



CHILD POVERTY AND ADULT SOCIAL PROBLEMS

Standing Senate Committee
on
Social Affairs, Science and
Technology

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DEPUTY CHAIR
The Honourable Brenda Robertson

December 1989

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CHILD POVERTY AND ADULT SOCIAL PROBLEMS

**Interim Report
of the
Standing Senate Committee
on
Social Affairs, Science and
Technology**

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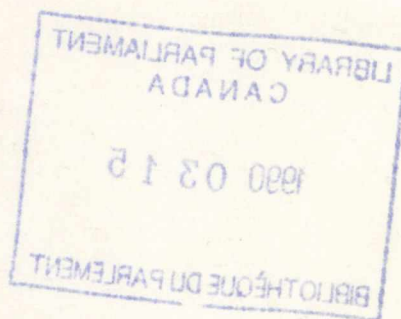
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Norbert Thériault

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**Ex Officio Members*



ORDER OF REFERENCE

Extract from the Minutes of Proceedings of the Senate, Wednesday,
June 21, 1989:

The Honourable Senator Marsden moved,
Seconded by the Honourable Senator Turner:

That the Standing Senate Committee on Social Affairs, Science and Technology be authorized to examine and report upon the relationship between childhood poverty and certain significant and costly social problems that manifest themselves in adult life and on measures that might better alleviate such problems; and

That the Committee present its report no later than December 31, 1989.

After debate, and —

The question being put on the motion, it was —

Resolved in the affirmative.

Gordon Barnhart
Clerk of the Senate

REPORT OF THE COMMITTEE

The Standing Senate Committee on Social Affairs, Science and Technology has the honour to present its

NINTH REPORT

Your Committee, which was authorized to study and report on the relationship between childhood poverty and certain significant and costly social problems that manifest themselves in adult life and on measures that might better alleviate such problems, has, in obedience to its Order of Reference of Wednesday, June 21, 1989, proceeded to that inquiry and now presents an Interim Report.

Respectfully submitted,

LORNA MARSDEN

Chair

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THE INTERIM REPORT OF THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY ON CHILD POVERTY AND SOCIAL PROBLEMS

FOREWORD

In the previous Parliament, the Standing Senate Committee on Social Affairs, Science and Technology appointed a sub-committee on 7 June 1988 to examine and report on the relationship between childhood poverty and certain significant and costly adult social problems and on measures which might alleviate such problems. In this Parliament, on June 13, 1989, the Committee agreed to seek authorization to resume the study of child poverty. Authorization was obtained from the Senate on June 21, 1989. This report represents the first stage in a multi-stage inquiry. The Committee's continuing study will explore the many aspects of child poverty and its consequences culminating in recommendations to alleviate this serious social problem.

THE INTERIM REPORT OF THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY ON CHILD POVERTY AND ADULT SOCIAL PROBLEMS

INTRODUCTION

This report provides background information on the extent of child poverty in Canada and discusses some of the links between child poverty and selected adult social problems. This background information provides a basis from which to explore measures to alleviate child poverty and the adult social problems frequently associated with it.

THE EXTENT OF CHILD POVERTY IN CANADA

For the purposes of this report, a child who lives in a family whose income is at or below the Statistics Canada low-income cutoffs is considered poor. Statistics Canada defines as low-income a family spending more than 58.5% of its income on food, shelter and clothing. The actual figures for low-income cutoffs vary according to the size of the family and the place of residence, and are updated each year according to changes in the cost of living as measured by the Consumer Price Index. In 1988, the low-income cutoff was \$23,539 for a family of four in a large urban centre (500,000 and over) and \$17,316 for the same size of family living in a rural area.⁽¹⁾

While the risk of poverty has declined among some segments of Canadian society in the past decade, a recent report based on Statistics Canada data finds that the poverty rate among children is high and even growing.⁽²⁾

According to Statistics Canada, almost 17% of Canada's children (about one million) were living in poverty in 1987. Table 1 shows that, while the numbers have fallen slightly since 1984, there are about a hundred thousand more poor children in Canada today than in 1980 and the rate is two percentage points higher. The authors of the Fact Book on Poverty say that, unfortunately, the available Statistics Canada data for children are only partially updated since they use the 1978 expenditure base. According to the appendix of a 1987 Statistics Canada report, poverty figures are actually 15% higher than those resulting from using the outdated 1978 base (Table 1). Consequently, the number of children in poverty in 1987 is likely closer to 1,100,000 and the rate closer to 19.4%. During the 1980-1987 period, the Fact Book on Poverty says that the total number of children in Canada actually declined.

Child poverty rates vary considerably by province from a low of 13.4% in Ontario to a high of 26.8% in Newfoundland (Table 2).

Canadian families with children experienced a substantial increase in poverty during the recession in the early 1980s. While the situation improved in 1985 and 1986, families with children still run a higher risk of being poor than they did at the start of the decade. The poverty

⁽¹⁾ National Council of Welfare, 1989 Poverty Lines, Ottawa, April 1989, p. 12.

⁽²⁾ David P. Ross and Richard Shillington, The Canadian Fact Book on Poverty 89, The Canadian Council on Social Development, Ottawa, 1989 (cited hereafter as The Fact Book on Poverty).

rate for families with one or two children is almost double that for families with none and families with three or more children have a poverty rate three times higher than families with no children (Figure 1).

A number of changes in the composition of family poverty underlie the increase in child poverty. Poverty has shifted away from the elderly toward younger families in recent years and has become increasingly concentrated in lone-parent families headed by women. The number of poor families headed by people under age 35 increased from 28% in 1973 to 40% in 1986 and female lone-parent families increased their share of poor families from 19% to 27% in the same period (Figure 2).

Table 1

Numbers and Rates of Child Poverty, 1980-1987

| Year | Numbers ('000) | Rate % |
|------|--------------------|-----------|
| 1980 | 896 | 15.0 |
| 1981 | 969 | 16.5 |
| 1982 | 1,113 | 19.0 |
| 1983 | 1,131 | 19.3 |
| 1984 | 1,209 | 20.8 |
| 1985 | 1,047 | 18.6 |
| 1986 | 954 | 17.0 |
| 1987 | 955 | 16.9 |

Source: Data for 1980-84 are from National Council of Welfare, Poverty Profile, 1988. Data for 1985-87 are from Statistics Canada, Income Distributions by Size, 1987. Children are under 16 years of age.

