

2022 LETHBRIDGE CHILD AND FAMILY POVERTY REPORT:

Laying The Groundwork
for a Just Recovery



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Land Acknowledgement

The Social Health Equity Network of Lethbridge and Area (SHENLA) acknowledges that we are gathered on the lands of the Blackfoot people of the Canadian Plains, and pays respect to the Blackfoot people past, present and future, while recognizing and respecting their cultural heritage, beliefs and relationship to the land. The City of Lethbridge is also home to the Métis Nation of Alberta, Region III.

SHENLA members take ongoing care as a facilitator of social change to ensure local Indigenous voices and feedback are incorporated into all reports and projects undertaken through the network.

Community Support

The Social Health Equity Network Of Lethbridge And Area (SHENLA) would like to thank the City of Lethbridge, Community Social Development for the financial support of this report.

We'd like to thank the following people and members of SHENLA for their personal review and contributions:

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About The Social Health Equity Network Of Lethbridge And Area

Vision

Vibrant, inclusive, and safe communities, where people from all walks of life are able to: meet their basic needs with dignity, participate in community life, and have opportunities for optimal development, well-being, and health.

Mission

Engaged individuals, groups, agencies and sectors joined in collaborative action for social equity and well-being of Lethbridge and area.

Shared Values

- The common good
- Health and well-being for all (Put peoples' health and wellbeing first.)
- Dignity for all
- Access to support and resources
- Opportunities to participate in community life

Principles for Social Health Equity

- Support inclusion and address exclusion
- Move from poverty reduction to ending poverty
- Basic Income: A basic income ensures everyone an income sufficient to meet their basic needs with dignity, regardless of work status.
- Just Recovery Principles
 - Strengthen the social safety net; provide relief directly to people (Basic income)
 - Prioritize the needs of workers and communities
 - Build resilience to prevent future crisis
 - Build solidarity and equity across generations, communities and borders
 - Uphold Indigenous rights and uphold the rights of Indigenous peoples

Report Snapshot

Child and family poverty did not end by the year 2000, as was proclaimed by Parliament in 1989. In fact, it has not ended as of 2022. With the current release of 2021 Statistics Canada data, soon to be available for use by social scientists and planners, this report looks back, to contextualize and understand child and family poverty in Lethbridge and surrounding areas.

At a Glance

- In 2016, 12,755, or **11.2%** of residents, were living with low income in Lethbridge's census metropolitan area (CMA)
- Using 2019 CFLIM-AT (census family low income measure - after tax) for Lethbridge CMA, 15.2% of children and youth aged 0 to 17 are low income. Children living in lone-parent families have a greater likelihood of experiencing conditions of poverty than those in two-adult families. **Almost half of children of lone parents live in poverty.**
- Children live in deeper poverty than adults, with **children aged 0-5 experiencing the highest rates of low income** across age groups.
- Low-income rates have been decreasing in Lethbridge and surrounding communities of Southwestern Alberta year-over-year.
- Lone-parent families, in particular women-led lone-parent families and racialized households, are more likely to be in low income.
- For Lethbridge CMA, the low-income rate across **all ages for those who identify as Indigenous is 26.9%**. For children ages 0-17, the low-income rate is greatest for **First Nations children, at 42%**.
- Access to housing, food security, and educational and early childhood development are all impacted by living with low income. These are also factors that help determine income level for individuals and families.
- COVID-19 has affected the individual and community well-being of all people, especially those living in poverty. **Those individuals who were marginalized pre-pandemic were most impacted by the income and employment disruptions of COVID-19.**



Introduction

There are **12,755** people living with low income in Lethbridge, making up 11.2% of the population, according to the 2016 National Census. This includes almost 4,000 children under the age of 18 who are experiencing the daily effects of poverty. Looking more deeply, the region of Southwestern Alberta, home to over 350,000 people, has variations in low-income rates but is estimated to have an overall low-income rate of 13%.¹

Despite a general consensus on poverty measurement, such as the use of low-income prevalence as described above, poverty is not a clearly defined set of barriers, issues, or circumstances and will affect an individual, family or community in unique and complex ways. Individuals living in conditions of poverty long term, compared to those at risk of poverty, require different services and system-level interventions to address and improve their well-being.

This report examines child, youth, and family poverty in order to better understand and bring to light the conditions poverty creates and exacerbates on a daily basis for those populations. The impetus for this report is the need to ensure that adequate awareness, knowledge mobilization, and advocacy occur at all levels of government and with the general public to reduce Lethbridge and area poverty rates.

The COVID-19 pandemic has also influenced the focus of this report, as increased risks for children and youth as a result of the pandemic have been in the public eye. The pandemic has also thrust into the spotlight a fact that often gets pushed aside in developed and affluent countries such as Canada: **poverty is the single largest determinant of health.**²

What are the Social Determinants of Health?

The social determinants of health (SDH) are the social and economic factors that influence people's health. These are apparent in the living and working conditions that people experience every day. The SDH influence health in many positive and negative ways.³

Some social determinants of health include:⁴

- Income and income distribution
- Education
- Unemployment and job security
- Employment and working conditions
- Early childhood development
- Food insecurity
- Housing
- Social exclusion
- Social safety network
- Health services
- Indigenous identity
- Gender
- Race
- Disability

This report views poverty in Lethbridge and area through the lens of the social determinants of health, to structure the conversation and examine poverty beyond income, and to facilitate actionable recommendations for policy-makers, funders, service providers, and the general public.

The link between poverty and the social determinants of health is evident when considering more inclusive or holistic definitions of poverty, such as:

- Lacking adequate amenities and resources in comparison to others in society or relative poverty / deprivation;⁵
- Lacking the opportunities to develop the complex capabilities required for full participation in community life,⁶ due to social exclusion and barriers to early child development,⁷ and
- **“Fundamentally, poverty is a denial of choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and cloth[e] a family, not having a school or clinic to go to, not having the land on which to grow one’s food or a job to earn one’s living, not having**

access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living on marginal or fragile environments, without access to clean water or sanitation.” (United Nations 1998)⁸

When examining any social issue in Canada, it is important to understand the historical and contemporary contexts in which a condition such as poverty came about. Colonial policies and actions have led to Indigenous peoples in Canada being disproportionately affected by poverty, and experiences of poverty by Indigenous peoples are different than for non-Indigenous peoples. This report seeks to unpack what the experience of poverty is for *all* children and families in Lethbridge and area. However, when appropriate and if data is available, statistics and demographics specific to Indigenous-identifying families, as well as families with a non-Indigenous racialized identity, are included to disaggregate data and emphasize who requires additional social support.

ikimmata’paopii to “Live in Poverty”

Colonial-driven definitions of poverty, as noted above, do not consider culturally specific ways of examining poverty, which should also be included when looking at poverty in Canada. A recent First Nations report and working definition describes “poverty as being in a state of lacking wellness, holistic balance (mental, physical, emotional and spiritual), and basic necessities and material goods.”⁹ Amongst Indigenous people in Canada, there is an effort to move beyond statistical indicators of low income as measures of poverty and look instead at the overall well-being of individuals and communities. Measurements of community and culture are indicators of poverty - poverty of language, poverty of culture, poverty of land, and poverty of people. Social exclusion and racism are interconnected, and keep Indigenous people in poverty.

...To be able to maintain your cultural ways, our cultural knowledge or cultural practices is also a measure of wealth, because if you know your language, if you know your cultural practices, your customs, your customary ways of living, you’re considered a rich traditional Indian. You get respect by the people, by your own people for being that way, so there’s cultural respect and there’s economic respect, and we are both of those kinds of people. Dr. Andrew Bear Robe, Siksika Nation, Alberta¹⁰

The Cost of Poverty

Although eliminating poverty is a moral imperative for many, the financial cost of poverty alone is significant enough to consider conditions of poverty. According to a report released in 2012, poverty costs Alberta between \$7.1 and **\$9.5 billion per year**; adjusted for inflation, this amount is closer to \$8.4 to \$11.4 billion in 2022. These costs include those related to healthcare, crime due to increased vulnerabilities, children growing up in poverty being unable to escape the “cycle of poverty,” and unemployment and under-employment.¹¹

Eliminating poverty through strategies that include long-term prevention and early intervention would provide social, economic, and health-system improvements to improve individual and community well-being for all community members in Lethbridge and area.

What is the “Cycle of Poverty?”

Income is the most influential determinant of health. Poverty has negative impacts on health, wellbeing, development, educational attainment, employment, access to resources, and participation in community life.

Poverty is a community and societal issue, not just an individual or family problem. Poverty involves the intersection of multiple determinants of health. For children, growing up in poverty leads to unfair, unjust, and preventable differences in health.

Children who grow up in a low-income family are more likely to experience crowded or unstable housing, food insecurity, childhood trauma (Adverse Childhood Experiences), leave school early, and work in low-paying jobs as adults. This cycle can leave low-income families stuck in a cycle of poverty from one generation to the next.

SHENLA's focus is on eliminating poverty and ensuring that all individuals have opportunities to meet their basic needs with dignity, to develop their capabilities and to participate in community life.



Lethbridge Poverty Report Card

Why a Report Card?

A community report card is a tool for reporting progress and accurately reflecting a snapshot or “state of the union” on a particular issue. Working to achieve poverty reduction is not the responsibility of one branch of government or organization, and therefore there are inconsistencies in many communities in how to report progress.

Developing a consistent, transparent and easy to understand child and family poverty report card for Lethbridge and area will contribute to an increased understanding of poverty, as well as the community assets and systems in place to respond to poverty-related issues. Learning about how the community is doing in specific areas should help citizens and groups identify their priorities and objectives. Poverty reduction for a community will always need to be addressed, with a lifelong commitment to eradicate poverty. A report card will go a long way to support this goal, and function as an ongoing tool to measure progress.

Most importantly, the Lethbridge and area child and family report card can help prompt action. To support this objective, recommendations and calls to action are included, with specific calls to action for policy-makers, funders, service providers, and the general public.

