who has the strategy, who tells the players where to go. Sometimes we think that's the funder, the person giving out the dollars.

The problem is that there are so many funders. There are sometimes as many funding pots in a community as there are services, and sometimes there are as many services as there are clients. We have this mess of a patchwork approach to all of these integrated issues.

What I think needs to happen is that there be a designated poverty reduction quarterback at the community level whose sole responsibility is to make sure that players are doing what they're supposed to be doing. That includes funders. Sometimes, believe it or not, the funders are the ones who get in the way of good work, because they change mandates halfway through.

This happens with the United Way often. They say, "We have \$40 million in the community, and government has \$40 million as well. We think the government should do that, so we're just going to defund it", but they haven't talked to government. Who suffers? The clients do, because the money has moved, and now there's a service gap.

There needs to be somebody who implements the strategy and these common objectives at the community level and who has some accountability and power to dictate how this funding is doled out and to what purpose.

The key piece that worked really well here is that literally, here it's Jaime. Jaime's the quarterback. In other communities, we don't have a quarterback at all, and that's where you see things go pretty astray. There's no measurement system, the funders are arguing, the service providers are going behind each other's backs to the various funders, and nothing ever becomes implemented because the politics get in the way.

In a community in which there is buy-in to this quarterback function and in which the person manning it has legitimacy in the community, when the funders say, "I'm sorry, I'm moving this money; this is not where the community need is", they have the backup of the community.

What I think tells you that story the best here is agencies in Medicine Hat going to Jaime and saying, "We have too much money; we want you to cut our budget, because we think you should invest in prevention in another area." That tells you that a level of community planning is now bought into throughout the system of care, that they're moving forward along the same path, and that they trust that system planning is happening with that quarterback organization.

• (0940)

**The Chair:** Thank you very much.

Now we have Anju Dhillon for six minutes, please.

**Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.):** Good morning.

Thank you, Chair.

I'd like to start with Mrs. Rogers. May I call you that?

**Ms. Jaime Rogers:** You can call me whatever you like.

**Ms. Anju Dhillon:** You spoke about the federal government's Housing First program. Can you elaborate a little more how it has been helpful?

**Ms. Jaime Rogers:** Yes, I can, actually.

In Medicine Hat we are the community entity. We receive both designated and aboriginal community funding, so we have two streams of funding. It was a privilege to be part of the conversation at the federal level. We went to Ottawa and talked about what that would look like for the rest of Canada and what impact it would have.

I'll start with the challenges we had with it when there wasn't a Housing First approach. It left the funding too wide open. We could fund things in the community that were nice to have, not essential to have. Part of that was because the federal funding for homelessness goes back to 2001, with the SCPI. It was a feel-good kind of funding. It looked at managing homelessness, not actually ending homelessness.

In Alberta, when we shifted to a Housing First strategy and had our 10-year plans for homelessness and our local plans for homelessness, they identified Housing First as a strategy.

When the federal government came on board and aligned with the Housing First strategy, it allowed us to rethink how we invested those funds. It was so beneficial at a community level to say that the federal government is requiring this. Prior to that, the community knew there was such latitude with the funding that we could literally keep it for soup and sandwiches if we chose to.

In Medicine Hat we chose not to do that, obviously, and we invested a little bit differently early on, but shifting to that Housing First strategy and having that national voice to it bolstered our position in the community, actually.

With the messaging from the federal government and our seeing how important it is, it was almost as though the federal government had our back so that we could do the work.

**Ms. Anju Dhillon:** How many seniors do you see coming in and seeking help?

**Ms. Jaime Rogers:** Within our Housing First program and our plan to end homelessness, Medicine Hat has housed 1,074 individuals since the inception of our plan on April 1, 2009. Of that, there are about 312 children. That's to date. Seniors account for 12% of those served through that program, and veterans are about 8% of that number. We do have homeless veterans in town, yes, and in the community as well.

In our affordable housing and social housing, our seniors self-contained housing is a large portfolio. I'm not exactly sure of the number of seniors we serve on that front, but we are a community that does have a high population of seniors.

**Ms. Anju Dhillon:** Has there been an increase in the senior population?

**Ms. Jaime Rogers:** There has been an increase in the senior population, but not to the degree that would warrant or see more investment or a different strategy at this point.

**Ms. Anju Dhillon:** Do you believe that the new OAS and GIS benefits are helping to maintain at least a stable level of seniors seeking help?

**Ms. Jaime Rogers:** Absolutely, yes. Some time ago, I was involved when the MP, the minister of state, put forward the homelessness and OAS policy that was passed. I had the privilege of working on that behind the scenes a bit. That has been so helpful for those seniors who may have needed help to apply for the OAS. It wasn't just guaranteed.

One of the challenges we do see with those benefits, though, is in regard to seniors who are currently receiving the AISH benefit. When they turn 65, we see poverty impact them, because their housing costs rise exponentially. If you're looking to tackle a big issue, that is an issue, that transition for someone receiving the AISH benefit and then going to old age security. That's when we see seniors at the highest degree of the disadvantaged stage.

**Ms. Anju Dhillon:** Are these single seniors or couples?

**Ms. Jaime Rogers:** There are both. It probably would have more impacts for a couple.

**Ms. Anju Dhillon:** You're saying that because of mobility reduction and whatever health problems they have, they have to alter their homes, so it costs more.

● (0945)

**Ms. Jaime Rogers:** I'm speaking about it as an income issue. When they turn 65, they no longer receive their AISH benefit. They get old age security, which means, based on our current housing qualifications, that they have more expendable income.

I'll give you an example. They were paying \$120 a month while they were receiving the AISH benefit, but at the age of 65 they're paying \$400. There is a flaw in that system.

**Ms. Anju Dhillon:** Would you like to add something, Mr. Brown?

**Mr. John Brown:** Yes, I would. I think what we're seeing is just the tip of this so-called silver tsunami.

The first baby boomers turned 70 this year, so they're still relatively healthy. We're going to start to see increased numbers of seniors with significant health concerns as they get older. That increases both the cost to the individual and the cost to the public. It costs \$2,500 a day to keep someone in a hospital, and it's estimated that 40% of our hospital beds are filled with people who don't need that kind of acute care. There's a systemic issue here that obviously addresses poverty, but there are costs that are coming to other parts.

**Ms. Anju Dhillon:** Do you believe that home care—

**The Chair:** I'm sorry. We have to move on. Maybe Wayne can share some time.

**Mr. Wayne Long:** Thank you again, everybody. Good morning, and congratulations on your Medicine Hat Tigers.

**Voices:** Oh, oh!

**Mr. Wayne Long:** I was part owner of the Saint John Sea Dogs—the Memorial Cup-winning Sea Dogs, I might add.

I'm going to read a quote for you. It was in an article you wrote that I read just last night.

“You have leaders that are really good at executing. ... There is this perfect marriage of visioning, a sense of urgency and this ability to execute and practise....”

You said poverty is a lot more than just money in the bank: it's mental health, recreation, food security, and access to good jobs.

I have a question. I have great respect for Medicine Hat and what you're doing here. I see a lot of parallels between that and what's going on in my city of Saint John, New Brunswick. You're lucky, because obviously you have great presenters this morning, as well as great people in your community, such as your mayor and community leaders like yourselves, and a good MP too. Not every city or community has that leadership. They still have the needs, but they just don't have that leadership.

Ms. Turner, can you talk to me about how important it is to have alignment between the three levels of government—federal, provincial, and local—and what we can do as a federal government to help that? Maybe, as I think someone said, it would be like a quarterback or something in the community. Can you elaborate on how important alignment is between the three levels?

**Dr. Alina Turner:** You kind of nailed it: how do you recreate magic, and when the perfect storm comes together, how do you recreate those conditions?

I'm not from Medicine Hat. I'm from Calgary. I work with lots of communities on different social issues. I have more of a comparative perspective. I'll kind of parachute into Yellowknife or St. John's or Victoria, and there are always these quarterbacks and these key people there. If I do my job right to help them move forward, I narrow in on that magic person or persons and help them leverage these relationships to create that alignment.

**Mr. Wayne Long:** I guess the issue I have with that is that if I look at some cities I know, it's not easy just to pick that one person, because picking that one person may alienate two others.

I think the other issue to throw on there is that sometimes there is such a duplication of services, with the same groups fighting for the same money and, as you said, with getting multiple funders.

How do you suggest that we as a federal government make this better?

**Dr. Alina Turner:** Where I was going with these key people is that there's usually not just one. There's usually a grouping of them. This idea of a quarterback is about bringing together those key movers and shakers in the community and creating some kind of a formal entity around them and giving them the mandate to do this planning work. That's across the community of care in a particular locality, so in Medicine Hat, with the plan to end homelessness, they had a council of champions.

With the plan to end poverty, which they just launched yesterday, Denise, the president of the community college here, is one of the inaugural members of this council of champions. The council of champions are the superstars of this quarterback team. Jaime is the one running on the field and actually implementing. That's how you

bring together these interests, because the province has a stake in that grouping as well, and so do the feds.

● (0950)

**Mr. Wayne Long:** I hear you.

One of the challenges or opportunities I see, though, is that from a federal perspective we may have a certain priority, whether it's a housing strategy or...and then it goes to the province. Depending on the government and whether there's alignment in the government, sometimes those priorities may not match with our priorities and may not match with the local priorities. Even provincial governments have their own agendas, with upcoming elections and all that kind of stuff.

How do we make that better?