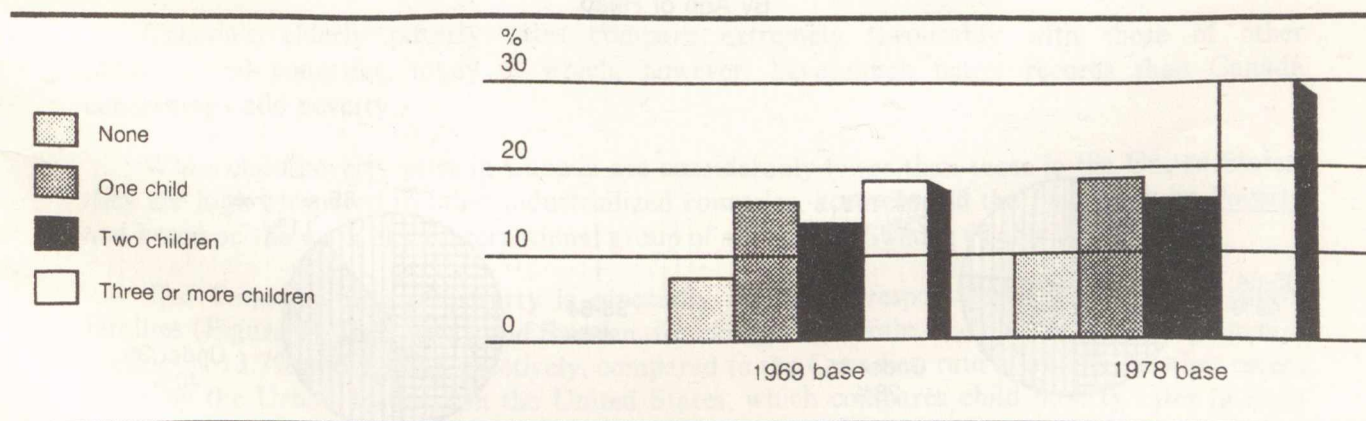
Table 2

Provincial Distribution and Rates of Child Poverty, 1986

| Province | Distribution 100.0% | Rate % |
|-------------------------|------------------------|-----------|
| Newfoundland | 4.4 | 26.8 |
| Prince Edward Island | 0.5 | 15.5 |
| Nova Scotia | 3.8 | 19.8 |
| New Brunswick | 3.3 | 20.2 |
| Quebec | 27.7 | 19.2 |
| Ontario | 26.4 | 13.4 |
| Manitoba | 5.8 | 24.3 |
| Saskatchewan | 6.4 | 25.7 |
| Alberta | 9.3 | 15.6 |
| British Columbia | 12.4 | 20.2 |

Source: National Council of Welfare, *Poverty Profile, 1988*.

Figure 1

Incidence of Low Income¹ Among Families,
by Number of Children Under 6 Years, 1986

¹ Estimated based on low-income cutoffs using 1969 and 1978 bases.

Source: Statistics Canada, Catalogue 89-509, *The Family in Canada: Selected Highlights*, p. 31.

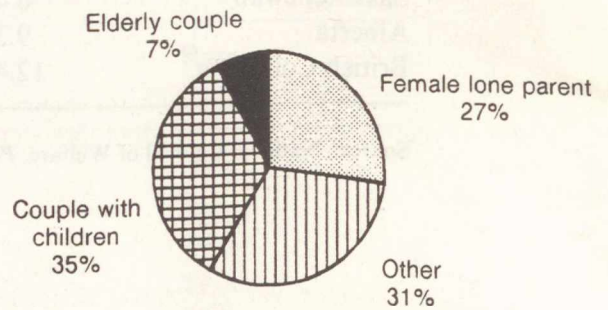
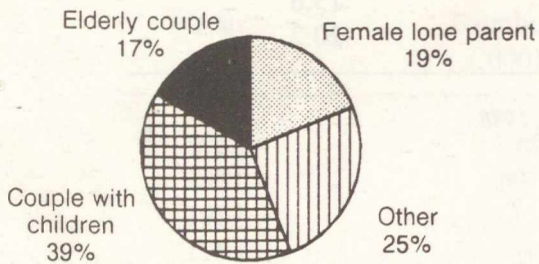
Figure 2

Composition of Family Poverty, 1973 and 1986

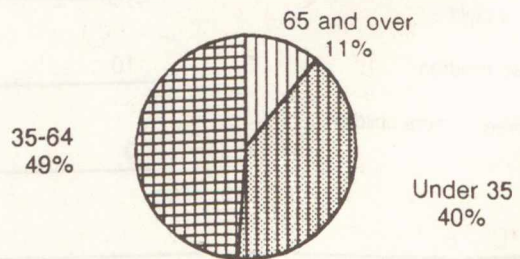
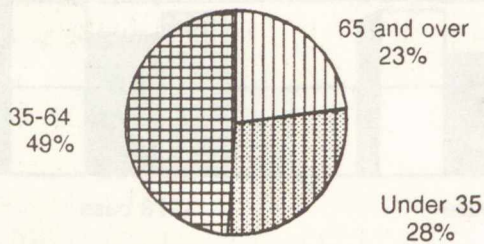
1973

1986

By Type



By Age of Head



Note: Percentages have been rounded in these pie charts.

Source: Ross and Shillington (1989), *The Canadian Fact Book on Poverty* — 89, p. 46.

There has been a decline in the number of children living in "working poor" families and an increase in the number living in "other poor" families (those families where adults are not in the labour force). According to the Fact Book on Poverty, 86% of these children in "other poor" families were in lone-parent families headed by women.

A. Lone-Parent Families

According to the National Council of Welfare, the largest proportion of poor children still live in two-parent families, but the proportion living in lone-parent families headed by women increased by 35.9% between 1979 and 1986. More than half of these lone-parent families headed by women (56% in 1986) have low incomes in contrast to almost 23% of maleled lone-parent families. The poverty rate for children in femaleled lone-parent families ranges from a low of 49.8% in Prince Edward Island to a high of 76.4% in New Brunswick.⁽³⁾

The Fact Book on Poverty suggests that poverty among lone-parent mothers is not a random phenomenon. Lone-parent mothers who are poor are younger, have less formal education, tend to have more children and younger children who require more care, and are less likely to be employed than other lone-parent mothers, this report says.