Community Data For Children And Youth

Lethbridge has a robust social services sector and fairly comprehensive data collection across community-based organizations and nonprofits, as do some of the municipalities included in the Southwestern Alberta region covered in this report. However, data is not consistent across the region in many areas. For example, municipal census schedules are inconsistent, with some communities conducting an annual census and others reliant on federal census data. Data from point-in-time counts, a method used to enumerate people experiencing homelessness, is also included when available, but is not always available. Smaller urban/rural centres, such as Fort Macleod, have

participated in housing needs estimations, using a 30-day timeframe to gather data, with the support of service providers and local agencies. This helps better address the limited information about homelessness in smaller communities without shelters.¹²

Connections to the Community Wellbeing and Safety Strategy

In April 2019, the Community Social Development (CSD) department of the City of Lethbridge published a five-year strategic plan to inform and improve community well-being and safety in Lethbridge. The **Community Wellbeing and Safety Strategy (CWSS)** is grounded in research, data analysis, best practices, and community engagement.

To determine the priority social challenges in Lethbridge, a **comprehensive needs assessment was completed**. These findings show that, to best address social issues in our community, a planned collective effort was needed across sectors. Stakeholders strongly supported the development of strategic community priorities to help advance work in a consistent direction.

This report leans on the 2019 CWSS report for the city of Lethbridge, and attempts to complement this work with a deeper dive into the needs, gaps and trends of children, youth and families, including those in surrounding communities.

About Lethbridge and Area

The area discussed in this report is large and includes the city of Lethbridge, in addition to two First Nations, Kainai Nation and Piikani Nation; four counties, four municipal districts, one Improvement District¹³ and an additional municipality. These communities make up what is commonly referred to as “Southwestern Alberta.” This catchment area of approximately 350,000 has diverse needs and resources, with the main service hub, containing extensive health and educational institutions, being the city of Lethbridge.

As of the 2016 federal census, the Lethbridge area has been considered a census metropolitan area (CMA). A CMA is formed by one or more adjacent municipalities centred on a population centre (the core), with a total population of at least 100,000. Due to the high degree of integration with Lethbridge, the populations of Coaldale, Coalhurst, Nobleford, Picture Butte, Barons, and rural parts of Lethbridge are included in the Lethbridge CMA.

First Nations Communities

Blood 148, home to the Blood Tribe, Kainai First Nation,¹⁴ is located directly adjacent and to the southwest of (southwest) Lethbridge city limits. At 1,414 square kilometres, this is the largest reserve in Canada and the third most populous, with 4,570 residents and 12,800 members. As the largest community in the vicinity of Lethbridge, there is considerable movement by Kainai First Nation members accessing Lethbridge for employment, education, health, and social services.¹⁵

Piikani 147, formerly Peigan 147, is a reserve of the Piikani Nation in Alberta. It is located 61 kilometres west of Lethbridge. It has a land area of 430 square kilometres, making it the fourth-largest reserve in Canada. Today, the Piikani Nation consists of roughly 3,600 registered members, of whom approximately 40 percent live off-reserve in urban centres that surround the nation; many Piikani First Nation members move off the reserve to fulfil needs that cannot be met in the community, such as education, housing, and employment. Given its proximity to Pincher Creek, Fort Macleod and Lethbridge, many Piikani Nation members likely access various services in adjacent communities.¹⁶

Demographics

Population Trends

From 2061 to 2021, Lethbridge's population increased by 6.1%, somewhat more than that of Alberta (4.8%), and Canada (5%). Lethbridge CMA increased by 5.5% during the same period. The City of Lethbridge population according to Census 2021 data is estimated at 98,406,¹⁷ while the Lethbridge CMA population is shown as 123,847 for 2021.

Table 1. Population growth, 2016-2021. Lethbridge and Lethbridge CMA.

	Lethbridge			Lethbridge CMA		
	2016	2021	% change	2016	2021	% change
Population	92,729	98,406	6.1%	117,394	123,847	5.5%

Lethbridge has experienced steady and substantial growth over the last 10 years, and with this urbanization, comes social challenges, including poverty.

Population growth in southwestern Alberta varies by community, with some communities experiencing a decrease in population between 2016 and 2021, and others with no table increases. The average percentage change for the communities that make up Southwestern Alberta between 2016 and 2021 is 6.0% (see Appendix A Table 2).

Children and Youth

In 2016, the age groups with the most growth were those under 15, and those 65 and older. According to 2021 Statistics Canada data, the age group with the highest growth are those 65 years

and older, with slight population decreases experienced in the under 15 age group (see Table 2 below).

That means Lethbridge has a higher population dependency than Alberta showing above average demands on the working-age population and program services. Population dependency is used to measure the relative pressure on the working-age population. Dependency is measured as a ratio of dependents (those 0 to 14, and over 65) to those typically in the labour force. While Lethbridge has a similar age profile to Alberta for those 14 and under, its growing seniors' population adds to its overall population dependency.¹⁸

Table 2. Age distribution, Lethbridge city, Lethbridge CMA and Alberta, 2016-2021.

Age Group	Lethbridge		Lethbridge CMA		Alberta	
	2016	2021	2016	2021	2016	2021
0 to 14 years	17.4%	17.3%	19.1%	19.0%	19.2%	19.0%
15 to 64 years	66.3%	64.6%	65.3%	63.7%	68.5%	66.2%
65 years and older	16.4%	18.1%	15.6%	17.3%	12.3%	14.8%

Lone-Parent Families

The proportion of lone-parent families in both Lethbridge and Lethbridge CMA has been fairly stable between 2011 and 2016. Incomes for lone-parent families will be discussed in a later section.

Table 3. Proportion of lone-parent families by census household type, Lethbridge, Lethbridge CMA, 2011, 2016

	Lethbridge		Lethbridge CMA	
	2011	2016	2011	2016
Proportion of lone-parent census family households	8.0%	7.8%	7.5%	7.5%

Immigrant Population

Immigrant: a person who has settled permanently in another country

The immigration population in the city of Lethbridge showed a 30% increase from 2011 to 2016, with slightly less growth in the Lethbridge CMA overall (24%). This is comparable to the 31% growth noted for Alberta, and much larger than that for Canada (11%).

Table 4. Immigrant population growth, 2011-2016.

	Lethbridge	Lethbridge CMA	Alberta	Canada
Immigrant Population Growth, 2011 to 2016	30%	24%	31%	11%

Indigenous Population

The Indigenous population in Lethbridge increased by 40% from 2011 to 2016. This increase is far greater than that seen in Alberta as a whole (17%) or in Canada (19%). The data suggests the Indigenous population in Lethbridge is increasing at a rate that is faster and larger than provincial and national levels. Further details regarding the Indigenous population of Lethbridge and the Kainai and Piikáni Nations is discussed on page 23.

Table 5. Indigenous population growth, 2011-2016.

	Lethbridge	Lethbridge CMA	Alberta	Canada
Indigenous Population Growth, 2011 to 2016	40%	40%	17%	19%



A Profile Of Low Income Over 20 Years

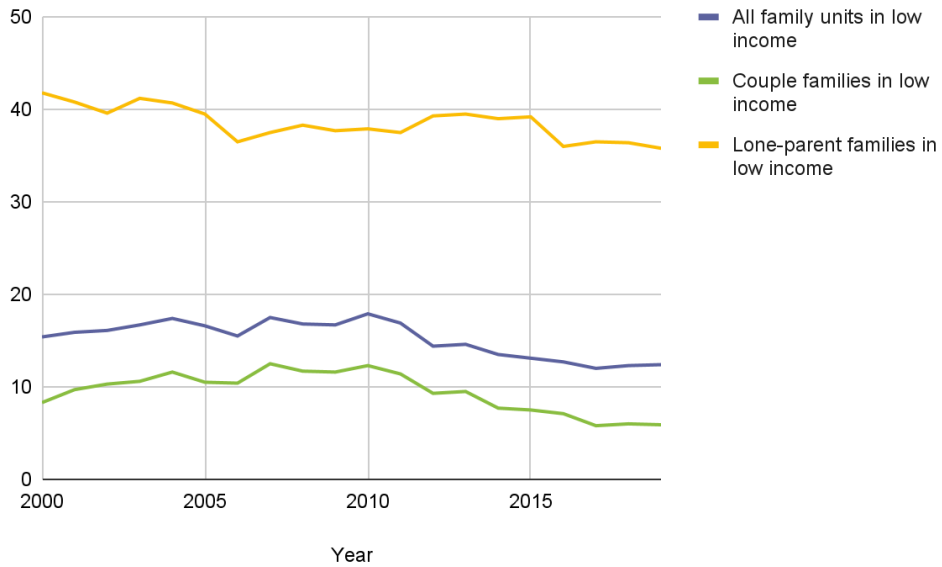
Looking Back To Support a Brighter Future

While economic poverty is predominantly used to measure poverty, this reflects only one dimension of poverty. Economic poverty is commonly measured by income, which is then measured, analyzed and counted in a variety of ways. Looking at income for a large area such as Southwestern Alberta, data on household income is not available at the same frequency or in the same detail for each community. However, looking back on data from Lethbridge and area provides a marker of where the region was at a specific time period, and where it has made progress. Comparisons within the region and with other regions in Canada are helpful, but Alberta and Lethbridge have unique circumstances, conditions, and population considerations.

Figure 1. Shows the overall change in low-income rates between 2000 and 2019 for families in Lethbridge CMA. Using the Census Family Low Income Measure After Tax (CFLIM-AT)¹⁹, which is calculated annually by the federal government, using T1 Family File data. This dataset is not available for two years after collection, and for the purposes of this report, was available up to and including 2019 for Lethbridge CMA only.