**Dr. Alina Turner:** Unfortunately, for better or worse, you come and go. The interests of governments are always changing. What you need to do is build an infrastructure at the local level that is beyond the politics. That's why we said there's no colour to this. If you build the infrastructure right, we'll navigate the politics. We've been navigating them for decades. There are different policies that we need to align with and merge with to still meet community needs.

I think that's how you do it. You build that solid community-level infrastructure to do that.

**Mr. Wayne Long:** Thank you.

Ms. Weeks, do you have situations in your school boards in which you literally lose track of kids? For example, in Saint John we have children showing up at school at five years old, ready to go, and they don't know how to tie their shoes. They're not socially functional at all. A lot of times we step back and say, “Where did they come from?” Not to simplify this, but they're born, they disappear for four years, and then they're at school.

Do you have that occurring? Do you have any ideas as to how we can make that better? Could we maybe register them at birth and track these kids through the system?

**Ms. Reagan Weeks:** The short answer is yes, we also have that challenge. Our response has been less about how to track them at a younger age and more about creating responses in the community that are welcoming and that will invite parents to partner with us.

We do have early screening. We have teams of occupational therapists, speech therapists, mental health workers, and social workers who go out into all of our remote communities and host events at which we can have early screening and identify whether certain therapies are needed. That occurs across our region.

Also, we are currently in the development of something called the collaborative response model. This model includes four tiers of support. Tier one would be something that could occur in a classroom. Tier two would be targeted specialized supports that can still be maintained in the classroom. Tier three would be school-wide supports, and tier four would be supports required outside of the school. We do this in the areas of literacy, social and emotional wellness, and general academics.

Certainly our hope as we weave this together is that fewer children will fall through the cracks.

We also have credit recovery, which is very well established and continues to be refined. We also have a number of attempts to help increase our graduation rates.

**Mr. Wayne Long:** Thank you.

**The Chair:** We now have MP Zimmer for six minutes.

**Mr. Bob Zimmer:** Thank you, Chair.

Thanks to our witnesses for coming today.

I'll start with you, John. I'm a former carpenter. I've built a lot of buildings in my day. What I see with your plan is that it's brilliantly simple, but it's going to be effective. I just want to know where it's at.

You might have explained this and maybe I didn't hear you, but have you manufactured any of these units? Are there any functioning today?

**Mr. John Brown:** This is a four-year research project at the University of Calgary. It is a collaboration of the medical school, the architectural school, and the school of social work.

We are currently building our first real-world prototype. It will be finished in May. We have established three in situ tests that we're going to be conducting. The first will be in a downtown Calgary neighbourhood. The second will be in a rural community. We're thinking of the south zone of AHS, so we're looking at a hamlet or a farm. The third would be on an institutional site within Calgary, some sort of care facility, so that it becomes a kind of way station for people to be discharged.

It takes about three months, we think, to put one of these onto a city lot because of the approvals that are required. We'll be running that through till probably the spring of 2018. At that point, we'll evaluate commercialization potential, next-stage testing, and that sort of thing.

• (0955)

**Mr. Bob Zimmer:** Do you have a cost per unit? I can see the idea that you suggested, whereby it can be put on the back of a lot, seniors can rent out their house, and everybody will be happy.

**Mr. John Brown:** That's right.

**Mr. Bob Zimmer:** Do you have a cost?

**Mr. John Brown:** That's what everybody asks. Until we actually start manufacturing them, we won't know for sure. One of the good-news items is that Alberta has a very deep infrastructure in building portable structures. We're working with some of those partners right now.

The key to think about is to shift... It's a leased piece. We don't ask how much it costs to make a piece of medical equipment; the value is in the service it provides. If these buildings are able to last for 30 years, we're anticipating that the cost would be in the \$1,000-a-month range or maybe \$1,500 a month, as real costs, but without looking at potential subsidies that could come either from the health care system or from the municipal affairs area. When you start comparing that with the cost of providing either hospital care or—

**Mr. Bob Zimmer:** Yes, there's no question about it.

**Mr. John Brown:** Yes.

**Mr. Bob Zimmer:** It's better, and they're happier too.

Moving on to Alina, we've seen these "magic" people. We've seen them in Saint John. We saw them in Winnipeg yesterday. They are the people who really are integral to the success or failure of a program. You can see programs that run but are not successful, usually because somebody is there who is just not motivated or who isn't personally involved in the situation.

I want you to expand on what it actually looks like in Medicine Hat, because we've heard all the lingo and the jargon. We've heard about all the strategies all across Canada. What makes the difference in Medicine Hat? Why does it work here?

I also want you to expand on something, because you mentioned something about infrastructure. Give us what it looks like here, not just platitudes from 29,000 feet. What does it look like here?

**Dr. Alina Turner:** Jaime really should be answering this, but I'll tell you about it from the outside perspective. I did this job in Calgary as well.

Day to day, the quarterback is essentially on the phone all day with the various providers. Jaime's sitting in her office and gets a call from the police, who say, "Hey, Joe's out on the street again and acting up." Jaime goes down there and talks to Joe. She talks to her Housing First provider and says that she sees vacancies in their program and Joe's on the list, so she asks why he's on the street and why he isn't in housing. She's literally walking people through the system at that micro-level.

Then she gets a call from the premier's office that there are complaints about how homelessness hasn't really ended in Medicine Hat. She deals with the premier's office and creates briefing notes on what's going on in Medicine Hat.

She's doing all those levels of work and, as one person, is managing about \$3.4 million plus the federal HPS money. It's about \$4 million that she oversees.

She'll do site visits. She'll check up on all the programs to make sure the clients are happy, that the programs are meeting all their fidelity standards, and that the services are good. She does the research and analysis. She has a database that tells her exactly how many people are in each program and how they're doing. She knows how many are in shelters and how many days it will take her to get them from shelter to housing.

That's really what that quarterback does on a day-to-day basis.

**Mr. Bob Zimmer:** I like the analogy of a quarterback too. It isn't a manager. A manager has a different connotation to it. A quarterback is in action, controlling plays and making them successful.

It's really hard to limit our comments and questions to six minutes, but I would ask you to submit anything more you have of what the structure looks like in Medicine Hat. What we're looking to do here is replicate what you're doing as well as we can and put it across a pan-Canadian map approach.

I just have one more question for Robin.

You say we need a national housing strategy. We've heard that a lot, but what does that look like? Is it rental subsidies? Is it home ownership? How does it involve aboriginals on reserve? Is it a comprehensive approach?

It's easy to say "national housing strategy", but again I would challenge you.

We've heard a lot of people talk about problems, but we haven't heard, "Here's the map to the solution." You guys know the solution better than we do, and that's why we're here, but what is your solution for a national housing strategy, and what does it look like? What's the blueprint?

• (1000)

**Ms. Robin Müller:** The blueprint? Wow.

The issue for me is that I think the voices of those people who are serving people in housing programs are not heard as often as they need to be. I think that the integration of housing and health and income is critical to ensuring that housing programs, whatever they end up looking like, are successful.

Warehousing people in inexpensive housing does not work. We know that if that's what happens, as landlords of non-profit and social-housing-type programs we end up managing those social issues in very large, dense population situations.

I think that the integration of supports within housing is a big piece of it. I'm not able to respond to your question at an academic or policy-planning level, which may be what you were looking for.

**Mr. Bob Zimmer:** I would challenge you to work on it, because we need something to go ahead with.

I see that the quarterback within the system is what you're asking for, but we have two responsibilities. We're responsible to the taxpayers, who pay a lot of money in taxes every day. They are real people, the same people we want to keep out of poverty, yet we still want to help those who are in poverty and deeply need help. We see the balancing of those two things. We need a housing strategy that's responsible with taxpayers' money but that also does a great job at providing housing for needy people.

**Ms. Robin Müller:** Right, and I think that one of the things we have recognized as we've evolved from strictly a housing organization into one that collaborates with necessary services to serve the people whom we're housing—so less focus on the housing, more focus on the people—is that unless we start doing that, we are not addressing the real issues around poverty.

As we said, ending poverty is homelessness prevention. That's one of the things that we've shifted to. We have achieved an end to homelessness as we define it, and built a system that responds rapidly to people who become homeless. Now we need to shift to a prevention focus. We need to make sure that we maintain that model and look upstream, as Wayne mentioned earlier, to keep people from entering into this whole realm to begin with. To me, that is what the strategy should be.

We have lots of investment in real estate strategies and lots of investment in other very siloed approaches to supporting people with social issues, but it is not an integrated approach. From my

perspective, as I listen to the quarterback story, I think about how we have evolved in Medicine Hat.

There are lots of communities that tried to vie for that position in the community, but wait until the hard work starts. When the hard work starts, people start to say, "Oh, that's your job. We don't need to be doing that." There are hard decisions to be made about de-funding programs that aren't doing well. People don't want to be as involved when it gets to that stage of the evolution.

**The Chair:** Thank you very much. We're right up against the break. That hour and a half went by really quickly.

I have a quick clarification question for Jaime.

You mentioned that seniors were getting an "H" benefit. I just want to make sure I heard that correctly.

**Ms. Jaime Rogers:** The acronym is AISH, A-I-S-H.

**The Chair:** Okay. Is that provincial?

**Ms. Jaime Rogers:** It's provincial. It stands for Assured Income for the Severely Handicapped.

**The Chair:** Okay. Thank you for that clarification.

Go ahead, Ms. Vecchio.

**Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC):** You've spoken about some awesome things, and I just asked Glen about that as well. Is there a way that we could get some research or some of the data that you have, showing that change between 64 and 65, so that we can look at that as a whole? Would you be able to send that to the committee, please?

**Ms. Jaime Rogers:** Absolutely.

**The Chair:** Thank you.

I'd like to thank all of you for coming here early this morning and dealing with a bit of a drowsy group. We had a lot of good questions and I sincerely thank you for the work you are doing on the ground to put this issue in the forefront for this community. There is a reason we are here, and quite sincerely, it's folks like you.

We are going to break for a few minutes.

• (1000)

\_\_\_\_\_ (Pause) \_\_\_\_\_

• (1010)

• (1020)

**The Chair:** Good morning, everybody, and thank you for being here.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 13, 2016, the committee is resuming its study of poverty reduction strategies, focusing today specifically on housing and neighbourhoods here in Medicine Hat, Alberta.

I'm very pleased to welcome a very full panel here. From the City of Medicine Hat, we have Celina Symmonds, city councillor, and I believe Mayor Ted Clugston is here as well. From Immigrant Access Fund Canada, we have Vanessa Desa, vice-chair of the board of directors, and Dianne Fehr, the executive director.

From Medicine Hat College, we have, from the executive office, Denise Henning, president and chief executive officer, and Kristen Desjarlais-deKlerk, instructor of sociology, in the division of arts, education and business. From the Miywasin Friendship Centre, we have Jeannette Hansen, executive director.

Welcome, everybody. We have a full slate and we'll get right to it. I know everybody has opening remarks. We'll try to keep them as close to seven minutes as possible. We're going to start with Celina.

The next seven minutes are yours.

• (1025)

**Mr. Ted Clugston (Mayor, City of Medicine Hat):** We'll be sharing the time.

Welcome to Medicine Hat, Canada's sunniest city, and we aren't letting you down today. I'd like to thank our MP, Mr. Glen Motz, for inviting me here today, and I thank this committee as well.

I am Ted Clugston, the mayor of Medicine Hat, and this is councillor Celina Symmonds. She is a city councillor as well as the executive director of our Medicine Hat and District Food Bank.

I would really like to welcome you to Medicine Hat, the city known around the world for successfully achieving an end to chronic homelessness.

When I first became mayor, I never even campaigned on homelessness. I never even said the word "homelessness", but quickly my term became about ending homelessness, and I found out that this topic of ending homelessness was universal. There was an aching need to do something about this, not just locally or nationally but around the world. I became basically the talking head or the torchbearer for the first city to end homelessness.

After we declared that we would possibly end homelessness, and then when we did, I started hearing from politicians all over the world, including Canada, and then from the media. I have lost track, but I think I've done about 175 different interviews around the world on Skype and for print media. *The New York Times* was here yesterday just to do an interview on homelessness. There is an interest, and people want to do something about this.

We've tackled this complex issue, and I know there were some great people in this community who believed it could be done, and they were at the right place at the right time.

**Ms. Celina Symmonds (City Councillor, City of Medicine Hat):** We also know that there were aspects that were absolutely critical to the success of the plan. We know it required significant systems planning and mapping, a centralized point of intake, timing within the community for it to be able to create and maintain its own plans, and of course the collective impact approach to funding and service delivery.

Systems planning and a collective impact approach allow funding to be funnelled to those organizations that are in the best positions to create meaningful change. By building capacity within agencies that are already doing good work, we also see funding being able to be rerouted once the capacity is built.

For example, with our "housing first" programming, we actually saw agencies that came to the table and gave money back. Instead of

not-for-profits saying, "Oh my gosh, we have money left. What are we going to do with it?", they came back to the table and gave it back to the collective. I think that really speaks to that approach.

Of course system navigation and intensive case management were critically important parts of our plan to end homelessness, and they are very important in the plan to end poverty.

**Mr. Ted Clugston:** The City of Medicine Hat, this council and past councils, has always placed a high value on ensuring that people have equal opportunity to access city facilities. We have created partnerships with not-for-profits and social clubs to allow for free skating or swimming, or scheduled free bus rides to our local park, our man-made lake. We are actually in the process of working on a fair entry policy that would allow families with low incomes to access our recreational facilities and our transit at a lower cost.

The city also partners with the housing society, and we provide free land to build affordable housing units in the community. We have a community worker program funded by the City of Medicine Hat that is embedded within the school system. These workers act as a conduit and as a one-stop shop to help families to navigate systems within the community.

Our city council also recently unanimously approved a motion to support, in principle, our poverty reduction leadership team, and funded the creation of a report, a community call to action. We had that launched yesterday.

We also own our own utilities and are able to boast some of the lowest utility rates in the country, and the lowest in the province. However, moving forward, this will be a major challenge, as we have a carbon tax that we have to collect on behalf of the other levels of government and it will be passed on to our ratepayers.

Our community also has a robust program that we call a "HAT smart" program. It's a renewable energy conservation program. If you drive around the city, you'll see solar panels on the roofs of most of the businesses and the houses. That was a partnership between the City of Medicine Hat and the residents. We had a huge buy-in, \$4.4 million, with rebates on a per capita basis. It's unheard of across this country. We are very proud of our leadership in this area.

• (1030)

**Ms. Celina Symmonds:** In order to end poverty in our communities, all levels of government need to do their part. We know that we are part of the solution and we want to work together.

We would like to leave you with what we feel is important for you to consider while creating your plan.

Number one would be autonomy within communities. We must be able to create our own plans and be able to maintain them within the community. We know that community experts are out there, and we want to utilize those people and those resources and take any funding that comes forward and be able to have autonomy within our plan.

**Mr. Ted Clugston:** We need a national housing strategy, that which includes new affordable housing projects as well as innovation around utilizing current housing stock and subsidizing private landlords, with consideration of working with municipalities and private developers to include affordable housing in new builds of apartment complexes and subdivisions. This strategy should be based around a housing first approach, which has worked here in Medicine Hat, and would include assistance planning and centralized intake.

**Ms. Celina Symmonds:** I know we talked about the fact that poverty is not just about income, but part of it is about income, so I believe it would be important to set policy around income support and basic minimum income to ensure that the basic needs of families are met.

In our community, we have government income programs designed to meet basic needs that are currently case planning for families to access the food bank, a community-funded organization.

**Mr. Ted Clugston:** As well, we need low-cost transportation. This is absolutely key for mid-size communities, to ensure that people have access to adequate transportation at a reasonable cost to both individuals and mid-size municipalities.

**Ms. Celina Symmonds:** You've heard from all of the experts. I would like to now tell you that I'm also a mom, and I'd like to share a story about that.

As a mom of four children, I was blessed enough to adopt three of them from the foster care system. They are natural siblings and have given me the most intense training in why it is that poverty is not only a generational problem for families, but why it's also important that we take a significant action now so that no child in our country has to live in poverty.

The first night I met my oldest daughter, she was eight years old. She had left a home with a mom who abused drugs and alcohol, and the entire family was entrenched in a world of poverty. On that very first night that she stayed in my home, I remember asking that eight-year-old little girl what she wanted to be when she grew up. She said, "I think I'll just stay home and get a cheque like my mom." She had no idea how that one statement would essentially guide my lifelong passion to end the cycle of poverty.

Today Savannah is in her last semester to become a teacher. She has truly broken the cycle of poverty that she felt she was destined for at the age of eight years old.

I tell you this story not to brag about my child—well, maybe a little—but to demonstrate two things. First, poverty is generational and ingrained in a child's brain at a very young age, and second, with a planned intervention and sustainable work to reduce and eliminate poverty, that brain can change. We can end poverty and give everyone the opportunity not just to survive but to thrive.

Thank you.

**The Chair:** Thank you very much.

We are going to Vanessa from Immigrant Access Fund Canada.

The next seven minutes are yours.

**Ms. Vanessa Desa (Vice-Chair, Board of Directors, Immigrant Access Fund Canada):** Thank you so much.

I know that this is supposed to be about homelessness, but in this opportunity for us we're going to be speaking on education, training, and employment strategies to reduce poverty in Canada. I'd like to begin with a story of poverty, survival, resilience, and transformation.

Abdul Ali came to Canada full of dreams for a brighter and safer future for him and his family. He believed that his master's degree in accounting, flawless English, and years of experience in senior management positions at a multinational oil company would serve him well. After sending out hundreds of job applications without success and using his savings to settle his family, Abdul did what so many immigrants to Canada are forced to do. He took a minimum-wage survival job as a clerk at a convenience store to put food on the table for his family of four.

Abdul's story is a common one. Despite the fact that Canada actively recruits skilled immigrants for the contributions that they and their families can make to our economy and our future, we have not created the conditions that allow them to thrive. Despite their higher levels of education, on average, they face higher unemployment rates and lower wages than Canadian-born workers and are disproportionately represented in Canadian poverty statistics.

I want to give you just a few of those statistics from the 2006 census data. First, 22% of racialized and immigrant persons live in poverty compared with 9% of non-racialized persons. In the large metropolitan areas, the statistics are much worse. In Vancouver, 58% of all those living in poverty in Vancouver come from racialized and immigrant groups. In Toronto, they are 62% of those living in poverty. Here's one more statistic—41% of chronically poor immigrants have university degrees.

You've met them. They are the taxi drivers who drive you to airports, the clerks in grocery stores, and the cleaners and security guards in office towers across the country.