The living accommodations and household resources (major appliances, home safety devices, etc.) of lone-parent families headed by women have also been found to be inferior to those of other families.⁽⁴⁾

B. Young Couples with Children

Poverty among young couples with children has also increased, according to the Fact Book on Poverty (p. 48). The rate of poverty for two-parent families headed by a person under the age of 25 rose from 16% in 1973 to 30% in 1986. The Report identifies a low level of education as the main feature differentiating young poor families from other families.

C. International Comparison of Child Poverty Rates

Canada's elderly poverty rates compare extremely favourably with those of other industrialized countries, many of which, however, have much better records than Canada concerning child poverty.

While child poverty rates in Canada are considerably lower than those in the United States, they are high compared to other industrialized countries, according to the Fact Book on Poverty and based on the work of an international group of scholars in Sweden (Table 3).

The Canadian rate of poverty is especially high with respect to children in lone-parent families (Figure 3). In Norway and Sweden, for example, the rate of child poverty in lone-parent families is 13.7% and 9.8%, respectively, compared to the Canadian rate of 51.2%. Another recent study by the Urban Institute in the United States, which compares child poverty rates in eight

⁽³⁾ National Council of Welfare, Poverty Profile 1988, Ottawa, April 1988, p. 114.

⁽⁴⁾ Maureen Moore, "Women Parenting Alone," Canadian Social Trends, Statistics Canada Catalogue 11-008E, Ottawa, Winter 1987.

industrialized countries, similarly finds that Canada has the third highest rate after the United States and Australia.⁽⁵⁾

Table 3
International Comparison of Poverty Rates

| Country | Persons | | Children | |
|---------|---------|----------|----------|-------------|
| | All | Elderly* | All | Lone-Parent |
| Canada | 12.1% | 11.2% | 16.8% | 51.2% |
| Germany | 7.2 | 12.7 | n.a. | n.a. |
| Israel | 14.5 | 22.6 | 18.6 | 23.8 |
| Norway | 4.8 | 2.7 | 5.6 | 13.7 |
| Sweden | 5.0 | 0.0 | 5.2 | 9.8 |
| U.K. | 8.8 | 16.2 | 10.4 | 36.4 |
| U.S.A. | 16.9 | 17.8 | 24.1 | 60.0 |

* Elderly are restricted to those between the ages of 65 and 74. Children are under 18 years of age.

Source: Stein Ringen, Differences and Similarity: Two Studies in Comparative Income Distribution (Stockholm: The Swedish Institute for Social Research, 1986). The definition of poverty is standardized across countries, and represents one-half of median household income (which approximates the Statistics Canada measure for Canada). The reference years differ for country, but are all between 1979 and 1981.

CHILD POVERTY AND ADULT SOCIAL PROBLEMS

The literature suggests that during the last 20 years, our understanding of how child poverty is related to adult social problems has increased dramatically. A recent American study drawing on the research and practical experience of a wide variety of disciplines and fields of practice, finds that:

Lasting damage occurs when a child's constitutional vulnerabilities interact with an unsupportive environment. Lasting damage occurs when the elements of a child's environment at home, at school, in the neighborhood multiply each other's destructive effects.⁽⁶⁾

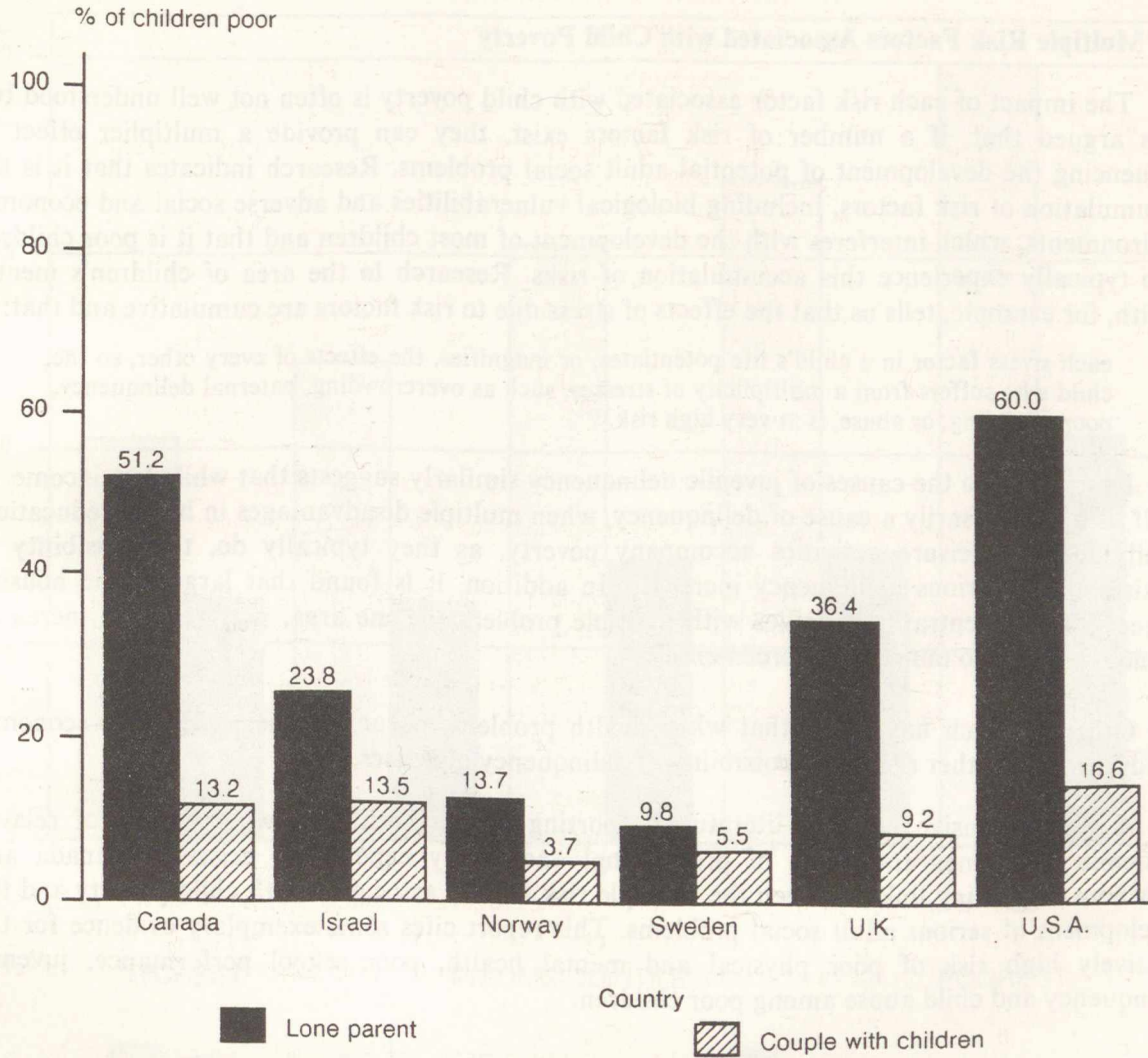
⁽⁵⁾ John L. Palmer, Timothy Smeeding and Barbara Boyle Torrey, Editors, The Vulnerable, The Urban Institute Press, Washington, D.C., 1988.