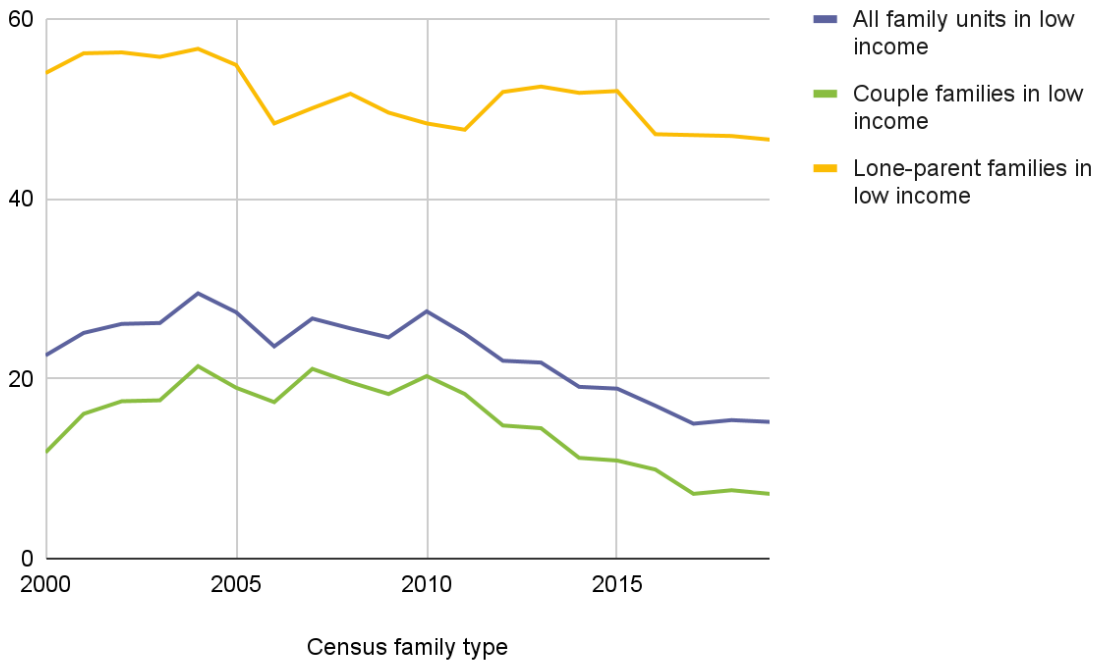
The trend for approximately the past 20 years has been a slow decline in low-income rates across all family types, with a 3% decrease from 2000 (15.4% of all family units in low income) to 2019 (12.4% of all family units in low income).

Figure 1. Proportion of after-tax low-income households by family type, Lethbridge CMA, 2000-2019.²⁰



Tracking low income for children only, Figure 2 has a similar gradual decrease, but a larger decrease overall, with a decrease of 7.4% for all family units.

Figure 2. Proportion of children ages 0-17 living in low income households (after tax) by family type, Lethbridge CMA, 2000-2019.²¹



Year-over-year differences in the percentage of households in low income for Lethbridge have also decreased over time; there were larger decreases 10 years ago, with the difference between 2018 and 2019 percentages being less than 1% (0.1-0.6%).²² Progress was made; however, more recently, progress appears to be stalled. Looking back further to 2006 and using the 2011 and 2016 LIM-AT measures, the percentages of the total population in low income in the Lethbridge CMA decreased 0.8% over five years. As discussed below, low-income measures as a sole indicator of poverty have limitations, and reliance on one measure of poverty alone, or one definition of poverty alone, does not capture the dynamic nature of human experiences.

Table 6. Individuals living in low income in Lethbridge, Alberta (CMA) 2006, 2011, 2016.

Year	Number of people living in low income - Lethbridge CMA	% of Total population - Lethbridge CMA	% change from previous reporting period - Lethbridge CMA
2006 (LICO) ²³	10,900	13.4	--
2011 (LIM-AT)	9,745	12.0	-1.4%
2016 (LIM-AT)	12,755	11.2	-0.8%

The Market Basket Measure: Canada's Official Poverty Line

In 2018, *Opportunity for All - Canada's First Poverty Reduction Strategy*, introduced the first official measure of poverty, the Market Basket Measure (MBM). According to Statistics Canada, the "Market Basket Measure refers to the measure of low income based on the cost of a specific basket of goods and services representing a modest, basic standard of living developed by Employment and Social Development Canada (ESDC). The threshold represents the costs of specified qualities and quantities of food, clothing, footwear, transportation, shelter and other expenses for a reference family of two adults and two children."²⁴

Using the Market Basket Measure for the city of Lethbridge is an appropriate exercise, as it is a large urban centre. However, when examining the southwestern region of Alberta, the reliance on the Canadian Income Survey as a data source for the MBM creates issues for small populations, and excludes First Nations people living on reserve, individuals in institutions like prisons or group homes, and does not include information on parents who are under 18.

Opportunity for All also commits to consulting with Indigenous peoples to identify and co-develop indicators of poverty and well-being, including non-income-based measures of poverty, that reflect the multiple dimensions of poverty and well-being experienced by First Nations, Inuit and Métis.²⁵

Measuring low income is a political balancing act, with international, national, provincial, and local decision-makers having preferences for certain indicators and measures. Using a social determinants of health lens, which is a more holistic lens of well-being, allows communities to dig more deeply and support children and families most effectively.²⁶



Lethbridge And Area Child And Family Poverty Report Card

Income

The rate of individuals in low income is improving overall, but there is a greater risk of poverty for lone-parent households. Policy action is recommended.

Income has the greatest effect on an individual or family's access to amenities and services that support their overall well-being. Income sources may include market income and government benefits or transfers. Income alone cannot be considered the definitive indicator of economic poverty, as household size, cost of living and geographic location are also factors.

Figure 3 shows a large spread of median after-tax income for households. Of the nine communities included, Lethbridge CMA and the city of Lethbridge are in the middle of the cohort for median after-tax income across all households. Population centres, including counties and districts, that do not include significant numbers of families have been excluded from Figure 3 and Table 7.

According to Statistics Canada income data from 2015, Kainai and Piikani First Nations were identified to have the lowest median after-tax incomes in Southwestern Alberta. However there are both systemic and administrative issues in how this data is collected; for example, some members living on reserve do not formally file on-reserve income if it is not taxable.²⁷ Another example includes the exclusion of unmeasured income, such as food acquired through hunting or fishing, and subsidized housing.²⁸

Figure 3. Median after-tax income (all households) by community, 2015.²⁹

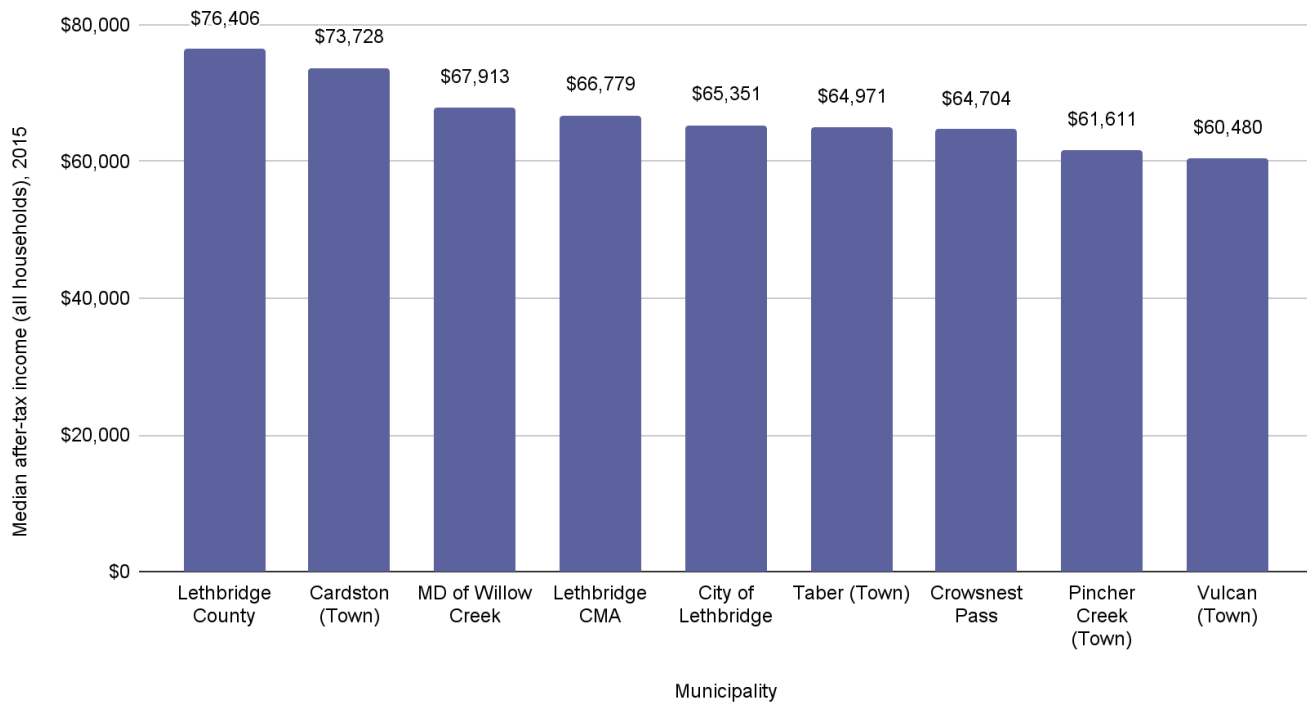
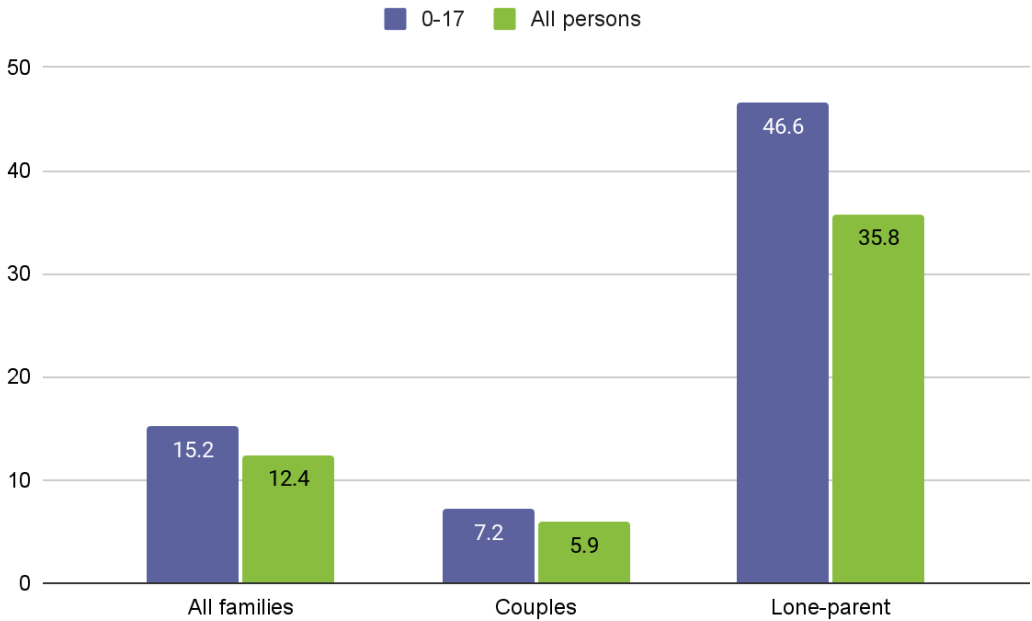