This is preventable poverty, devastating to the families who experience it and who arrive on our shores expecting so much more, and a huge loss to Canada's economy and to all of us as Canadians. It is estimated that if immigrants' observable skills were rewarded in a manner similar to that for Canadian-born workers, the increase in incomes would amount to \$30.7 billion, or about 2.1% of GDP. It is imperative that the Government of Canada provide leadership in redressing this situation.

Why does it happen? There are several complex and mostly systemic reasons.

The number one reason is the lack of recognition and acceptance of immigrants' international credentials. Four years after landing in Canada, only 28% of newcomers with international credentials were able to get them recognized. Second, the demands of many employers for Canadian work experience as a prerequisite for employment create a hurdle that is almost impossible to overcome. Third, immigrants are excluded from the social and informational networks that often lead to employment. Fourth, immigrants lack access to the financial resources to pursue the licensing, training, and bridging programs that would help them to overcome these systemic barriers.

Now for some good stuff. What is IAF and how do we fit into this picture?

The Immigrant Access Fund is one of those social innovations made possible when governments, communities, and the private sector come together to make a difference. We are a unique, character-based, microloan program that lends up to \$10,000 to immigrants across Canada to enable them to return to work in the occupations they trained for and worked in prior to their arrival. Immigrants can use our funds for whatever will help them on this challenging get-out-of-poverty journey. Since our start in 2005, we have lent over \$17 million to 2,700 newcomers.

I said we were unique. What makes us unique? The payback rate on our loans is over 97%, and the majority of the almost \$10 million in IAF's loan capital pool comes from the private sector through an innovative social finance model that leverages the assets of foundations and high net-worth individuals.

• (1035)

I have a statistic that I'm sure you'd really like. It's that the return on public sector funds invested in the Immigrant Access Fund is 900%.

It's about poverty. What difference do we make? At the time that they apply to us, 42% of IAF applicants are unemployed and the remaining 58% are in survival jobs. After completing their licensing plan, 81% report being employed in their field. The really staggering statistic is that IAF borrowers go from earning an average of \$16,000 per year, when they apply to us, to earning \$50,000 per year in the first year upon completion of their learning plan. This results in an increase in taxes paid to federal and provincial coffers of \$6,500 in the first year alone.

What are our recommendations to you?

First, continue to address the systemic barriers in licensing and credential recognition processes. Good progress has been made through the pan-Canadian framework for the assessment and recognition of foreign qualifications, developed under the Forum of Labour Market Ministers. The framework commits governments, licensing bodies, and other stakeholders to work together to increase the transparency, fairness, timeliness, and consistency of foreign qualification assessment and recognition processes. Given the impact that recognizing international credentials has on reducing poverty and preventing people from falling into poverty, greater priority needs to be given to this area and the measurements of success and accountability mechanisms need to be built into the framework.

Second, recognize the role that mentoring and bridging programs can play in reducing poverty. These programs support immigrants to overcome the barrier of no Canadian experience and help to connect them to social and informational networks that lead to employment in their field.

Third, ensure that the policies and practices of regulatory bodies, governments, and other stakeholders are aligned to support the various stages of the labour market integration journey faced by immigrants. Too often we have seen our loan applicants take one step forward, to then find themselves pushed three steps back by counterproductive policies and practices. We would be happy to answer questions about that.

Fourth, create an environment that inspires, supports, and rewards social innovation and social finance. IAF is an example of what can be achieved when governments, the private sector, and communities come together to align common interests to tackle the social challenge of reducing poverty.

I started with Abdul and I would like to go back to him. I promised you a transformational story and his is truly that. Abdul borrowed \$3,200 from IAF to begin the process of getting his accounting designation in Canada. By the time he had completed two courses, he was hired by a company in Calgary with a starting wage of \$40 an hour, but it is Abdul's profound words that stay with us until today. "When I came home with that first paycheque that reflected my years of education and experience, and the dreams and hopes that have brought me to Canada, a paycheque that meant that my family's struggles with poverty were over, my wife and my children cried."

Thank you.

• (1040)

**The Chair:** Thank you very much for sharing that story.

We're going to move quickly to hear from Medicine Hat College.

Denise and Kristen, the next seven minutes are yours.

**Dr. Kristen Desjarlais-deKlerk (Instructor of Sociology, Division of Art, Education and Business, Medicine Hat College):** Medicine Hat College has partnered with multiple stakeholders to create a poverty reduction plan for the city of Medicine Hat. This plan, known as "Thrive", which I'm sure you heard a great deal about, is Medicine Hat's strategy to end poverty and create well-being. It was created after years of partnerships, community consultations, and stakeholder discussions around ending poverty in our municipality.

**Dr. Denise Henning (President and Chief Executive Officer, Executive Office, Medicine Hat College):** Medicine Hat College offered two of its employees to the poverty reduction leadership committee, the PRLC, which operated as a cornerstone to make Thrive a reality. As a team, along with the consultant Dr. Alina Turner, whom you heard from earlier, the PRLC engaged in multiple community consultations whereby Medicine Hatters had the opportunity to discuss the ways in which they were personally impacted by poverty, how they defined poverty, and the degree to which they saw poverty influencing their community. These discussions included individuals experiencing poverty, individuals engaging in community planning, and concerned citizens wishing to offer their thoughts on poverty in Medicine Hat.

As a result, a comprehensive picture of poverty in Medicine Hat that included lived-experience perspectives of poverty was created. These cross-sector meetings allowed for citizens to offer input into the development of the poverty reduction plan. MHC encouraged student volunteers to be a part of these community consultations as recorders to allow facilitators the ability to concentrate on facilitation instead of record-keeping. In doing so, the college encouraged students to expand their practical lived experience and become part of the solution for this important social movement in our community.

Additionally, Dr. Turner designed a survey, distributed through Medicine Hat, that received many responses that demonstrated and reflected on poverty, thereby increasing the scope of the consultations and enabling the PRLC to further generalize its findings and information. Consequently, Thrive draws on a multi-faceted definition and understanding of poverty that then drives community action in 13 different priority areas, including leadership and systems change, community system planning, income security, business innovation, energy poverty, affordable housing, homelessness, food security, transportation, health and wellness, learning and literacy, resilient families, and community safety. Each of the areas was identified in the community consultations, and each has activities associated with its founding on evidence-based practices.

At its core, Thrive endeavours to end poverty in Medicine Hat by 2030. In doing so, Thrive will bolster the well-being of all Medicine Hatters and will make Medicine Hat a resilient community where all can access the resources they need to thrive.

Thrive was first presented to the City of Medicine Hat in December of 2016 at Medicine Hat College Eresman Theatre, a space donated by Medicine Hat College for this important initiative. Audience members included members of the Medicine Hat College community. Medicine Hat College further demonstrated its commitment to Thrive through the introductory address, where I was given an opportunity to share about growing up in a reservation community and growing up in poverty.

Medicine Hat College strives to continue to champion Thrive through maintained community partnerships with stakeholders across our city. Going forward, we aim to offer advocacy, space, community service, and faculty and staff researchers to ensure that Thrive is successful. While Medicine Hat College's involvement in the development of a poverty reduction plan was important, Medicine Hat College's continued commitment to the full implementation of Thrive is even more so.

Thank you.

• (1045)

**The Chair:** Thank you to both of you.

From the Miywasin Friendship Centre, we will hear from Jeannette Hansen for seven minutes.

**Ms. Jeannette Hansen (Executive Director, Miywasin Friendship Centre):** Thank you. We very much appreciate this opportunity to present the history of our organization as well as what we're doing to address poverty issues in Medicine Hat.

I'm going to do an overview of our centre. Miywasin is a Cree word, and it means "it is good". Our friendship centre is a partnership that targets the needs of the aboriginal community in the Medicine Hat area and develops and maintains services to meet those needs. This project was based on the medicine wheel concept, where the central hub of the wheel is an aboriginal service delivery centre, and the focus of the centre is for programmed activities and workshops, recreation, counselling, tutoring, cultural resources, an information centre, and housing support, etc.

In November of 1994, the government announced a new direction for child and family services to be delivered in Alberta. The four key areas of change were to move to community-based planning and delivery of children's services, to integrate the planning and delivery of children's services, to ensure aboriginal services are more effective and culturally sensitive, and to focus on early intervention programs.

We incorporated in December of 1996 and opened our doors in June of 1997, with funding from the provincial government under the early intervention aboriginal pillars. In 2002, we expanded our programming and incorporated housing supports into the services we deliver through the purchase of a three-storey apartment building in downtown Medicine Hat. The main and lower levels of the building accommodate our offices and programs. The second and third levels are apartments, bachelors and one-bedrooms, totalling 16 suites.

In 2015, we went from transitional housing to implementing some of the housing first model principles. A counsellor works with the client to get them housing right away, either in-house or through referrals, and then puts the supports in after.

In 2005, we added a three-bedroom family house to our portfolio. This house is for aboriginal families who are at risk of homelessness. In 2008, we completed an aboriginal needs assessment, and from that assessment, we supported Métis Capital Housing Corporation in securing a duplex for aboriginal seniors at risk of homelessness.

In 2012, we purchased a camp in Elkwater called Camp Miywasin. These facilities are used to expand our cultural programming. In 2014, we completed a business plan for Camp Miywasin, applied for urban partnership funding through the Alberta Native Friendship Centres Association, and received a grant to upgrade the facilities and expand programming.