⁽⁶⁾ Lisbeth B. Schorr, with Daniel Schorr, Within Our Reach: Breaking the Cycle of Disadvantage, Anchor Press, Doubleday, New York, 1988, p. 28.

Figure 3

International Child Poverty Rates by Family Types, Various Years

Figure 10-1



Source: The Fact Book on Poverty (1989), p. 85.

The findings of this study show how risk factors leading to later damage occur more frequently among children in families that are poor and still more frequently among families that are persistently poor and live in areas of concentrated poverty. The study says:

The close association between poverty and risk holds for every component of risk from premature birth to poor health and nutrition, from failure to develop warm, secure, trusting relationships early in life to child abuse, from family stress and chaos to failure to master school skills (p. 29-30).

A. Multiple Risk Factors Associated with Child Poverty

The impact of each risk factor associated with child poverty is often not well understood but it is argued that, if a number of risk factors exist, they can provide a multiplier effect in influencing the development of potential adult social problems. Research indicates that it is the accumulation of risk factors, including biological vulnerabilities and adverse social and economic environments, which interferes with the development of most children and that it is poor children who typically experience this accumulation of risks. Research in the area of children's mental health, for example, tells us that the effects of stress due to risk factors are cumulative and that:

each stress factor in a child's life potentiates, or magnifies, the effects of every other, so the child who suffers from a multiplicity of stresses, such as overcrowding, paternal delinquency, poor schooling, or abuse, is at very high risk.⁽⁷⁾

Research into the causes of juvenile delinquency similarly suggests that while low income, in itself, is not necessarily a cause of delinquency, when multiple disadvantages in health, education, family life and leisure activities accompany poverty, as they typically do, the possibility of persistent and serious delinquency increases. In addition, it is found that large public housing projects, by concentrating families with multiple problems in one area, may result in increased delinquency due to mutual reinforcement.⁽⁸⁾

Other research has found that when health problems occur together with socio-economic disadvantage or other risks the probability of delinquency increases.⁽⁹⁾

A very extensive body of literature, reporting on research in a wide variety of related academic disciplines and areas of professional and policy experience, exists in Canada and elsewhere suggesting links between the multiple risk factors associated with child poverty and the development of serious adult social problems. This report cites some exemplary evidence for the relatively high risk of poor physical and mental health, poor school performance, juvenile delinquency and child abuse among poor children.

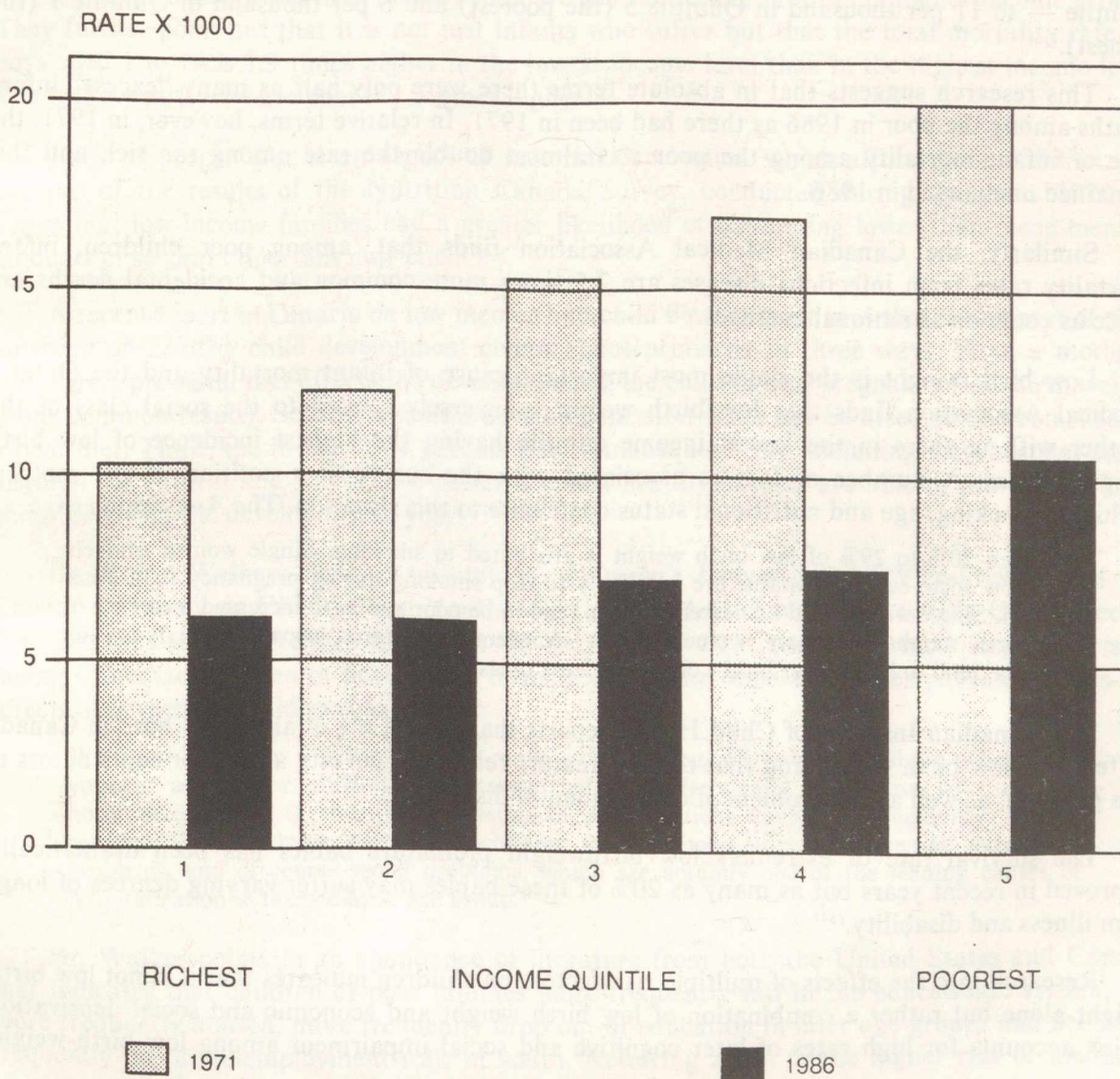
⁽⁷⁾ The National Task Force on Preventative Strategies in Children's Mental Health, Prevention Now: A Concept and a Practice, Health and Welfare Canada, Ottawa, 1984, p. 9.