Table 7. Median after-tax income by household type, 2015.³⁰

Municipality	Median after-tax income (all households), 2015	Median after-tax income (two-adult families with children), 2015	Median after-tax income (lone-parent families), 2015
Lethbridge County	\$76,406	\$96,154	\$50,816
Cardston (Town)	\$73,728	\$93,632	\$48,000
MD of Willow Creek	\$67,913	\$94,037	\$54,571
Lethbridge CMA	\$66,779	\$98,543	\$51,215
City of Lethbridge	\$65,351	\$100,789	\$51,296
Taber (Town)	\$64,971	\$87,392	\$50,752
Crowsnest Pass	\$64,704	\$107,861	\$44,672
Pincher Creek (Town)	\$61,611	\$96,768	\$49,024
Vulcan (Town)	\$60,480	\$90,624	\$49,472

Using 2019 CFLIM-AT for Lethbridge CMA, 15.2% of children and youth aged 0 to 17 are living in low-income households. Figure 4 shows that children living in lone-parent families have a greater likelihood of experiencing conditions of poverty than those in two-adult families. **Almost half of children in lone-parent households will live in poverty.**

Figure 4. Proportion of individuals in low-income households by family type, Lethbridge CMA, 2019.³¹

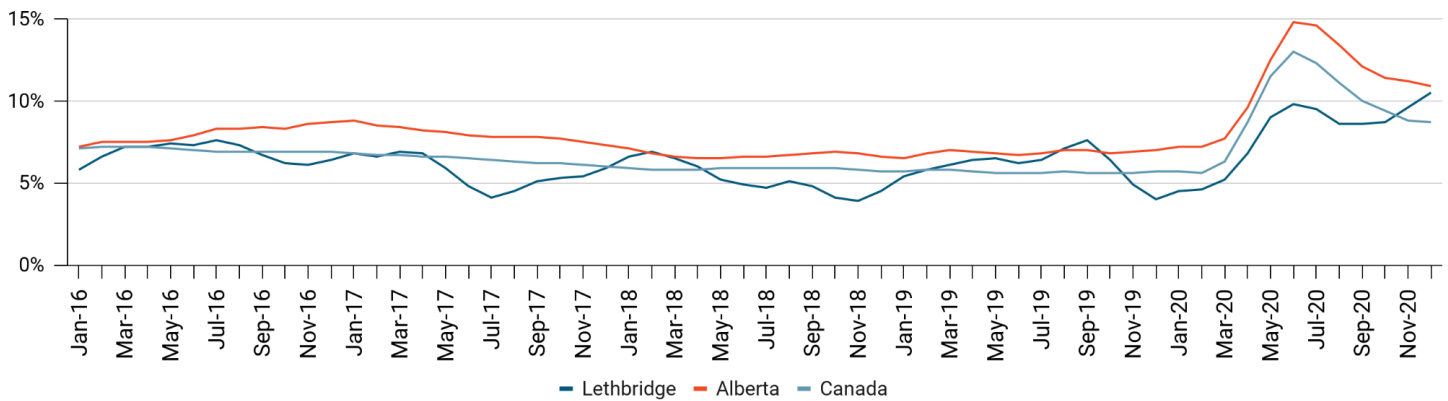


Unemployment Rate

From 2016 to 2020, Lethbridge’s unemployment rate generally remained below Alberta’s, fluctuating around the national unemployment rate. The trend for Lethbridge’s unemployment rate, however, was more variable than Alberta’s and Canada’s.

The most notable finding from Figure 5 is the dramatic decrease in Lethbridge’s unemployment rate during late 2019, when it went from 7.6% to 4% in the span of four months. Due to COVID-19, unemployment rates for Lethbridge, for Alberta, and for Canada started rising around March 2020, peaking in June 2020 (9.8% in Lethbridge, 14.8% in Alberta, and 13% in Canada). Shortly thereafter, unemployment rates began trending downward, until late 2020, when Lethbridge’s unemployment rate was trending upwards toward provincial levels.

Figure 5. Unemployment rate (seasonally adjusted), 2017-2020.³²



As the COVID-19 pandemic has reminded us, there are more women in the services workforce, with 89.9% of service-sector jobs filled by women (retail, food, professional services).^{33 34} Women are more likely than men to be employed in low-wage or precarious positions. Unemployment, and therefore low-income status, is gendered, with women experiencing poverty more often than men. In a Canadian study of women’s experiences of gender-based inequalities, only 27% of women reported being paid equally to their male peers.³⁵ Women are also more likely to reduce their paid work hours or to experience unemployment to participate in caregiving for family members.³⁶

Government Assistance

Government transfers cover a range of programs. For example, Employment Insurance provides temporary income assistance to those who lose their job or are absent for reasons of illness or the birth or adoption of a child. The Canada Pension Plan and the Quebec Pension Plan are the two public pension plans in Canada. Old Age Security, including the Guaranteed Income Supplement, provides financial support to seniors. Child tax benefits and other child credits or allowances are aimed at families with children. Other government transfers include social assistance from provincial and municipal programs, Workers’ Compensation benefits, the GST/HST Credit and provincial refundable tax credits, such as the Quebec and Newfoundland and Labrador sales tax credits.

Market income refers to employment income, investment income, or other sources of private income, such as private retirement income. The main source of income for those aged 15 and over in households is market income in Lethbridge CMA (89%), in Alberta (93%), and in Canada (89%). However, 62% of those aged 15+ in the Lethbridge CMA are also receiving government transfers. This is comparable to that reported for Alberta (58%), but less than for Canada (72%). The rate of government transfers for Lethbridge CMA is affected by the large percentage of the population receiving child-related benefits, and those receiving Old Age Security or pensions.

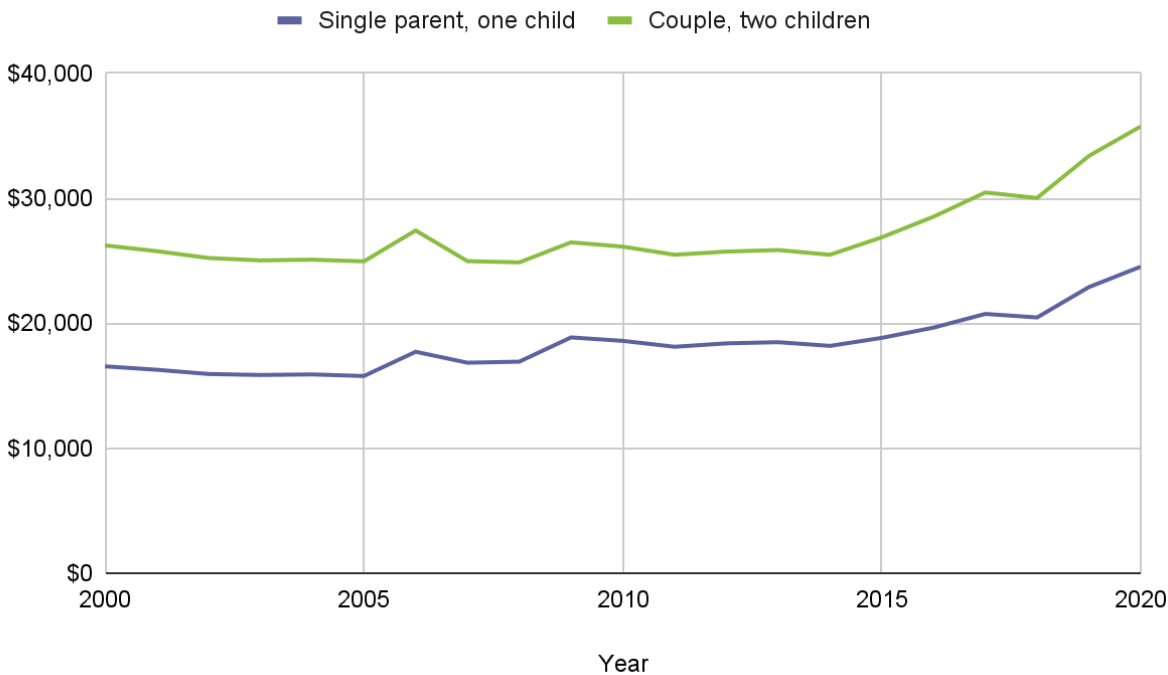
Table 8. Income recipients aged 15 and over in private households by income source (%), 2016³⁷

	Lethbridge CMA	Alberta	Canada
Government transfers	62%	58%	72%

Market Income	89%	93%	89%
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Government transfers, as already noted, may include federal and provincial child benefits, federal tax credits or benefits and/or social assistance. In Figure 6, the total welfare incomes of families with children are represented over almost 20 years. What begins as a slight decline in annual social assistance income between 2000 and 2005 increases thereafter, due to changes in Alberta's economy, increases to federal child benefits in 2015, and the introduction of the Alberta Child Benefit in 2016.³⁸

Figure 6. Total annual social assistance income over time by family type (using 2020 constant dollars), Alberta, 2000-2019



CERB

Over 1 million Albertans applied for the Canada Emergency Response Benefit (CERB) and/or EI benefits between March 15, 2020 and October 3, 2020.³⁹ Publicly available CERB data is provided by postal code, and can pinpoint only the general community area of the applicant, along with the age group and gender of the applicant. Statistics Canada has released high-level analysis⁴⁰ of CERB applicant data, which highlights the following insights:

- 35% of Albertans received at least one CERB payment
- 67% of workers employed in accommodation and food services received CERB payments in 2020

- Low-wage workers were the most likely to receive CERB
- Young workers were more likely to receive CERB
- Workers in visible minority groups were more likely to have received CERB
- Women and youth in visible minority groups were more likely to have received CERB
- Refugees, (those who are forced to flee from persecution and who is located outside of their home country), were more likely to have received CERB
- Indigenous workers were more likely than non-Indigenous workers to receive CERB

It is clear from various sources and research already undertaken globally that COVID-19 had a greater effect on the income of those already at risk of or experiencing poverty, including lower-paid and young workers. **Individuals who were already vulnerable to work disruptions, and who therefore had less of a personal financial safety net, were particularly vulnerable to the financial impact of COVID-19.**

Lethbridge Living Wage Rate

Lethbridge joined the Alberta Living Wage Network in 2021, in collaboration with 14 other communities across Alberta, to offer a coordinated, standardized method to calculate a living wage for each community. The United Way of Lethbridge and South Western Alberta and SHENLA have collaborated with the Alberta Living Wage Network to calculate Lethbridge’s living wage.⁴¹

Lethbridge’s living wage for 2022 is \$19 per hour, which is a weighted average calculation that factors in a family of four and a person living alone. A living wage is the hourly rate of pay needed by an individual to cover the cost of living in their community. This is different from the minimum wage, which is the legislated minimum hourly rate set by the provincial government. In the Lethbridge community, we see a \$4 per hour discrepancy between the minimum wage of \$15 per hour, and a living wage of \$19, leaving a gap of approximately \$7,280 per year in income versus expenses for those earning minimum wage. Living wages are rooted in the belief that individuals and families should not just survive, but be able to live in dignity, and participate in their community.