In addition, we received funding to do a feasibility study for the Miywasin Centre in Medicine Hat. We held several community consultations to get feedback on the future of the Miywasin Centre, looking at where we are now and future space requirements, whether to renovate, build new, etc. As a result of this, we applied to Alberta Indigenous Relations to do a business plan to build a new native friendship centre in Medicine Hat to meet our expanding needs.

In 2016, we also changed our name from Miywasin Society of Aboriginal Services Medicine Hat to Miywasin Friendship Centre Medicine Hat. Within the centre, we work in partnership with the Métis Urban Housing Corporation and Métis Capital Housing Corporation branch office, the Métis Nation of Alberta Association Local Council 8, the Medicine Hat Métis Trading Company Society, and the Miywasin Aboriginal Women's Society in delivering services to our communities.

Under the Miywasin Friendship Centre umbrella, we offer the following services: a counselling program, a cultural program, an elders program, a youth program, and a housing program. We are holistic in our delivery of services, being all things connected and supported. The expectation from the aboriginal community is that we must provide for all aspects of life to create a healthy balance: housing, food, safety, belonging, being culturally connected, healthy choice options, spirituality, elder support, parenting skills training, activities for youth to keep them engaged and away from crime and involved in recreational, education, and support services, mental and emotional supports, and transportation and emergency services.

With this in mind, we constantly deal with budget constraints. We find that we must be everything to everyone and provide a variety of services on limited budgets and with limited staffing. We deal with a highly mobile population and they have high expectations for services. We do not have enough space for program delivery and/or expansion. We require constant upgrades to our facilities and are currently in need of new program delivery facilities. Therefore, we need infrastructure funding to build a new friendship centre.

- (1050)

Regarding aboriginal service providers for aboriginal people, it is important for the government to realize that aboriginal people prefer to deal with aboriginal people and agencies first. We have the cultural background, empathy, and understanding of the needs of aboriginal people and can better meet the needs of our clients.

We need more direct control of aboriginal funding, particularly control of housing and homelessness funds. We know what our clients needs are and how to deliver the services. In the past we have contracted directly with the federal government; now we go through the local housing authority. We have some concerns in that it does not have appropriate aboriginal representation, takes 15% of the aboriginal funding for administration, and we are expected to deliver our housing program on a shoestring budget and understaffed.

We also have aging facilities that require constant upkeep. For some years this has not been a government priority, so we scramble to find funds to maintain our facilities. It is also time-consuming and jeopardizes our programs to have to wait for the housing authority to put out a request for proposals and to be in competition with non-aboriginal agencies for aboriginal funding when we have been in the delivery of aboriginal housing services for over 15 years and work in partnership with other aboriginal housing agencies within our centre.

We need sustainable and multi-year funding agreements directly with the government. They need to be seamless in their delivery so we do not impede delivery of our services to our clients. They also need to be flexible in that we can provide staffing and upgrades to our facilities as needed.

In dealing with the homelessness situation in our community, we have found in the past year that our apartment complex has been broken into at least half a dozen times, and homeless people have slept under a cubby below the stairs in our basement, set up a bed in the storage area in our laundry room, and slept openly in the corridors on the main level. They have also broken into our storage area in the basement where we have our freezers, and they have stolen meat and other produce that was kept there. We have this captured on video cameras, which have since been stolen by the perpetrators.

We now have to contend with replacing the cameras with a more secure security system, repairing the damage to our doorways, and purchasing more food, which was going to support our youth and elders programs.

It seems a constant struggle to deal with these situations and keep our housing costs down and our units affordable, particularly when we are understaffed and under budget.

Another area of contention is having our programs, services, and housing all together in one facility. We have found that some of our at-risk clients in our housing are dealing with addictions and mental health issues. This has a negative impact on our youth program, particularly when we are trying to provide a safe place for them to gather for activities, and most of the time this is done after school and in the evenings. This, combined with lack of space, is another reason we are looking to build a new friendship centre that separates programming and housing.

Another area of concern is project funding. It is limiting and interrupts services to our clients. Why must we continually come up with new ideas to meet the criteria of the funders rather than the needs of our communities? Examples are new horizons for seniors and urban partnership funding. These two programs require new ideas every year. Why, when you have a good program that meets the needs of your community, do you have to constantly change it up? This is more of a detriment, and it impedes the delivery of quality programming that is much needed in our communities. We require sustainability for programs that are working in our communities.

Another area of concern is sustainable funding for youth programs. We have used urban, multi-purpose, aboriginal youth centres and cultural connections for aboriginal youth programming through the Métis nation in the past, and civil forfeiture funding through Alberta Justice. It is a struggle when governments change, programs change, criteria changes, funding levels change, etc. It is a minefield out there, and it is very time-consuming trying to access support for our programs. Youth need consistency and sustainability.

It is very important for aboriginal organizations to continue to deliver programs to aboriginal people based on their needs.

In summary, long-term sustainability and consistency is required for aboriginal agencies in the delivery of housing and support services to the aboriginal community. There are unsatisfactory funding levels when aboriginal agencies are dealing with constant increases in operating costs, property taxes, utilities, and ongoing facility maintenance, which impede our ability to provide safe, affordable housing.

•(1055)

Program delivery strategies must come from the grassroots level where there is a proven track record, rather than from a government directive coming down.

We need a commitment from the Government of Alberta to match federal aboriginal funding in our communities. We need infrastructure funding to build a new friendship centre and for our expanding services to meet the growing needs of our aboriginal communities. We need more direct aboriginal control of aboriginal funding that is delivered in our communities and to contract directly with the federal and provincial governments nation to nation. You'll see this coming through the Daniels case and the MOUs that were just signed with the Métis nation.

**The Chair:** Thank you very much.

We're going to go to Glen Motz for the first round of questions.

**Mr. Glen Motz:** Thank you, Mr. Chair.

Thank you to everyone presenting today.

Our first round of questions, specifically—and our chair brought this up a week or so ago in committee—has to go mostly to you, Mayor Clugston, with respect to the city's role, the municipality's role in developing housing, and what that looks like as a bureaucratic process, throughout the whole land donation and development process, and what can sometimes be impediments to development. How are you guys navigating that in Medicine Hat?

**Mr. Ted Clugston:** I get asked that question a fair bit, especially with Nimbyism. We didn't experience any of that. I frankly have never had a call from someone saying not to build affordable housing in their neighbourhood. A lot of our affordable housing looks just like regular rental stock, so people either didn't realize we were doing it or accepted it.

As well, I think the city has had a lot of success in that, of course, we talk about our utilities all the time, but we do have a land and properties division. Whether you like it or not—and the private sector doesn't—we are the largest land developer in the city of Medicine Hat. We hold thousands of acres of land stock, so we were able to take advantage. Most of the funding partnerships are a one-third to two-thirds model. The municipalities have a difficult time coming up with their one-third, but here in Medicine Hat we had great success because we had the land, so that one-third of our donation would be a land donation, and we've had a lot of success with that.

I think what most levels of government, including municipal, want to see is quick wins. They want to see something that is shovel-ready. The other levels of government want to fund affordable housing projects, but perhaps other municipalities couldn't get the projects done as quickly as we could. I think we benefited in that we were a shovel-ready city.

We are an independent city. We are a can-do city. We've always had this kind of frontier attitude, and we just take charge and have action.

•(1100)

**Mr. Glen Motz:** Thank you.

I think one of the things I'd like to hear about and the committee might like to hear about is how in some municipalities there might be red tape and exorbitant fees with respect to the development of these sorts of properties so that monies that come in through government funding are then wasted on the municipality's fee structure.

You talk about being nimble and responsive to those particular development requests. How does that look?

**Mr. Ted Clugston:** Frankly, it isn't an issue here, to tell you the truth. Our planning department has a fantastic turnaround time, sometimes 48 hours on projects, and as I said, the Nimbyism, not in my backyard, just didn't exist, so we didn't have to go through perhaps a subdivision development appeal process in which neighbours got up in arms against a project.

Our chamber of commerce has been a very strong advocate for a red tape reduction policy, and we've taken a lot of their recommendations. This hasn't been an issue in Medicine Hat, frankly.

**Mr. Glen Motz:** Do you play that out to other municipalities? This is Medicine Hat. Is there something you guys are doing as a city that can potentially be applied to other municipalities that might aid in their development if the same circumstances were to exist?

**Mr. Ted Clugston:** That's a difficult one, because Medicine Hat is so completely unique. This is what I talk about all the time across the country. The first question I ask when I'm speaking to other politicians is whether their city owns an oil company, a gas distribution company, an electric generation company, or a land and property development company. The answer is no.

Sometimes I find when I'm speaking with other politicians and people across the country that we have nothing in common. I'm sorry to say that, but frankly, we are unique here. I talk to other mayors and they're dealing with needles in their parks—that's their biggest issue—or skyrocketing crime rates, whereas I'm talking about the price of oil.

I have a difficult time, but really I think the only thing we can say as a city to other municipalities is that it can be done and hoped for and to make it easier to access.

**Ms. Celina Symmonds:** I think the piece that's really important for municipalities to understand is that politicians need to realize that, overall, we are there to support, listen, and provide funding, but at the end of the day the community really has the answers.

I guess my advice to municipal, provincial, and federal leaders is to go to your community, because the community will always have the answers. The housing society will work above and beyond to make sure those things happen so they can make their projects go forward. As politicians, you really have to think about who the people in the community are who know and then get them engaged, and you will see projects happen very quickly.

**Mr. Glen Motz:** Thank you.

To paraphrase that, I would say, let government get out of the way and let communities do what they need to do.