⁽⁸⁾ The Canadian Council on Social Development and the Canadian Criminal Justice Association, Crime Prevention Through Social Development, Ottawa, 1984.

⁽⁹⁾ Melvin D. Levine, "A Study of Risk Factor Complexes in Early Adolescent Delinquency," American Journal of the Diseases of Childhood, 139, January 1985.

Figure 4

INFANT MORTALITY
URBAN CANADA, 1971-1986



SOURCE: STATISTICS CANADA / HEALTH AND WELFARE CANADA
(WILKINS, ADAMS & BRANCHER, 1989)

B. Poor Physical and Mental Health, Poor School Performance, Juvenile Delinquency and Child Abuse

Evidence indicates that poor children run a higher risk of being in poor health than do the children of higher income groups. Figure 4 shows infant mortality in each of five income quintiles in 1971 and 1986. By 1986, infant mortality had been cut nearly in half within each income quintile — to 11 per thousand in Quintile 5 (the poorest) and 6 per thousand in Quintile 1 (the richest).⁽¹⁰⁾

This research suggests that in absolute terms there were only half as many “excess” infant deaths among the poor in 1986 as there had been in 1971. In relative terms, however, in 1971, the rate of infant mortality among the poor was almost double the rate among the rich and this remained unchanged in 1986.

Similarly, the Canadian Medical Association finds that, among poor children, infant mortality rates from infectious diseases are 2.5 times more common and accidental deaths are twice as common as national averages.⁽¹¹⁾

Low birth weight is the single most important cause of infant mortality and the Ontario Medical Association finds that low birth weight is inversely related to the social class of the mother with mothers in the lowest income quintile having the highest incidence of low birth weight babies. A number of factors associated with the social class position of the mother, including smoking, age and nutritional status contribute to this situation. The Association says:

Between 20% to 29% of low birth weight is attributed to smoking. Single women smokers with low socio-economic status are less likely to stop smoking during pregnancy than other women. Single women and adolescent women tend to be poor and have increased incidence of low birth weight. Similarly, women in low socioeconomic status, according to Nutrition Canada, tend to have lower intake of all nutrients measured.⁽¹²⁾

The Canadian Institute of Child Health reports that almost 6% of all babies born in Canada suffer from low birth weight and that the risk factors related to poverty are major contributors to this problem, as well as the problem of developmental disabilities.⁽¹³⁾

The survival rate of extremely low birthweight premature babies has been dramatically improved in recent years but as many as 20% of these babies may suffer varying degrees of long-term illness and disability.⁽¹⁴⁾

Research into the effects of multiple risk factors on children indicates that it is not low birth weight alone but rather a combination of low birth weight and economic and social deprivation which accounts for high rates of later cognitive and social impairment among low birth-weight

⁽¹⁰⁾ Russell Wilkins, Owen Adams and Anna Brancker, Changes in Mortality by Income in Urban Canada from 1971 to 1986: Diminishing Absolute Differences, Persistence of Relative Inequality, Health Policy Division, Health and Welfare Canada and the Health Division, Statistics Canada, Ottawa, June 1989 (Information presented to the Federal-Provincial-Territorial Conference of Deputy Ministers of Health).

⁽¹¹⁾ Leslie Fruman, “Growing Up Poor: Disadvantaged in Every Way,” Toronto Star, 29 September 1987.

⁽¹²⁾ Ontario Medical Association, Submission to the Ontario Social Assistance Review Committee, 9 January 1987.

⁽¹³⁾ Canadian Institute of Child Health, Child Health, Vol. 10, No. 4, 1988.

⁽¹⁴⁾ Dr. Graham Chance, The John T. Law Lecture, Fourth National Conference on Regionalized Perinatal Care and Prevention of Handicap, Ottawa, 11 November 1988.

children. This research shows that the converse is also true; early biological problems actually disappear in children growing up in a stable and supportive environment.⁽¹⁵⁾

An Ontario Medical Association report states that, in addition to being at higher risk of low birth weight, children in families with incomes in the lowest income quintile are at higher risk for all the major causes of death in infancy than are the children of families in higher income groups. They further point out that it is not just infants who suffer but that the total mortality rate for boys aged 1 to 14 is 1.9 times higher in the lowest income level than in the highest income level. The rate for girls who are poor is 1.5 times higher.

Lack of proper diet is an aspect of material deprivation which affects poor children. An analysis of the results of the Nutrition Canada Survey, conducted during the years 1970-72, shows that low-income families had a greater likelihood of consuming lower-than-recommended amounts of several important nutrients.⁽¹⁶⁾

A recent report in Ontario on low income and child development says that the impact of poor nutrition on healthy child development comes about primarily in three ways. First, a mother's inadequate pre-natal diet affects the development of the child during pregnancy (low birth weight is one common result). Second, a child's development after birth can be affected and retarded by a poor diet. Third, the ill-health of parents due to inadequate diet, including long hospital stays, disturbs the natural and stable care patterns which healthy parents are able to provide for their children during the developmental years.⁽¹⁷⁾

Dr. Robin Walker, chief of neontology at Queen's University and Vice-President of the Canadian Council on Children and Youth, told the House of Commons Standing Committee on National Health and Welfare in May 1988 that, in his view, the single most important issue facing Canadian children in health care terms today is the impact of poverty. He describes the effects of poverty on childhood as follows:

We know that poor children tend to make sick children, who are sick adults, who die at younger ages. Poor children are hospitalized more frequently and those who are not hospitalized access the health care system in non-in-patient ways more frequently. A wide range of illness is more common in children who are poor: infectious diseases, nutritional problems, and of course social problems, which are actually one of the leading causes of hospitalization in the pediatric age group.⁽¹⁸⁾

Dr. Walker points to an abundance of literature from both the United States and Canada that indicates that children of poor families more frequently fail in the educational system, are more frequently abused, more frequently drop out of education in later age groups and are more frequently on the unemployment rolls in youth. Referring again to the higher risk of low birth weight among the poor, Dr. Walker said:

⁽¹⁵⁾ Examples of some of the research on this topic include: S.K. Escalona, "Babies at Double Hazard: Early Development of Infants at Biologic and Social Risk," *Pediatrics*, Vol. 70, No. 5, November 1982; and E.E. Werner and R.S. Smith, *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*, New York, McGraw-Hill, 1982.