Table 9. Living wage by municipality, Alberta 2021.⁴²

2021 Living Wages	Municipality
Calgary	\$18.60
Canmore	\$37.40 ⁴³
Chestermere	\$18.60
Cochrane	\$22.60
Drumheller	\$19.70
Edmonton	\$18.10

Grande Prairie	\$19.45
Fort McMurray	\$27.35
Lethbridge	\$19.00
Red Deer	\$17.15
Rocky Mountain House	\$18.05
Stony Plain	\$17.20
Strathcona County	\$16.80

Income Summary

- The prevalence of low income has decreased over the last 20 years in both Canada and in Lethbridge and area
- Lone-parent families are more likely to live in low-income households than two-adult families
- Southwestern Alberta is diverse in terms of the living wage from community to community, ruling out a one-size-fits-all approach to defining poverty and low income.

Indigenous Child And Family Poverty In Lethbridge And Area

More Indigenous children and families live in low-income households than non-Indigenous children. This is a key area for improvement and action.

Historically, colonial policies and actions were intended to strip Indigenous communities of their existing social safety net, including family members and cultural traditions, which supported both individual and community well-being. In lieu of traditional support, the Canadian government created an ongoing system of “poverty by design” through starvation, land loss, residential schools, child welfare policies, and continuous underfunding by government institutions.⁴⁴

Current rates of poverty for Indigenous people living in Lethbridge and area highlight a connection between historical and modern practices. Individuals and families in Lethbridge and area who identify as Indigenous do not have the same experiences of poverty as non-Indigenous people living in low-income circumstances, and these experiences are also not homogenous. While the poverty rate for non-Indigenous children across Canada is 18%, the rate for Indigenous children is 38%, according to the 2016 census.⁴⁵ There are also distinct differences in low-income rates for children and families based on specific Indigenous identity.

Examining the situations for First Nations, Métis, and Inuit children disaggregated, First Nations children have the highest rates of poverty, at 47%, in Canada. This increases to 53% for Status First Nations children living on reserve.⁴⁶ First Nations children in Alberta, and Lethbridge and area overall experience lower rates of poverty compared to the national average. For Lethbridge CMA, the low-income rate across all ages for those who identify as Indigenous is 26.9%, compared to the general population rate of 11.2%.⁴⁷ **For children ages 0-17 in the table below, the low-income rate is greatest for First Nations children, at 42%.⁴⁸**

Table 10. Prevalence of low income of children ages 0-17 by Indigenous status, Lethbridge CMA, 2016

Identity	Count of population ages 0-17	In low income	Not in low income	In low income (%)
Total population ages 0-17	25,970	4,030	21,940	15.5
Indigenous identity	2,145	745	1,400	34.7
Single Indigenous responses	2,005	725	1,280	36.2
First Nations	1,440	605	835	42
Métis	560	115	440	20.5

Inuk (Inuit)	10	0	10	0
Multiple Indigenous responses	60	0	60	0
Indigenous responses not included elsewhere	80	20	55	25
Non-Indigenous identity	23,825	3,285	20,545	13.8

Table 10 'Single Aboriginal responses' includes persons who are in only one Aboriginal group, that is First Nations (North American Indian), Métis or Inuk (Inuit). 'Multiple Aboriginal responses' includes persons who are any two or all three of the following: First Nations (North American Indian), Métis or Inuk (Inuit).

Low-income rates on reserve are often difficult to measure, due to small data sets and differences in income attainment for those living on reserve. The Market Basket Measure does not yet officially exist as a measure of income for people living on reserve, as the Government of Canada has stated it “will work with National Indigenous Organizations and others to identify and co-develop indicators of poverty and well-being, including non-income-based measures of poverty, that reflect the multiple dimensions of poverty and well-being experienced by First Nations, Inuit and Métis.”⁴⁹ The lack of information, coupled with the aggregation of information regarding Indigenous-identifying individuals and families, makes the social determinants of health and poverty measures difficult to track.

Indigenous (Off Reserve) Household Median Income

The median income for Indigenous households in Lethbridge (\$24,384) was less than the median income for Alberta (\$29,522) or Canada (\$25,526). Similar to the findings for immigrant populations, the Indigenous household median income is far below that of the overall population. The income inequality between Indigenous and non-Indigenous households arises from historic trauma and current discrimination faced by Indigenous communities, discrimination that continues to erect barriers for members of these communities.

According to the Calls to Action of the Truth and Reconciliation Commission of Canada, publishing annual reports on the income attainment of Indigenous households compared to non-Indigenous households is required to understand the conditions of economic poverty experienced both on and off reserve.⁵⁰

Table 11. Indigenous households (%) and median household income, 2016.

	Lethbridge	Alberta	Canada
Indigenous Households	6%	7%	5%
Indigenous Median Income	\$24,384	\$29,522	\$25,526

Core Housing Need

Having a low income is not the only indicator of poverty for Indigenous children and families. Housing is also a significant social determinant of First Nations, Inuit and Métis health. The physical condition and quality of a home includes the state of core home functions such as heat, running water, electricity, and general safety of the home. In Canada, 18% of off-reserve Indigenous households are in core housing need, primarily due to affordability.⁵¹ In Alberta, 17% of Indigenous off-reserve households were in core housing need in 2016.⁵²

On-reserve housing and access to services

On-reserve core housing need is more difficult to measure, and the same indicators are not applicable. Housing on reserve, how it is accessed, maintained and planned for, varies by Nation. Status First Nations families and children living on reserve are more likely to live in a dwelling in need of major repairs than those without status or who live off reserve.⁵³

Indigenous children and families are more likely to live in housing that is overcrowded, with this being a common issue on reserves. According to the National Occupancy Standards, 37% of First Nations people on reserve live in housing that is unsuitable for the number of individuals living in the house.⁵⁴ Overcrowding or multigenerational living out of necessity, whether on or off reserve, is associated with increased risk of spreading infectious diseases, such as COVID-19. Conditions of overcrowding are also the impetus for individuals and families to live in precarious housing situations, including couch-surfing with friends or sheltering in the homeless-serving system.⁵⁵

A nuance to consider is that the National Occupancy Standards define housing suitability in relation to the composition of individuals occupying the room; for example, no more than two people share a bedroom or lone parents have a separate bedroom.⁵⁶ Indigenous multigenerational families, both on and off reserve, are at risk of being reported or noted as “living in overcrowding,” when in reality the occupants are living as a multigenerational unit to support and take care of each other. Living amongst family and extended family should not be viewed within the narrow definitions of occupancy standards or overcrowding for all Indigenous peoples.

Services and key social infrastructure, such as schools and healthcare, are underfunded on reserve,⁵⁷ and this contributes to keeping populations in low income. When services are not available on reserve, Indigenous people are faced with additional barriers to access, such as transportation to necessary services in nearby urban centres. The likelihood that these services will be delivered by non-Indigenous agencies and staff also increases.

Research has shown that poverty is inextricably linked to high rates of incarceration, child apprehensions, unemployment, lower rates of educational attainment, and health issues.⁵⁸

Living in conditions of poverty increases the likelihood of child welfare involvement. In an examination of the reasons for which child neglect is reported for Indigenous families, the main

factors were caregiver poverty, poor housing and substance misuse, reasons that, for the most part, are attributed to poverty.⁵⁹ Families on reserve and the reserves themselves are dependent on adequate housing and services being made available to their Nation, and are punished for systemic inequities out of their control.

Newcomer children and families

Additional support is required to improve outcomes for new immigrants.

As of 2016, the share of the immigrant population in Lethbridge aged 0-14 years was 35.3% of the total immigrant population in private households, with 12.3% under 5 years of age.⁶⁰ These children are likely to grow up to earn wages similar to their Canadian-born peers, assuming participation in the Canadian educational system and English-language proficiency.⁶¹ In fact, immigrants admitted as children more often participate in post-secondary education and report higher wages than the overall population after their mid-20s.⁶²

Newcomers as a broad term includes those who may be immigrants to Canada and have chosen to settle permanently or refugees, individuals who have had to flee due to persecution and are located outside of their home country. Data, and specifically income data on refugees who are settled in Lethbridge, is not available therefore only immigrant households are discussed below.

Immigrant Households

The median after-tax income for immigrant households in Lethbridge (\$31,867) is similar to that for Alberta (\$34,013), and more than that for Canada (\$27,599). Compared to the median total household income for the overall population, immigrants are receiving significantly less, though income stability of immigrant households improves over time. In Table 12 below, the amount of income is lowest for those households with the most recent immigration period. As identified in the [Community Wellbeing needs assessment](#), immigrants were more likely to be in low income at 12.1% overall, and when looking at periods of immigration, recent immigrants had a low income rate of 17.9%.⁶³

Table 12. Immigrant households (%) and median after-tax household income, 2016.⁶⁴

	Lethbridge CMA	Alberta	Canada
Immigrant Median After-Tax Income - Any Period of Immigration	\$31,867	\$34,013	\$27,599
Immigrant Median After-Tax Income - Immigration Before 1981	\$30,956	\$35,662	\$30,946
Immigrant Median After-Tax Income - Immigration 1981-1990	\$37,426	\$38,787	\$32,040

Immigrant Median After-Tax Income - Immigration 1991-2000	\$35,948	\$36,202	\$28,074
Immigrant Median After-Tax Income - Immigration 2001-2010	\$31,757	\$34,252	\$25,869
Immigrant Median After-Tax Income - immigration 2001-2005	\$31,789	\$35,047	\$26,761
Immigrant Median After-Tax Income - immigration 2006-2010	\$31,721	\$33,676	\$25,162
Immigrant Median After-Tax Income - Immigration 2011-2014	\$28,019	\$30,130	\$21,899

Immigrant Core Housing Need

Increases for Immigrant households in core housing need (CHN) were reported for Lethbridge, for Alberta, and for Canada. Relative to provincial and national averages, Lethbridge had a 33% increase for Immigrant households in CHN. This finding is below that for Alberta (40%), but is notably above the 19% increase in the national average.