Dr. Henning, thank you. I appreciate the passion with which you approach the whole issue of Thrive and how...you have some history. We've chatted about that in various forums in the past. I appreciate that an institution of learning is actively involved at a leadership level in developing a Thrive concept for poverty reduction. I want to applaud the leadership of your group in joining the collective community to do that.

What larger role do you see the college playing? I know Thrive is part of it, but do you see a role different from what you're currently doing, in an ideal world? You talked briefly about engaging students. What does that look like, ideally?

•(1105)

**The Chair:** A brief answer, please....

**Dr. Denise Henning:** Thank you for your compliment. I appreciate that. This is so not about me. This is about “we”.

When I think about what the college is doing.... We've done our research, looking at the increase in the aging population over the next 35 years. We've looked at the increase in poverty that we are experiencing, not only from our community but from our student body. What I can honestly say is that the key to breaking this cycle of poverty is education. Education has to be new, integrated, and developed in a new, innovative way that provides experiential learning opportunities.

The language around poverty needs to change. That's what we are challenging with our students being involved. It's not “those” people. It's “we” people, because every one of us is impacted by poverty and homelessness. We're all impacted by it. We need to see that we bring strength to the solution. The college has developed three initiatives. One of them is called the generations project. We hope to bring a hub together for all of the volunteer organizations and use all of that as an opportunity for experiential learning.

**The Chair:** Thank you very much.

Now we go to MP Long.

**Mr. Wayne Long:** Thank you, Mr. Chair.

Good afternoon, in New Brunswick time, to our presenters. Thanks for your passion on this topic.

I'll start with Mayor Clugston and Councillor Symmonds. Obviously, I haven't been in the city very long, but I love the culture. I think something you could share with other cities across the country is the progressive culture you have here. It's contagious. There is no question about it.

Mr. Clugston, you talked about the carbon pricing and your concern with that. Can you give me some ideas as to how you would like to see carbon pricing come back to people in need to help alleviate that?

**Mr. Ted Clugston:** Don't charge it in the first place. I'm sorry.

**Mr. Wayne Long:** You don't have any ideas whatsoever as to how that could come back to help people in credits, and help people in need.

**Mr. Ted Clugston:** You are in Alberta. Medicine Hat.... I have very strong opinions on this. We are a leader in renewable energy, and as a municipality, we did it without applying a carbon tax.

We are waiting here, in Medicine Hat, for the new provincial programs that are hopefully going to.... I've accepted the fact that the carbon tax is a new reality in this country at the present time. We're hoping to have those projects here in Medicine Hat.

I'm afraid some of the decisions on the carbon tax, on the rebates, are going to become political decisions. This is the sunniest city in Canada—I opened my remarks with this—and if I see all the photovoltaics going way up north to Fort McMurray, I will know there have been political decisions made. I hope it is science-based.

What I struggle with—and I'm getting political—is politicians making policy without a thorough understanding of the science. Everybody got a rebate already, before the carbon tax was even charged.

**Mr. Wayne Long:** Right. Again, though, I won't get into a philosophical discussion with you about carbon pricing.

**Mr. Ted Clugston:** Well, you asked me, so....

**Mr. Wayne Long:** I will say that rebates and credits back to those in need is certainly one way it can be revenue-neutral, but we won't get into that.

That said, alignment of government is key. From the municipal standpoint, then to a provincial standpoint, and to a federal standpoint, how important is it that all three levels are on the same page with respect to poverty reduction?

**Mr. Ted Clugston:** It's absolutely important. I think Councillor Symmonds talked earlier about government getting out of the way. I always talk about ending homelessness, and I get asked to travel the country. If they want me to come to Vancouver, for instance, and tell them how to solve their problem, the first thing I will tell them is that I don't know. I know how we did it in Medicine Hat, but they know Vancouver better than I do, so it will take local leadership. I will not walk into their city and tell them they're doing it wrong. As Councillor Symmonds mentioned, leave it to the people on the ground who actually know.

In terms of municipal government, if other levels of government just gave the municipalities the money and allowed them to spend it on infrastructure or whatever it is, we would be so much further ahead. Frankly, someone in Ottawa doesn't know which sidewalks need to be fixed here in this city. We do. The closer you are to the problem, the more likely you are to make the correct decision.

We do have to work together. Municipalities only have 8% of tax revenue, yet provide all the services.

• (1110)

**Mr. Wayne Long:** As mayor and councillor, you obviously get multiple funding requests. How do you decide to hand out that money? In Saint John, New Brunswick, certainly we get a lot of duplication, a lot of people asking for really the same service. How do you, as mayor and councillor, decide who gets your money?

**Ms. Celina Symmonds:** I think what has been important is that we have committees to decide that. We have a social development advisory committee, which is made up of community members who receive FCSS applications as well as MSI applications from not-for-profit groups, and those people make those decisions.

As part of our poverty reduction plan, we do need to look at funding forums and look at duplication, look at how to funnel funding effectively, because I think it is a huge issue across Canada. We are all doing great work, but how much of that work is actually ending poverty? I work at a food bank, and I can tell you that the two executive directors of the food bank believe that food banks are not the way to end poverty, so we're changing the way we do things. I think we have to look for innovative solutions. Funding has to be directed to those things, and it needs to be done as a community.

Again, we do have the social development advisory board, and they do vet all of them before they come to council. That's how we make our decisions.

**Mr. Wayne Long:** Thank you.

Ms. Desjarlais-deKlerk and Ms. Henning, can you speak to how important social enterprise is with respect to poverty reduction? Can you just elaborate on what you're doing or what the college is doing about social enterprise?

**Dr. Kristen Desjarlais-deKlerk:** Social enterprise is extremely important for poverty reduction. I'm part of a research team from Westman centre for real estate studies out of the University of Calgary's Haskayne School of Business. Haskayne, Westman centre

in particular, has tried to shift the discussion in Calgary from affordable housing into housing affordability, because it's about sustainability. It's about finding market solutions to these poverty problems, to the housing problems.

As far as what the college can do, there's a lot.

**Dr. Denise Henning:** We're doing a lot of things. We have a very exhaustive group of people who are working at the college. We have been very innovative in not only the way in which we approach education but also the way in which we approach entrepreneurship. We approach opportunities for volunteerism with the expectation of generations going forward and being good, productive citizens who give back to the community.

I hear you talking a lot about how we can duplicate this, how we can make this happen. I can tell you that the first way to make these things happen is to go to the community, let people get together who are involved and engaged with this, and let them build on their strengths. If you focus on the problem to the point that the problem becomes all-consuming, you'll never get anywhere, because you're trying to solve a problem instead of focusing on what you already have.

Medicine Hat has amazing people who are working collectively to see things happen, not only with the ability to just give volunteer time, as in "Let's just go and meet somewhere", but also for the purpose of ending something. It's a bold statement. It's a provocative statement. You must be bold and you must be provocative, because we will see poverty increasing in our country.

**The Chair:** Thank you very much.

Now we'll go to MP Sansoucy, please.

[Translation]

**Ms. Brigitte Sansoucy:** Thank you, Mr. Chair.

Ms. Hansen, I do not have any questions for you, since you have so clearly described the problems that aboriginal populations face, the various solutions to be implemented based on your centre's experience, and the way our strategy must find different solutions for aboriginal populations.

As nearly all of the witnesses have done this morning, you talked about the need for all orders of government to work together. I was also interested to hear you say that, despite the real success of your experience, that model should not necessarily be copied and reproduced all across Canada.

It is clear that a national strategy will have to reflect the different living conditions from one end of the country to the other, and also be flexible by giving the communities responsibility to develop their own solutions. We cannot take what is happening here, in Medicine Hat, and apply it everywhere. That is not the answer.

My question is for the municipal representative.

You said the housing strategy should be integrated with the poverty reduction strategy. We see now, however, that these two strategies are being developed separately. How do you think we can integrate them?

Ms. Symmonds, you said the strategy should also include a basic income strategy. I would like to hear more about that. It is interesting that you are looking at this from the perspective of self-esteem and human dignity.

• (1115)

[*English*]

**Ms. Celina Symmonds:** In terms of the housing strategy integrating with the poverty reduction strategy, I think it's a natural fit. I think that, automatically, when you're writing poverty reduction, housing has to be a piece of it—meeting those basic needs. I think that when you look at our poverty reduction strategy, you'll absolutely see that it's interwoven in everything we do. It is a natural fit. As you're writing it, you'll see that happen.

I absolutely agree with you. You can't just take our solution, drop it on another community, and think that it's going to work. Really, you have to give communities the autonomy to spend the funding and do what they need to within their communities.

As far as basic minimum income is concerned, I, personally, have a very big interest in this topic. I think there is a lot of merit to it. If you're going to do it, you need to essentially dismantle the system we have now and start over again. If you were just going to add a basic minimum income to the current provincial models and to the different funding sources, I don't believe it would work.

You have a strategy in place. You have a child tax credit system already there. If you were to take a look at the basic minimum income in Canada and dismantle all the other levels, all the income support levels that aren't working, and deliver a basic minimum income based on a sliding tax scale, like the child tax benefit, I think you would have an absolute win when it comes to income—and Medicine Hat is the place to do that pilot.

[*Translation*]

**Ms. Brigitte Sansoucy:** Duly noted.

Ms. Henning, you said we need to change the way we talk about poverty, our vocabulary, and stop talking about us and them. That speaks to me as a Quebecer.