⁽¹⁶⁾ A.W. Myres and D. Kroetsch, "The Influence of Family Income on Food Consumption Patterns and Nutrient Intake in Canada," *The Canadian Journal of Public Health*, Vol. 69, 1978.

⁽¹⁷⁾ The Children's Services Branch, Ontario Ministry of Community and Social Services (with the assistance of David P. Ross), *Low Income and Child Development: A Case for Prevention Strategies*, A Background Paper for the Ontario Social Assistance Review, June 1987 (hereafter referred to as the OMCSS Report).

⁽¹⁸⁾ Minutes of Proceedings and Evidence of the House of Commons Standing Committee on National Health and Welfare, Second Session, Thirty-third Parliament, Issue No. 45, p. 67.

So we have a cycle of poor children who become poor adults who have more low birth-weight children who may have educational and neurological problems later on. We generate a cycle by which poverty breeds not only more poverty but also more health care problems and more serious educational and social problems (p. 7).

The Ontario Child Health Study (OCHS) conducted in 1986 offers important insights into the effects of poverty on children.⁽¹⁹⁾

The study finds that low income is associated with a number of debilitating child behaviours and conditions including psychiatric and conduct disorders and poor school performance. For example, the results of this survey show that the likelihood of children from low-income families suffering a psychiatric disorder is 1.7 times greater than among children from non-poor families; the likelihood of poor school performance is 1.8 times as great; and the likelihood of developing a conduct disorder (destructive behaviour) is 2.1 times as great. The researchers point out that:

psychiatric disorder can herald a lifetime of serious psychosocial difficulties and inferior life quality ... it is known that up to 40% of children with one type of psychiatric disorder, conduct disorder, have serious psychosocial difficulties in adulthood such as alcoholism and criminality.⁽²⁰⁾

The results of the OCHS also show that children in families receiving social assistance (welfare) are at higher risk to psychiatric disorders and poor school performance than are the children of the working poor. Differences were greatest for psychiatric disorders among younger boys and for poor school performance among older girls. Forty percent of younger boys with welfare status exhibited signs of psychiatric disorder, whereas only 14% of the non-welfare boys did. Among older welfare girls, 43% performed poorly at school whereas only 10% of non-welfare girls did. The report finds that in all cases the children of welfare parents have more problems.

Precisely why being on welfare, as a distinct form of low-income status, has an independent negative influence on poor children has not been determined. The OMCSS paper suggests a number of possible explanations, including the stigma associated with receiving social assistance related to society's attitudes toward recipients and the needs-tested and investigative methods of delivering social assistance. The paper also notes that there is evidence to suggest that some of the influence can possibly be attributed to the different characteristics of people receiving welfare. Lone-parent mothers, people with disabilities, recipients of subsidized housing and youths with poor educational backgrounds and emotional and behavioural problems are disproportionately represented among welfare recipients. Investigators conclude that, while being poor is strongly associated with psychiatric disorder and poor school performance, being on welfare has an independent association, aside from low income.

The OMCSS Report says that it is not known whether low income by itself is a cause of ill health, psychiatric disorder, poor school performance and delinquency, or whether it is associated with other intervening factors, such as welfare status, single parenthood, subsidized housing and family dysfunction, in an additive, interactive and thereby causal way. Investigators in OCHS

⁽¹⁹⁾ Dr. D. Offord *et al.*, The Ontario Child Health Study (conducted by McMaster University and Chedoke-McMaster Hospital in cooperation with Statistics Canada), Hamilton, 1986:87.

⁽²⁰⁾ Dr. D. Offord and Michael H. Boyle, Morbidity Among Welfare Children in Ontario, A Brief to the Ontario Social Assistance Review Committee, 12 December 1987, p. 1112.

performed multivariate analysis on the related variables and found that, while single parenthood and subsidized housing are tip-offs to risk areas, it seems that it is mainly through low income, welfare status and family dysfunction that they affect behaviour. Low income, welfare status and family dysfunction, on the other hand, exert significant independent (not through intervening variables) influence with respect to psychiatric disorder and poor school performance.

There is considerable lack of agreement on the relationship between low income and criminal behaviour. A Senate Committee examining early childhood experiences as causes of juvenile delinquency and adult criminal behaviour, having heard expert witnesses and examining the evidence presented, concluded that "the experience of poverty in early childhood has not been shown to be an adequate explanation, in itself, of later criminal behaviour."⁽²¹⁾

Nevertheless, a widely cited study in the United Kingdom says:

In the London longitudinal study, West and Farrington found that juvenile convictions were predicted by low family income ... Also low family income was one of the factors which discriminated best between chronic and non-chronic offenders.⁽²²⁾

The report of the OMCSS says that the sometimes conflicting evidence relating to low income and criminal behaviour can be explained to some extent by examining the links between certain psycho-social problems and low income. As with psycho-social problems, the report says, there is a "bundle" of factors associated with criminal behaviour and several of the factors in this bundle are in turn associated with low income. The Senate Committee generally agreed that while low income may not be the cause of criminal behaviour, it is frequently associated with it through a multiplicity of shared conditions. The Committee summarized this association as follows:

... we have been struck by the degree to which such factors as: an inability to cope with life, family instability, the failure to develop controls against violent behaviour, low self-esteem caused by emotional privation, abuse or alcoholism, underlie both criminality and poverty ... Lowrental complexes of subsidized housing lead to a concentration of multi-problem families. These ghettos for the poor create an atmosphere which can easily involve children with a peer group on the streets that indulge in antisocial behaviour and criminal acts (p. 51-52).