Table 13. Immigrants in Core Housing Need, 2016.

	Lethbridge		Alberta		Canada	
	2011	2016	2011	2016	2011	2016
Core Housing Need Immigrants	560	745	34,770	48,600	486,915	578,565

Immigrant households are less prevalent in Lethbridge (15%) compared to Alberta (23%) and Canada (24%). There is also a lower percentage of immigrant households in CHN in Lethbridge (11%) as compared to Alberta (14%) or Canada (18%). The prevalence of children in low-income for recent immigrant households (arriving between 2011-2016) is 28.2%. Almost one-third of children 0-17 live in low-income upon coming to Lethbridge and therefore have to navigate not only their new community but also conditions of poverty.

Table 14. Core Housing Need in immigrant households, 2016.

	Lethbridge	Alberta	Canada
Immigrant Households	15%	23%	24%
Immigrant Households in Core Housing Need	11%	14%	18%

A combination of factors contributed to the effects of COVID-19 on immigrant children and families. Immigrants and racialized individuals (or “visible minorities”⁶⁵) make up a large proportion of front-line/essential workers, including those in the food and accommodation services sectors. Women and youth in racialized groups are more likely to have been a CERB applicant. Of all immigrant workers admitted since 1980, 41.2% received CERB in the first months of the pandemic.⁶⁶

Systemic Racism and Discrimination

Poverty is racialized. In 2016, 20.8% of people with racialized identities, (those with a sense of self that is related to racial group membership), lived in poverty compared to 12.2% of non-racialized communities. Racism and discrimination often keep people with racialized identities in poverty, as systemic racism overlooks qualified candidates for jobs, home rental, and access to healthcare.

COVID-19 has illuminated systemic racism in Canada's healthcare system - rates of infection were higher among Black, Middle Eastern, South Asian, Southeast Asian and Latin American populations. In addition, the stress associated with the pandemic created mental health challenges, in part due to racist and xenophobic attacks on racialized groups.⁶⁷

Access to the Social Safety Network

Accessibility needs improvement for low-income households, in smaller municipalities, and for those with increased barriers.

Households in low income require access to appropriate and effective systems of care, and cannot meet their needs through financial benefits alone. A community's social safety network - the community-based organizations, charities, institutions, and nonprofits that support individual and community well-being - are essential to everyone, regardless of income level.

The social safety network is particularly important for those in low income, as they rely upon it to meet basic needs. The network ultimately acts as a patchwork of resources to help individuals and families make it through the month. Access to services can enable low-income families to meet their basic needs, and may help to moderate the effects of poverty. Access to services may be interpreted differently and look different to every individual or family: what is easily accessible to some may not be to others, and varies across urban versus rural communities.

Availability of Services, Programs or Benefits

- The first consideration for access is determining whether the service or resource is available. Does the resource exist? Do the individuals or families who would benefit from the resource know it exists? Is there a waitlist? Are some resources available some of the time, but not at the time when those who need it might need to access it? **These conditions of availability mean the resource is not truly accessible.**

Access to Information

- **Community resources are not serving the need if the people who need them do not know they exist or how to access them.** A variety of information channels are required, including in print and digital formats, in multiple languages, in key service locations or areas where individuals in low income can access the information. For individuals and families in low income, there may be inconsistent access to the internet or a phone, and there may be a need to have information quickly available in a crisis.

To support access to resources, the city of Lethbridge has a comprehensive systems map, a dynamic inventory of information on community resources. Systems mapping is a systematic approach to mapping all the programs, locations, helplines, and benefits available to people seeking help from the social services sector. Lethbridge and area systems mapping provides a real-time inventory of community services, and categorizes all programs by target population, eligibility criteria, geographic scope, and service model to show which resources are available.⁶⁸

According to the systems map, there are currently **1,545 listings** (services, locations, and benefits) in Lethbridge and Lethbridge County from a total of **206 agencies**.⁶⁹ Examining the systems map further, the number of resources available to children, youth and families reveals trends and considerations for the community.

Figure 7 shows systems mapping data of only those services and programs identified as serving children, families, youth, or those who are pregnant, totalling 914 listings. This does not mean the remaining services do not support these populations, but instead that they probably do not specialize or target their services specifically to those populations.

Figure 7. HelpSeeker systems map listings for target populations by category

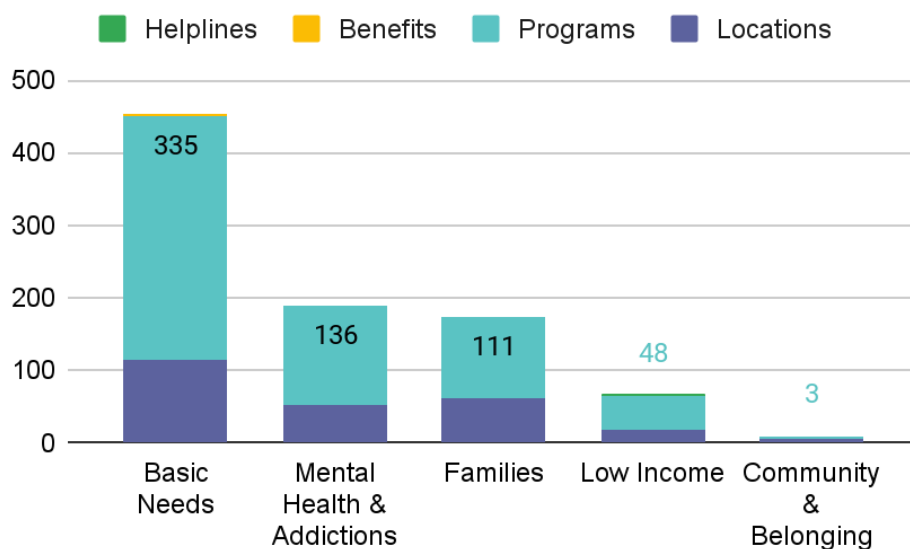


Figure 7 includes 5 listings classified as Helplines and 5 listings classified as benefits which identify as serving children, youth and families. Data is updated and refined in real-time on

Direct Literal Access (Physical or Virtual)

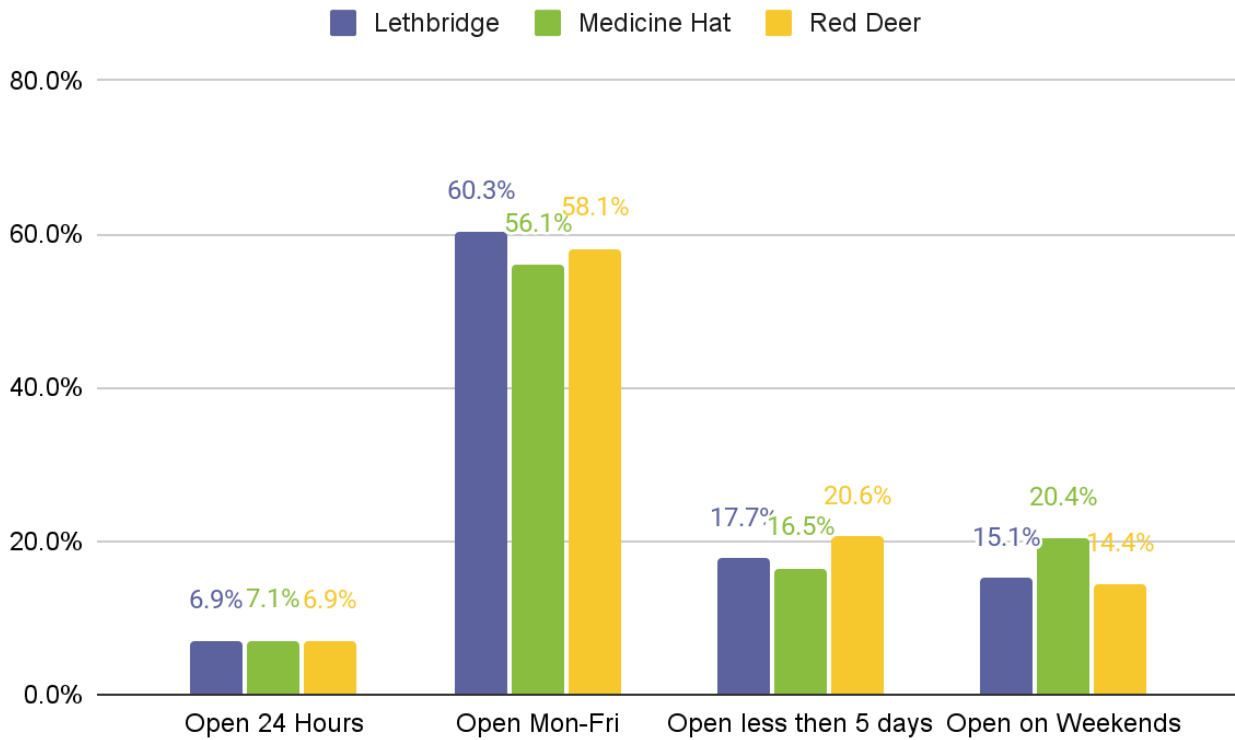
For individuals living in low income, accessibility of services has additional barriers and requires additional navigation due to the conditions created by poverty. Lack of a personal vehicle or limited public transportation may make it difficult or impossible to access services. The adjacent communities that make up the Southwestern Alberta region have fewer physical locations for services, or operate as satellite sites of organizations with main offices in the city. Approximately 20,000 people commuted for work in the city, pre-pandemic,⁷⁰ with some daily commutes of 60 minutes or more. The length of a commute and the logistics of commuting into larger urban centres for community services are further complicated by the costs of transportation and work and school schedules for families.