Last fall, I introduced a bill to create a poverty reduction strategy, and I had to talk about it a lot in my riding. Surprisingly, a number of business people, from the chamber of commerce and store owners, for example, told me that poverty reduction is important. These are certainly not people who live in poverty, but they are well aware of its impact on the economic development of our communities and everyone who lives there.

That is an interesting angle and I would like to hear your thoughts on it.

[*English*]

**Dr. Denise Henning:** Thank you very much. I appreciate the question.

One thing, as a first nations person as well, I'm from the United States originally and I'm recovering one day at a time—that's just a joke.

**Voices:** Oh, oh!

**Dr. Denise Henning:** The way in which we speak of “other”, we “other” people, and by othering people, we put them at a disadvantage to being equal to us. I am a first nations person coming from a poor background and a community that didn't have people going in to be a judge, or to be a lawyer, or to be a president and CEO of a college. That wasn't even heard of. What happened was people. People empower other people, not money, not services, not things. You can throw money at wonderful things until you think that you're doing a good job, but we continue to “other” people. That's what I think we need to address when I talk about how this is a “we” thing. This is our problem; it's not their problem or these people. We need to stop othering people and start using a language that is inclusive, that brings equity to our discussions and allows people to come in.

The reason that this strategy is exciting for me, and the reason I think it's going to be 100% achievable is that they went to the people first. They didn't have the academicians, they didn't have the social workers, the social services agencies, coming and saying, “This is the solution.” They went to the people. What better than to have a person say, “Do you know what? It's really hard for me to think about getting an education when I'm worrying about where the next meal is coming from. It's really hard for me to think about feeding my family when I want to know, am I going to have a roof over their heads?”

That is what I grew up with, and I am privileged now that the Creator gave me an opportunity to receive with one hand and to give with the other. I am very passionate about what is happening here. I'm very excited to be of service.

• (1120)

[*Translation*]

**Ms. Brigitte Sansoucy:** Do I have time for one last question?

[*English*]

**The Chair:** I'm afraid not, sorry. I actually let you go a minute and a half long there.

MP Dhillon, you're up for six minutes.

**Ms. Anju Dhillon:** Thank you to the panel for being here today. My questions will be for Ms. Desa.

You spoke about newcomers and how they're facing poverty despite the fact that they're highly educated and have a lot of professional experience. You spoke about their not getting their credentials because of systemic barriers. Can you please talk about these systemic barriers?

**Ms. Vanessa Desa:** There has been progress on systemic barriers, but the accreditation process, you know... There were so many different accreditation bodies across the country. They're all provincially regulated. They're not federally regulated. Some are not regulated, so it was such a difficult process.

One of the things that were identified to the pan-Canadian framework was that processes need to be simplified. They need to be streamlined, and there needs to be a one-portal system or one-portal entry where an immigrant could apply to be accredited. It fits with our mobility. As a country, Canada, we want people to be able to be mobile from one province to another, so try to simplify the processes of accreditation and look at whether people could start the process before arriving in Canada.

One of the things they found in looking at the research is that the earlier people start their accreditation journey, they more likely they are to be successful. The less time they spend out of school or out of the field, the more likely they are to be successful. They looked at processes of how we can simplify it.

We saw that what brought about change was when the pan-Canadian framework was developed and you had federal government, provinces, and regulatory bodies committing to that, to the action plan and the framework, and setting something that we wanted to be happening in a more timely manner. Previously, you could have someone submit their documents just to be evaluated, and it would take over a year just for them to look at transcripts and to decide if they were equivalent. That amount of time was just interfering with the process, but having this sort of working together and setting in place that we want it to be equitable, we want it to be fair, we want it to be transparent, and we want it to be timely, addressed some of the issues that immigrants were saying were in the way.

On the other hand, in trying to—and I want to just share this quick example—make the process one national portal, you see some organizations that have actually taken steps backwards.

For instance, registered and licensed nurses in Canada now have to apply to a national body to get their credentials looked at before they can apply provincially. That national body, because maybe things happen too fast, has turned around and contracted an organization in the States to do that for them. Immigrants who live in Canada, who are RNs or LPNs, have to get their credentialing documents sent to an organization in the States from the source. Employers in their home country, the universities and the registration bodies, are required to send all those documents to this organization in the States, in either English or French. If they're not sent in those languages, then the organization is happy to charge the applicant \$85 U.S. per page for translation. We have an applicant we are aware of who applied to have their transcripts, their university transcripts and employment, assessed in August of last year, and it's February. They've gone nowhere, and they've already spent \$2,000.

The next step of the journey, as they are living in Alberta, would be to apply to CARNA, the regulatory body here. CARNA will not assess them in Alberta. They have to be sent to B.C. or Saskatchewan for the clinical assessment and that could take up to five days, so there is the cost of the assessment, plus the accommodation and other costs, and this person has a five-year-old at home. Then from that, they're then informed about how much of a bridging program they need to take. They might need to take a full year of bridging. When you just add up in terms of how much it costs and the length of time it takes, what should have become a simpler process has actually somehow gone off the rails.

I think that's why I was talking about accountability and measurement. We need to track the progress that's being made. Are the processes that have been put in place actually making a difference?

• (1125)

**Ms. Anju Dhillon:** Is your organization doing that?

**Ms. Vanessa Desa:** We have the ability to do it in that we have a very strong database of the applicants who apply to us. We have this longitudinal history in terms of their applying to us for a loan to start their accreditation journey, and we track them because they're paying back the loan throughout that process. We have the process to get it from them.

One of the things you'll see in the pan-Canadian framework is that they are talking about the struggles with measurement and accountability. That really needs to be strengthened, because you're not the immigrant who is going through the process. If you're the regulator, you have no idea when the obstacles are occurring. We need to find a better way of hearing directly from these people who are experiencing the barriers, what those barriers are, and what needs to change.

**Ms. Anju Dhillon:** Is your organization one of a kind?

**Ms. Vanessa Desa:** You go ahead, Dianne.

**Ms. Dianne Fehr (Executive Director, Immigrant Access Fund Canada):** Immigrant Access Fund is the only organization that is able to provide loans to immigrants across Canada, with the exception of Quebec for various reasons, which is not to say that we wouldn't love to do that.

We are one of a kind in the sense that we provide services federally through a remote program. We don't have staff across the country, but we do provide services across the country. There are much smaller programs, a couple of very small programs in Ontario and one in Manitoba, but these organizations have really struggled with maintaining their funding. The funding comes and goes. There was a very strong program in Vancouver that has unfortunately had to stop issuing loans, because they simply didn't have the funds to do it.

Luckily, because Immigrant Access Fund does have the three legs of the stool—the private sector, public sector, and community—we have been able to keep our services constant across the country and to respond to any of the loan applicants that come to us.

**Ms. Anju Dhillon:** Is the federal government giving you money?

**Ms. Dianne Fehr:** They are. Currently, the public sector provides about 85% of our operating costs. The largest funder in that is IRCC, Immigration, Refugees and Citizenship Canada.

**The Chair:** Thank you.

For six minutes, we will have Mr. Long, please.

**Mr. Wayne Long:** Thank you, Chair.

Thank you again to our guests.

Mayor Clugston, what percentage of children live in poverty in your city?

**Ms. Celina Symmonds:** Thirteen per cent.

**Mr. Wayne Long:** How many people are on the affordable housing wait-list?

**Ms. Celina Symmonds:** It's 291.

**Mr. Wayne Long:** I do believe that Medicine Hat has a wonderful model that could be used across the country.

In Saint John we have different priority neighbourhoods, as we call them. We have different wards in the city. There are certain pockets, such as ward three and ward four, where—and I mentioned before that Saint John leads the country in child poverty at 29% to 30%, depending on the measurement, and so on—it's upwards of 50% to 65%.

Do you have pockets like that in Medicine Hat? What programs do you specifically use in those neighbourhoods, if you will, to combat the issues there?

• (1130)

**Ms. Celina Symmonds:** We sure do. We have different neighbourhoods down in what we call our River Flats area that have extensive poverty.

Often the programs are done in the schools. We talked about our community service workers program, where the municipality actually funds community service workers within the school. Those workers are able to work with students and families. They do everything from taking a family to income support and supporting them through the process to creating social change within the school.

We also provide a brown bag lunch program through the food bank. We provide 500 to 700 sandwiches per day in Medicine Hat and the surrounding area. We also work with those schools to try to do some innovation. We did a “food first” pilot project with families, where they were able to access extra services that we'll tell you all about at the food bank, but certainly there are pockets and areas where we do provide that.

Overall though, I would say that Medicine Hat is diverse throughout the entire community, so we see poverty pockets throughout the entire community.

**Mr. Wayne Long:** I know that in Saint John, on September 2, the Premier of New Brunswick was in town, and we announced another \$56.8 million to be invested in affordable housing. Obviously, that was a provincial announcement. It was more funding on top of the prior agreement, which I think was for \$40 million over five years. This was another \$56 million over two years.

Again, given your model in Medicine Hat, how do you advocate? I assume that you had an announcement about investment in affordable housing also. That money trickled down to Medicine Hat. Is that correct?

**Ms. Celina Symmonds:** Yes.

**Mr. Wayne Long:** How do you advocate for that money? How do you make sure that your priorities as a city are being met through the province?

Obviously, my frustration in Saint John was that when the money was announced, I had four or five different groups all wanting to do an affordable housing project. How do you make sure that you're

aligned here so that the money goes to the right one and has the biggest impact?