As part of a national consultation process, The Canadian Council on Social Development lists the following conditions as being associated with criminal behaviour: 1) certain personality traits, such as hyperactivity, being easily frustrated and reacting emotionally and illogically to situations; 2) certain family characteristics such as overly-authoritarian and inconsistent disciplining practices, family violence and weak emotional bonds between parent and child; 3) certain environmental factors, such as, low-income, public-housing projects which concentrate multiple-problem families and potential delinquents together.⁽²³⁾

A study of chronic young offenders by the Ontario Ministry of Correctional Services states that one-half of them come from separated homes, one-half of them lived with someone other than

⁽²¹⁾ Report of the Standing Senate Committee on Health, Welfare and Science, Child at Risk, Supply and Services Canada, Ottawa, 1980, p. 51-52.

⁽²²⁾ David Farrington, Early Precursors of High Rate Offending, Paper prepared for the Conference on Delinquency and the Family, Harvard University, 1985.

⁽²³⁾ Canadian Council on Social Development, Crime Prevention Through Social Development (with the Canadian Criminal Justice Association), Ottawa, 1984.

their mother or father, overall offenders left home at an average age of 14.8 years and 60% reported that a family member had served a sentence in a correctional institution.⁽²⁴⁾

Montreal researchers point to genetic heritage and pre-natal circumstances which create neuro-physical conditions which are propitious for the development of aggressive and antisocial behaviour; physical and social environment, especially living in an urban area with poor parents; poor parenting behaviour, including less supervision, parental conflict and erratic disciplining; and troublesome behaviour in childhood as factors associated with criminal behaviour.⁽²⁵⁾

The OMCSS report summarizes its current thinking on the relationship between low income and criminal behaviour and the implications for policy and intervention programs as follows:

Until further evidence is provided, low income in itself cannot be singled out as a cause of criminal or delinquent behaviour. However, the fact that almost all studies point to possible causal factors that are often themselves highly associated with poverty leads us to believe that targeting prevention strategies at low-income families and their children would (given this state of knowledge) be more effective than not concentrating any efforts at all. Moreover.... "the economically depleted family is emotionally depleted as well," and an income intervention may help to alleviate some of the stresses that are associated with fostering criminal behaviour. An income intervention alone is unlikely to eliminate these fostering conditions, but it may very well reduce some of them (p. 14).

In September 1988, seven child welfare organizations formed a national coalition with the goal of focusing attention on child poverty. This coalition says that low income increases the likelihood that children will require expensive alternative care arrangements. Child welfare agencies estimate that in 1986 there were 49,000 children in alternative care nationwide and, depending on the particular community, between 54% and 75% of these children came from low-income families. The situation is worse for native children, although they account for only 2% of the Canadian child population. About 40% of children and youth in the care of the child welfare system have experienced abuse or neglect, according to the coalition's booklet.⁽²⁶⁾

Citing numerous research studies, a recent paper argues that there is a clear link between poverty and child neglect and abuse in particular and family violence generally.⁽²⁷⁾

One study of cases reported to the Montreal Protection Youth Director, shows that cases of child abuse and neglect are three times as common in that half of Montreal neighbourhoods which are most disadvantaged and are seven times more frequent when the 65 poorest districts are compared to the 63 richest.⁽²⁸⁾

⁽²⁴⁾ Marion Polonski, *Chronic Young Offenders*, Ontario Ministry of Correctional Services, Toronto, 1980.

⁽²⁵⁾ R. Tremblay, P. Charlebois, C. Gagnon and S. Larive, *Prediction and Prevention of Juvenile Delinquency in Early Childhood: The Montreal Longitudinal Study*, University of Montreal, Montreal, 1986.

⁽²⁶⁾ *A Choice of Futures: Canada's Commitment to its Children*, Prepared by the Canadian Child Welfare Association, Canadian Council on Children and Youth, Canadian Council on Social Development, Canadian Institute of Child Health, Child Poverty Action Group, Family Service Canada and the Vanier Institute of the Family, September 1988.

⁽²⁷⁾ Camil Bouchard, "Poverty: A Dangerous Curve," *Transition*, September 1988.

⁽²⁸⁾ C. Bouchard, C. Chamberland and J. Beaudry, "Les mauvais traitements envers les enfants: une étude des facteurs macro et micro-socioéconomiques," in Jérôme Guay (ed.), *Manuel québécois de psychologie communautaire*, Chicoutimi, Gaétan Morin, 1987.

An American study, similarly, demonstrates this link between poverty and violence based on data for the general population and not just for those reported to protection and shelter services.⁽²⁹⁾

Camil Bouchard acknowledges that family violence is not the sole preserve of poor families but he points out that neither is it evenly distributed. He refers to Canadian and American studies which show that more parent-child and spousal conflicts occur where there is unemployment and in lone-parent families, both of which are known to be overrepresented among poor families.

C. Risk Factors as a Link Between Child Poverty and Adult Social Problems

Reports of the research and experience of experts, professionals and others concerned with the welfare of children seem to indicate that they see a strong connection between the unmet needs of poor children and many of our current social ills, e.g., unemployment, physical and mental illness and disability, illiteracy and criminal behaviour. It is argued that the relatively higher exposure of poor children to multiple risk factors in their physical and social environment accounts for this link. The recent report of the Ontario Social Assistance Review says:

A substantive, growing, and disturbing body of literature clearly indicates that poor children are disadvantaged as compared with middle-income children, in health, school performance, emotional adjustment, and participation in extra-curricular activities ... findings even suggest that these differences may be more pronounced for children in families receiving social assistance than for those families that are poor but do not receive social assistance.⁽³⁰⁾

The national coalition on child poverty, as well as others concerned with this issue, point out that, aside from the immorality of child poverty, it has high social and economic costs for society in general. John Ferguson, reporter on business issues, identified child poverty as one of three important economic issues which Canada must solve "if it is to remain prosperous, peaceful and relatively content.....As competition gets tougher, the need for a resilient, adaptive labor force gets even more important."⁽³¹⁾

In a similar vein, David Ross, coauthor of The Fact Book on Poverty, argues that, according to research being done for Health and Welfare Canada, in 1986, each elderly person was supported by five active labour force participants but by the year 2026 this ratio will have fallen to a little over two. This shift, combined with greater international competitiveness, will mean that:

a premium will be placed on achieving the very best education and human resource development of our children. Canada, and especially our retirement income and health systems, will simply not be able to afford one million poor children. Poor children make poor students since it has been shown that the school drop-out rate for children from poor families is 2.2 times that of children for non-poor families. And poorly educated children become poorly educated adults who face increased risks of poverty and a heightened likelihood of passing educational failure on to their children.⁽³²⁾

⁽²⁹⁾ M.A. Straus and R.J. Gelles, "Societal Change in Family Violence from 1975 to 1985 as Revealed in Two National Surveys", Journal of Marriage and the Family, Vol. 48, 1986.