Lethbridge relies heavily on individuals commuting alone, as compared to other cities in Canada (see Table 16 Appendix A). Examining 15 other comparators with 2016 populations under 200,000, which have available transportation data in Canada, Lethbridge covers the third-largest geographic area (km²). Lethbridge has 71.6% of its commuters near a public transportation stop, which is above the median of comparators at 70.5%. Yet Lethbridge has underused public transportation, with the fourth-lowest user rate (2.9%) and an overreliance on non-carpool car transportation (79%). This reliance on single-person vehicle travel suggests that those in low-income situations may struggle with transportation in general, from getting to jobs to accessing social services.

Literal access also includes being able to physically access a building, including whether the location is universally accessible for families with small children or disabilities, through ramps, adequate bathroom amenities, elevators, and other accessibility features

Hours of operation can also be a barrier to services, with people in unstable working conditions or inflexible employment positions unable to take time away during traditional daytime business hours. Added hours of access are not always available, though these allow more flexibility around other responsibilities, such as children or dependents who require supervision. Comparing Lethbridge with other Alberta cities (Medicine Hat and Red Deer), there is some variability with opening hours. Approximately 60% of providers in Lethbridge with available information operate Monday to Friday, with 15% of the services being open on weekends. Only 22% of services with information available are accessible outside of regular weekday business hours. These limitations on access to services outside of business hours may be preventing families from accessing services they need.

Figure 8 - Hours of operation, HelpSeeker listings for Lethbridge, Medicine Hat and Red Deer



Digital and technological barriers vary across Lethbridge and area. These barriers may include access to broadband internet, mobile phone coverage, and the hardware to use those technologies. According to a 2019 report by the Canadian Radio-television and Telecommunications Commission, 87.4% of Canadian households overall have broadband coverage, while only 45.6% of rural households and 24.8% of First Nations reserves have access to reliable broadband coverage.⁷² Additionally, even if the coverage is available, it is only accessible if individuals and families have the resources to consistently pay for it. The COVID-19 pandemic and its associated requirement to shift to working or attending school virtually from home highlighted the disparities in computer ownership, with families suddenly requiring multiple devices to properly engage online.

Access to Support

Support to navigate the social safety network is critical. Navigation takes skills and tools, which not everyone can access consistently. Navigation is a service in and of itself, and supporting individuals and families through navigation, especially those in low income, can ensure the right services are found, and reduce barriers to access along the way.

211 Data

211 Alberta has a fully integrated provincial helpline and online searchable database to help Albertans navigate community, health, social, and government services. And 211 data can help planners and decision-makers understand the needs of Albertans. This service is available through phone, text, email, and chat, 24/7. The service is free, confidential, and available in over 170

languages over the phone. The vision for 211 Alberta is to have a comprehensive information and referral system that is accessible to all Albertans.

Prior to 2021, service was limited only to certain regions of Alberta, and did not cover Southern Alberta. Following a surge of pandemic-related calls and contacts in 2020, the Government of Canada committed funds from its Emergency Community Support Fund to expand 211 service nationwide by the end of the year. After the service became available to the Southwestern region in 2021, 211 was contacted by 1,253 people, and identified and addressed 1,838 unique needs specifically from those in Lethbridge. There were an average of 104 contacts from Lethbridge with 211 each month, with 92% of contacts made by telephone. These contacts are categorized to give the community a better understanding of the types of support being requested.

For people less likely to have access to a smartphone, computer or high-speed internet, phone navigation support is critical for accessing community resources. As shown in Table 15, there were more requests in 2021 for information on services, charities and donations, followed closely by income and employment information, together making up just over half the total requests. Healthcare requests are more often made to Alberta Health Services 811 Health Link and are therefore low for this reason within the 211 dataset.

Table 15. Calls received by 211, Lethbridge 2021⁷³

Needs Identified	Examples of the Types of Assistance	Number of Requests in 2021	Percentage of Requests in 2021
Organizational/ community / international services	Information services, charities/ grant-makers, donation drop-offs	484	26%
Income support and employment	Temporary financial assistance, employment and job search	450	24.5%
Basic needs	Transportation, food access, housing/shelter	257	14%
Environment and public health	Public health services, communicable diseases information	231	12.6%
Mental health and substance use disorder services	Crisis intervention, counselling services, substance use treatment programs	206	11.2%
Criminal justice and legal services	Landlord/tenant assistance, legal assistance, Legal Aid	106	5.8%
Individual and family services	In-home assistance, holiday programs, protective services street outreach programs	42	2.3%
Consumer services	Tax assistance programs, regulations, money management	34	2%
Healthcare	Medical expense assistance, healthcare referrals, patient/family support	24	1.3%

Education	Student financial aid, Student services and counselling	4	.3%
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Housing

Lone-parent households require immediate support to address core housing needs.

Housing is the largest household expense for most families, and access to affordable housing is critical to support children and families at risk of or living in low income. Housing precarity, core housing need, and housing affordability are measures used to examine the effect of low income on housing.

Affordable housing is defined in Lethbridge as housing that has received some form of subsidy from the Province of Alberta or other levels of government.⁷⁴ Both median shelter costs and average residential rent have increased in the last 10 years, while average residential rent for a three-bedroom unit increased almost 4% between 2019 and 2020.⁷⁵

One of the measures on Canada's official poverty dashboard of indicators is "unmet housing needs," which refers to Canadians who are in housing that is unaffordable (costing more than 30% of before-tax household income), in need of major repairs, or unsuitable for the size and make-up of a family, but the family cannot afford a suitable and adequate home in their community.⁷⁶ This is more commonly referred to by Canada Mortgage and Housing Corporation as core housing need.

According to 2016 data,⁷⁷ examining households only, the overall rate of core housing need in Lethbridge was 9.9%. The household types with the **greatest prevalence of core housing need are lone-parent households (21.6%)** followed closely by one-person households (20.1%). In lone-parent households, women-led lone-parent households are more likely than men-led lone-parent households to be in core housing need (see table 17). For households with children, decreases in core housing need of 0.6% were observed between 2011 and 2016 for couples with children, while the most significant decreases were experienced by multiple-family households (3.1% decreases) and lone-parent households (2.4% decrease).

Table 16. Household type (% of households in core housing need), Lethbridge, 2011, 2016⁷⁸

	Couple With Children	Couple Without Children	Lone- Parent Households	Multiple Family	One- Person Households	Other Non-Family	Total
2011 Percentage in	5.8%	3.3%	24.0%	8.3%	20.0%	6.0%	10.2%

core housing need							
2016 Percentage in core housing need	5.2%	3.1%	21.6%	5.2%	20.1%	5.8%	9.9%
Change	↓	↓	↓	↓	↑	↓	↓

Table 17. Lone-parent family households in core housing need by gender), Lethbridge, 2016⁷⁹

	Number of lone-parent family households (2016)	Number of lone-parent family households in core housing need	% of lone-parent households in core housing need
Female-led	2,590	680	26.3%
Male-led	730	130	17.8%

Housing affordability and costs of housing have a greater impact on children and families living in low income. Low-income renters have been hit especially hard during the pandemic in some smaller and rural centres across the country, as those who no longer have to commute looked to buy or rent elsewhere, causing “renovictions” of current tenants.⁸⁰

Looking at neighbouring areas, core housing need is more prevalent in some counties or municipal districts than others. For those areas with publicly available data, Pincher Creek has the highest rate of core housing need, while Crowsnest Pass has the lowest.⁸¹

Table 18. Core housing need prevalence rate, neighbouring communities, 2016.^{82 83}

Area	2006	2011	2016	Change/ Trend
Medicine Hat	5.7%	7.5%	9.7%	↑
Pincher Creek	No data	13.4%	23.4%	↑
Lethbridge County	8.1%	6.7%	6.6%	↓
Taber (Town)	7.2%	10.9%	4.0%	↓
MD Willow Creek	20.4%	No data	20.5%	-
Crowsnest Pass	11.6%	9.6%	2.8%	↓
Fort Macleod (Town)	No data	No data	9.5%	-
Raymond (Town)	No data	14.2%	4.5%	↓

COVID-19 has emphasized the importance of the right to housing, and the impact that a lack of affordable and adequate housing has on individual health and well-being. Populations that are more likely to live in overcrowded housing, such as those living in low-income, immigrants or Indigenous households, have been disproportionately affected by COVID-19.⁸⁴

Homelessness & Housing Insecurity

Hidden homelessness, housing insecurity, and women and children's homelessness need to be addressed.

In the 2018 report on the City of Lethbridge homelessness point in time count, a total of 223 individuals were identified as experiencing homelessness.⁸⁵ Of those enumerated, 9% were children between the ages of 0 and 17 years, while 27% were youth or young adults, aged 18 to 24. The 2016 Lethbridge point in time count reported a total of 89 people experiencing homelessness, including 2 people under 18.⁸⁶ This substantial increase between those two counts is, in part, due to a change in methodology for the 2018 count; however, to what extent that is the reason for the increase is unknown. A 2020 administrative count of people experiencing homelessness was completed in Lethbridge, but due to COVID-19 affecting how homelessness services were offered and how the count was conducted, the results cannot provide a direct comparison to previous years, and have not been included in this report.

Measures of child and family homelessness are greatly affected by the ways *women's* homelessness is measured, since "women's homelessness is made invisible by how we define, measure, and respond to housing need and homelessness."⁸⁷ Child and family homelessness is largely hidden homelessness, meaning that these households are less likely to access homelessness services in common physical locations, such as shelters or drop-ins. Estimates of hidden homelessness vary, and there is no standardized method to determine accurate estimates. According to Economic and Social Development Canada, between 2005 and 2016, family shelters operated at high capacity or over capacity, with longer shelter stays, and nearly 90% of families using emergency shelters are led by female lone parents.⁸⁸

Women are at a higher risk of intimate partner violence, human trafficking, and street violence than men. Women's shelters provide a safe and supportive environment to address the intersectional issues that contribute to women experiencing homelessness. In 2020-2021, YWCA Harbour House emergency shelter served 238 women and 91 children while operating with reduced capacity due to COVID-19. Also significant, **884 individuals were turned away from services due to capacity constraints.**⁸⁹ Poverty, or living in low income, endangers the safety of women and children, as mothers are less likely to leave abusive and violence situations to avoid experiencing homelessness or living in poverty.