**Ms. Celina Symmonds:** I think we're very lucky in Medicine Hat. We have a very strong housing society that we work through. Essentially, we allow our community to decide that through the housing society. There isn't a lot of conflict about where the money goes. When it comes to Medicine Hat, it goes to the housing society and they develop their affordable housing.

As Mayor Clugston said, we are always shovel-ready, always ready to go, and if the money's available we're able to take it right away. We also have a coordinated system of housing. A “housing first” perspective means one centralized intake, and that includes when we build our affordable housing.

**Mr. Wayne Long:** Again, to Ms. Desjarlais-deKlerk and Ms. Henning, the numbers in poverty, in particular child poverty, really haven't moved. The needle hasn't moved in years across the country, particularly in my region. Have the numbers moved here in this community? Have they gotten better, worse, or are they same, and why?

**Dr. Kristen Desjarlais-deKlerk:** I honestly don't know the extent of child poverty in Medicine Hat.

**Mr. Wayne Long:** Do you have any thoughts as to why the numbers in poverty aren't moving?

**Dr. Kristen Desjarlais-deKlerk:** Well, it's the same.

**Mr. Wayne Long:** That being said, I want some insight from you as to why, in your opinion, those numbers haven't moved.

**Dr. Kristen Desjarlais-deKlerk:** Honestly, there's been incredible community investment around here. I got to hear the end of the last panel and they talked about these quarterbacks. I think there is incredible will in this community to see poverty reduced and homelessness resolved.

I'm a Calgarian. I've only been in Medicine Hat for a year. Medicine Hat is an incredible analogy because the social trust is so high. I'm a sociologist, and where there's high social trust, it's good for everyone. Social trust here is incredibly high. We see that in how each of these organizations work together, and the competition isn't the same. They are committed to resolving these social issues. They are understanding that we need an entire system that works.

In Medicine Hat, there is this incredible buy-in across the board that we are capable of doing this, that we are capable of eliminating poverty. We eliminated homelessness, and now we are moving forward.

• (1135)

**Mr. Wayne Long:** Thank you.

**The Chair:** MP Vecchio, please.

**Mrs. Karen Vecchio:** Thank you very much.

Thanks to everybody for coming out today.

I'm going to start with Dianne and Jeannette regarding the Immigrant Access Fund.

Obviously, when I look at the measurements of this, we're looking at 97% to 98% of payback. It is a way of collecting data as well so that we know that people are going forward. I heard some of the obstacles regarding this delay. You put in an application in August and you're still waiting. There could be issues there, but what are some of the other barriers?

We've talked about the provincially regulated bodies. In the province of Ontario I know we have had issues with the medical association for doctors, and things of that sort. What are some of the issues and how do you think we can solve those issues?

**Ms. Vanessa Desa:** Just in terms of the government level, one of the issues we found, for instance, is that when people who receive social assistance come to us for a loan, depending on which province, and depending on their social assistance officer, they are at risk of having their social assistance cut off. That's a systemic obstacle, when people are trying to get out of poverty, that prevents them from taking that step forward.

Another issue that we're starting to see more and more of these days is that a lot of the bridging programs had paid internships built into them that gave people the opportunity to work in the field, make those connections. Recently, we're starting to see the move towards unpaid internships for pharmacists and physiotherapists. Most immigrants who are trying to go through the accreditation process are trying to maintain survival jobs because they need to put food on the table. If you're living on the verge of poverty and all of a sudden you have to leave your part-time job because you have to go full time for an internship where you're not getting paid, you can't do that. We need to find some creative ways and solutions to address that, whether it's funding for internships or whatever. That's another hurdle.

When it comes to regulatory bodies, I think it's that the voices of the applicants are not at the table. Those barriers are there and they're just not being heard.

**Mrs. Karen Vecchio:** I just want to also ask about the uptake. It seems to have extreme success where there's the uptake. I have done many applications in past years, but is there a way of collecting the data to know how many doctors, lawyers, accountants, and nurses are out there and not accessing this fund? Is there a way that we could market it better?

We're looking at poverty, and yesterday we dealt with a lot of indigenous...and we are hearing it once again today. We deal with generational poverty, but we're also bringing in this other factor of new refugees and new citizens. How is it that we can market it to make sure that we're helping out those people and giving them the best steps forward?

**Ms. Vanessa Desa:** I will start and Dianne can add.

Marketing has been one of our challenges. We have a huge impact for a very small organization and getting our word across Canada has been a challenge. That's where we're looking to partner with government, with accreditation bodies, to help us get that word out.

The other thing we're seeing start to happen is that we're partnering with the organizations that are doing the information sessions pre-arrival, so immigrants, even before they arrive in Canada, are starting to be more aware of the hurdles they are going

to face and looking to where they can get help. We're one of those places.

**Mrs. Karen Vecchio:** That could also be a part of the application. You know that somebody's applying, and you're asking what their occupation is on page 1. We can mine the data from that and make sure that we're creating those links.

Thank you very much for your answers.

I want to move over to the City of Medicine Hat. We talked about basic annual income. You did touch on that. It is a very sexy term right now. Many Canadians are hearing about it. I was really happy to hear that you recognize that there are different models for basic annual income. Could you just explain a bit more? Because often I have heard, "We want basic annual income but do not to take away any of the other programs."

Can you tell me what you see as this vision?

• (1140)

**Ms. Celina Symmonds:** Sure. I'll just qualify this that this is a personal opinion.

I believe that you would have to dismantle all the other systems to make this work, to cash out. As far as what the cost would be, we would have to see all those other bureaucracies dismantled because that's where the money will come from to fund the basic minimum income.

For example, I look at AISH in Alberta, which is a fantastic program. However, to qualify for it people with major mental health disorders are trying to fill out paperwork that I, myself, have a hard time getting through. If we looked at dealing with that program and having it not be a reality and instead look to a basic minimum income for all Canadians on a sliding scale, I think we could see some success in poverty reduction.

**Mrs. Karen Vecchio:** Thanks very much.

It's not that I'm not supportive of basic annual income. It's just that we come at it from different ways. Sometimes people react very negatively, but I'll be honest, I like your idea.

Do we have an idea of what the costs to the taxpayer would be of dismantling it? We are going to be amalgamating, and they are all going to be under one roof instead of having all of these different pockets.

**Ms. Celina Symmonds:** I don't know the exact cost for sure but I sit on a committee that is advocating for this so I can certainly get you the information.

Short term, you're going to see an increased cost by bringing in a basic minimum income but I think long term you're going to see results that will echo what we've seen when we do wraparound services for housing first. We know from housing first, it costs \$130,000 to keep someone homeless and \$30,000 to house them. Those taxes come down from that. I think there are some real financial benefits to basic minimum income if it's done correctly. If it's not done correctly, there aren't.

**Mrs. Karen Vecchio:** By the way I am working on a big project on that, trying to have it costed. It's an extreme program.

**Ms. Celina Symmonds:** The information is out there for sure and I can send you what I have. I don't have the exact numbers on me but I do have some.

**Mrs. Karen Vecchio:** That would be awesome. Thank you.

**The Chair:** Thank you very much.

We're supposed to go to Anju Dhillon. We're going to run into some time constraints, so I'm going to limit you to three minutes if that's okay.

**Ms. Anju Dhillon:** That's perfect. Thank you very much, Mr. Chair.

Back to IAF, would you say that not recognizing the credentials or professional experience of newcomers is damaging to the Canadian economy?

**Ms. Vanessa Desa:** Absolutely. The cost to Canada is \$30.7 billion. If their credentials and skills were recognized, the increase in income would amount to about \$30.7 billion. That's the statistic I had. Do you want to speak...?

**Ms. Dianne Fehr:** That was a study done by RBC.

When you move somebody with an income of \$16,000 to \$50,000, that's \$6,500 more in income tax paid in that first year. In Abdul's situation, he was, I think, 41. If you assume he's going to work for another 20 years the multiplier of that is profound. There's no question that when immigrants are not fully employed in their field there's a true loss to the economy.

We're not taking advantage of the fact that the investment in their education and their training and their experience was made before they came to Canada. They're coming to us work-ready, with the exception of being able to work fully in their field with their licence.

**Ms. Anju Dhillon:** According to you—either one of you can answer—what can the federal government do?

**Ms. Dianne Fehr:** I think there are a few things.

Let's move away from the funding because our core funding comes from the federal government. When you get an organization like Immigrant Access Fund that is ready to think about innovation.... When we look at the capacity we need to deliver more loans, right now we have \$2.4 million ready to us in loan capital from the private sector. We could write a cheque tomorrow for loans for \$2.4 million. Our lack of ability to do that comes from not having capacity.

Let's start thinking with some innovation. Let's do a full exploration of social finance opportunities, pay for performance models, and impact investing, things that move this organization away from annual contribution agreements or grants to building an infrastructure that will allow us to tap into the outcomes that we're seeing. The gains to the economy, let's feed that back into the organization so that we can continue to do this work and continue to do more and more loans going forward.

• (1145)

**The Chair:** Thank you very much.

Thank you to all of you for your insight and experience, and for sharing that with us today. These sessions clearly are not long enough to get through what we need to get through. I really appreciate your time today.

We are going to adjourn. Would you mind getting a quick photo of us? We'll come around and fill in behind you if that's okay with you.

This is just some housekeeping for the committee. We need to be in the lobby no later than 12 o'clock. We have about 15 minutes to pack up and ship out. We're going to be heading to our first site visit and lunch.

Thank you.

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