⁽³⁰⁾ Transition, The Report of the Social Assistance Review Committee (the Thomson Report), Toronto, September 1988.

⁽³¹⁾ John Ferguson, Ottawa Citizen, Ottawa, 20 December 1988.

⁽³²⁾ David Ross, Child Poverty in Canada, unpublished paper, Spring 1989, and drawing on the findings reported in Frank Denton and Byron Spencer, "Population Change and the Future Labour Force," January 1987 (part of a study being conducted by Health and Welfare Canada).

The Southam Literacy Report says:

Poverty and education play major roles in deciding whether illiteracy is transmitted from one generation to the next. The children of the jobless, the working class and the poorly educated are much more liable to be illiterate.⁽³³⁾

The Canadian Business Task Force on Literacy, acknowledging that it is difficult to prove that illiteracy is a cause of other social and economic phenomena, whether it is an effect or a co-factor, estimates that illiteracy costs Canada \$8.8 billion a year in lost earning power. The report estimates the loss to society in lost productivity from current workers as a result of the illiteracy problem at a minimum of \$2.5 billion. Much of the lost opportunity cost associated with illiteracy, however, derives from the unemployed and the unemployable, according to this report.⁽³⁴⁾

Another study prepared for the Department of the Secretary of State of Canada estimates the costs of unemployment associated with illiteracy to be \$172 million. This study discusses some of the difficulties with deriving the costs of illiteracy-related child welfare, social assistance and incarceration costs. The author points out that there are greater illiteracy problems among social assistance recipients than among the population as a whole, quoting a March 1986 survey showing that 68% of social assistance recipients had, at most, "some" secondary education. Similarly, the study notes that a disproportionate number of prison inmates are functionally illiterate when compared to the rest of the population. In addition to the economic costs, this and many other studies indicate that the life skills of illiterates are often very poor.⁽³⁵⁾

The literature suggests that inadequate education is often only one manifestation of a person's deprivation which interacts with many other social problems such as unemployment and poverty. The findings of the 1981 Canada Health Survey tells us that health problems, disability and mental illness are more prevalent among low-income families but low income is also associated with unemployment. The unemployed, the survey says, particularly the blue-collar unemployed, a group strongly associated with low income, have significantly higher levels of mental distress than the employed.⁽³⁶⁾

The National Task Force on Preventative Strategies in Children's Mental Health reported in 1984 that parents in crisis, e.g. unemployed, ill, disabled, experiencing housing problems, may result in further crisis and disequilibrium for everyone in the family. The report of a survey of Canadian prison inmates says that their data suggests that inmates are typically single, unemployed and with below average education.⁽³⁷⁾

Findings from a study by Health and Welfare Canada and Statistics Canada, show that, for certain causes of death (including lung cancer, suicide, mental conditions, metabolic conditions other than diabetes, and other ill-defined conditions) the mortality rate increased between 1971 and 1986 and inequality between rich and poor became more pronounced. Referring to the substantial increase in lung cancer and suicide in the fifth (poorest) income quintile, the researchers say:

⁽³³⁾ Broken Words: Why Five Million Canadians are Illiterate, The Southam Literacy Report, Toronto, 1987.

⁽³⁴⁾ Canadian Task Force on Literacy, Measuring the Costs of Illiteracy in Canada, February 1988.

⁽³⁵⁾ Monica Townson, The Economic Costs of Illiteracy, Prepared for the Department of the Secretary of State of Canada, June 1987.

⁽³⁶⁾ Health and Welfare Canada and Statistics Canada, Supply and Services Canada, The Health of Canadians, Supply and Services Canada, Ottawa, 1981.

⁽³⁷⁾ Canadian Centre for Justice Statistics, Custodial Remand in Canada — A National Survey, August 1986.

This increased mortality among the poor from intentional self-inflicted causes is particularly disturbing when we realize that death rates among the poor were also higher than those of other Canadians for most "natural" and "accidental" causes as well.⁽³⁸⁾

Many experts are quick to point out that, apart from our humanitarian concerns with the relatively higher levels of ill-health among the poor, we cannot afford them. Government expenditure on health care in Canada was almost \$33 billion in 1987 and containing health care costs is a major problem faced by governments. In this context, it can be noted, that Dr. Robin Walker told the House of Commons Standing Committee on National Health and Welfare that the cost of caring for each surviving low birth-weight baby is estimated to be about \$100,000 and some of these babies will require ongoing health and educational care. Dr. Walker suggests that something can be done to lower the incidence of low birth weight and he told the Committee that:

Low birth-weight is common in certain populations characterized by young mothers, poor overall health care, poor lifestyle, high incidence of smoking, poor nutrition and poverty. It has been shown by a number of studies that many of these factors can be ameliorated. (Issue No. 45, p. 6)

The evidence seems to indicate that a precise estimate of even the economic costs of child poverty would be difficult, if not impossible to achieve given the many complex and interrelated factors involved. What does seem to be clear is that child poverty, in concert with the many other conditions and problems with which it is associated, is in fact very costly to Canadians in social and economic terms. Concerns about the various aspects of this issue are being expressed in many sectors of society.

The research and reports from experts in many fields suggest that this is a problem about which something can and must be done. The Foreword to Schorr's book on child poverty in the United States says:

She (Schorr) describes a number of programs which are in operation today and which by the most rigorous standards are successful. Successful means that these programs actually altering the stunting, pernicious conditions in which these kids grow. We do not have to change everything in order to change the odds, to make a difference. Nor, in order to act do we have to wait for more information.⁽³⁹⁾

The evidence indicates that knowledge about the effects of child poverty, originating in many related disciplines as well as the human services and social policy fields, is beginning to be brought together and synthesized as a basis for action directed toward reducing child poverty and the problems associated with it. Many experts argue that this can be done through programs that are cheaper than the price we currently pay for neglected health, illiteracy, unemployment and crime.

⁽³⁸⁾ Wilkins, Adams and Brancker (1989).

⁽³⁹⁾ Schorr (1988), p. ix.