The daily challenges for people experiencing homelessness were starkly apparent during COVID-19. As discussed, before the pandemic, there were numerous obstacles to accessing services and daily necessities. During the pandemic, capacity constraints, social distancing requirements, decreased hours of operation, and the inability of many to quarantine or isolate easily made it even more

difficult to access the already complex and burdened social safety network. With the closure of many regular services came disconnection from many stable and safe supports, such as counsellors, case workers, and occupational therapists. Reduced access to public spaces during the pandemic, such as malls and libraries, led to reduced access to warm-up locations, public washroom facilities, and free wifi or telephones, which people experiencing homelessness rely on to stay connected to services and their personal networks.

People experiencing homelessness are at increased risk of any infectious disease, and were found to be at increased risk of acute respiratory symptoms and “severe coronavirus,” according to studies of the virus in 2020.⁹⁰ This is due in part to the conditions in emergency shelters and drop-in centres, including close quarters and high turnover, and also the high prevalence of chronic illness for people experiencing homelessness.⁹¹

In 2022, there are strong vaccination rates in the general population in Alberta, but vaccination rates of people actively experiencing homelessness is unknown. For those experiencing homelessness, there are barriers to full vaccination, such as mistrust in the healthcare system due to past experience, lack of access to online and phone appointment-booking systems, and transportation challenges getting to a vaccine clinic. For families, children over the age of five can now receive two vaccine doses in Alberta, but families experiencing housing precarity, couch-surfing with friends, or staying at shelters may experience additional logistical challenges when attempting to receive two vaccine doses.

There may be an increase in homelessness in Southwestern Alberta as a result of the COVID-19 pandemic; however, past recessions have proven there is a lag time between the recession event itself and increases in people experiencing homelessness. Due to the COVID-19 pandemic, no 2020 or 2021 point in time count was conducted in Lethbridge as in years past, and therefore, changes in homelessness from 2018 are not known.

Rural Housing Insecurity and Homelessness

According to the Rural Development Network, it is estimated that **1% of Alberta’s rural population** is experiencing homelessness or housing instability.⁹² There is usually less information available on rural experiences of homelessness; when observed, it is primarily hidden homelessness. Rural homelessness has defining characteristics that make it different from urban homelessness, including an increased likelihood of experiencing homelessness as a family, and specifically a female-led lone-parent family. Economic issues are more likely to be the main cause of experiencing homelessness for rural individuals and families. The stigma of experiencing housing precarity or homelessness may be greater in rural areas, as individuals are more likely to be recognized by other community members, and are also more likely to have “strong familial and geographic ties to the area.”⁹³

The common point in time count methodology used in many urban centres in Canada is not effective for rural communities, where estimations of homelessness are also conducted less often. A Rural Development Network initiative called 2020 Community Estimations included information and data from 24 rural communities

in Alberta, and estimates “**almost half of all people requesting social services in rural Alberta are experiencing housing insecurity.**”⁹⁴

The 2020 Community Estimations project included two communities in the Southwestern Alberta catchment area, Cardston and Fort Macleod, and offered insights into service usage in the area. Survey respondents in the project were asked “In which community do you most often seek services?” Lethbridge was the first response for respondents in Fort Macleod and was the second response for respondents in Cardston.^{95 96} The limited bus service and cost of transportation between these communities may be a barrier to accessing services as often as needed, or to establishing relationships of trust with service providers.

Low-income Food Security

Lone-parent families need immediate support.

Household food insecurity refers to the inadequate or insecure access to food because of financial constraints.⁹⁷ Certain population groups have a higher prevalence of food insecurity, including those in low income, lone-parent households, and particularly female-led lone-parent households, renters, women, and households with children younger than 18 years of age.^{98 99} These characteristics are consistent with those identified in people accessing the Lethbridge Food Bank between 2016 and 2018, according to the Community Wellbeing Needs Assessment.¹⁰⁰

Three categories of food insecurity are used by the Household Food Security Survey Module (HFSSM), Canada’s primary validated measure of food insecurity.¹⁰¹ Table 19 below provides the percentage of Alberta households by degree of food insecurity, noting that 12.8% of households experience moderate or severe food insecurity.¹⁰²

- **Marginal food insecurity:** Worry about running out of food and/or limited food selection due to a lack of money for food.
- **Moderate food insecurity:** Compromise in quality and/or quantity of food due to a lack of money for food.
- **Severe food insecurity:** Miss meals, reduce food intake and, at the most extreme, go day(s) without food.

Table 19. Percentage of persons by household food insecurity status, Alberta 2018 and 2019¹⁰³

Food insecurity status	2018	2019	Change
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Marginal food insecurity	5.10%	5.60%	↑
Food insecurity (moderate or severe)	14.30%	12.80%	↑
Moderate food insecurity	8.40%	9.00%	↑
Severe food insecurity	5.90%	3.80%	↓

Food insecurity is not experienced the same by children and families across all household types. In Canada in 2019, 30.9% of lone-parent households experienced moderate or severe food insecurity, with 33% of female-led lone-parent families experiencing food insecurity. Overall, between 2018 and 2019, the Canadian percentage of households experiencing food insecurity decreased by approximately 1%.

Table 20. Percentage of persons by household food insecurity status and economic family type, Canada, 2018 and 2019

	Marginal food insecurity		Food insecurity (moderate or severe)		Moderate food insecurity		Severe food insecurity	
	2018	2019	2018	2019	2018	2019	2018	2019
All persons	5%	5%	11.5%	10.6%	7.9%	7.4%	3.6%	3.2%
Persons in two-adults families with children	6.5%	6.5%	11.3%	9.7%	8.9%	7.7%	2.3%	2%
Persons in lone-parent families	9%	7.4%	31.9%	30.9%	20.8%	20.4%	11%	10.4%
Persons in female-led lone-parent families	9.4%	7.3%	33.6%	33%	21.6%	22.8%	12%	10.2%

The social safety network in Southwestern Alberta includes numerous food-related services and resources, including 99 food-related offerings in Lethbridge and Lethbridge County.¹⁰⁴ According to the 2021 report from Food Banks Canada, children made up 38.8% of total visits to food banks in Alberta, and total visits overall were up 29.6% in the province.¹⁰⁵

Amongst rural centres, food bank usage across Canada decreased 3.8% overall between 2019 and 2021. The demographics of those accessing food banks in rural areas differed slightly, as there are fewer children and more seniors accessing rural food banks. Individuals accessing the food bank in rural areas are more likely to receive disability support and are more likely to identify as Indigenous (20.2% in rural communities).¹⁰⁶

Food insecurity during the COVID-19 pandemic presented the food security sector with new

challenges for increasing availability and access of a physical good that could not simply be transferred online. Children and youth who would normally benefit from school-based food programs and families that relied on these programs required alternatives to these resources. Unsurprisingly, those who were most affected by food insecurity during the pandemic were households with children.¹⁰⁷

Mindful Munchies

The Mindful Munchies Program was started in 2017 through the Lethbridge Food Bank as a way for students and youth in need to be given lunches during the school day. Lethbridge Food Bank makes fresh, healthy lunches weekly, and sends them out for delivery through the volunteers at MyCityCare, a local organization. As a result of school closures during the pandemic, Lethbridge Food Bank, in conjunction with two school authorities, coordinated lunches to be dropped off at homes for children who had been registered for school-based lunch programs.

Interfaith Food Bank Society of Lethbridge

The Interfaith Food Bank provides emergency food services to Lethbridge and area. During COVID-19, Interfaith increased their Special Dietary Food Bundles to accommodate the increased needs of individuals accessing food services who require specialized food items due to medical, religious, or other reasons. Increased demand for their Baby Bundles program was also noted during the pandemic, with 287 bundles distributed throughout 2021.¹⁰⁸ These bundles provide food and resources for pregnant women and babies in their first year.

Education

Early childhood services and support are needed for all children, especially low-income children. It is anticipated that the COVID-19 pandemic has had negative effects on early childhood development, early intervention and prevention planning.

Early Childhood Development

Poverty has a lifelong impact on educational attainment and employment, and early childhood poverty especially affects a child's ability to learn, actively engage in school and develop skills at the pace of their peer group. The poverty rate for children under the age of 6 is higher than that for older children, a finding true nationally and in the Lethbridge area. Brain development is affected by poverty before birth, with studies finding children as young as 6 months old having measurable differences in brain development between those living in low income compared to those who are

not.¹⁰⁹ Living in low income decreases a child’s readiness for school through aspects of health, home life and neighbourhoods.¹¹⁰

The Alberta Early Development Instrument Program (Alberta EDI Program) was a partnership from 2016 to 2020, between the Ministries of Children’s Services, Community and Social Services, Health, and Education. The EDI is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year.¹¹¹ It measures children’s ability to meet age-appropriate developmental expectations in five general areas or domains:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive development
- Communication skills and general knowledge

Although no recent EDI data is available as EDI scores are no longer tracked by the government of Alberta, findings from the 2016 EDI reports are available for most communities in Alberta if sufficient data is available to release findings. Data from 2016 suggest Lethbridge kindergarten children and those in neighbouring communities are on track at similar levels to Alberta children.¹¹² The report findings do not provide enough information to determine the socioeconomic status of children included in the dataset.

Academic Achievement

High school enrollment rates in municipalities with stable or growing populations have increased over the last 10 years.¹¹³ High school graduation rates of those finishing within five years of beginning grade ten are 83% in Alberta for the 2015-2016 academic year.

Table 21. Grade 10-12 Enrollment, Lethbridge CMA, 2016-2019.

Year	Count	Annual Change
2016	3,972	-
2017	3,994	0.55%
2018	4,026	0.80%
2019	4,269	6.0%
2020	4,275	0.14%

Students experiencing poverty are less likely to graduate from high school, due to a combination of factors, including their school experience leading up to graduation, as well as home environment and family factors.¹¹⁴ Poverty as a set of conditions, such as food insecurity, housing inadequacy, stress,

physical health symptoms, and more, may all play a role in a student's ability to complete high school.

It is anticipated that the COVID-19 pandemic has had negative effects on early childhood development, early intervention and prevention planning.

Health and Access to Healthcare

The mental health effects of COVID-19 , and a critical shortage of physicians in Lethbridge and area, require monitoring and planning to achieve improvement.

The effects of poverty are evident across all social determinants of health, and impact the physical and mental health of children, youth and families. On average, children living in low-income neighbourhoods and households have poorer health outcomes than their peers not in low income.¹¹⁵ According to the World Health Organization, poverty is linked to low birth weight, high childhood mortality, high levels of disease, and decreased access to healthcare services.¹¹⁶

As a result of Canada's Opportunity for All, unmet health needs are now consistently measured through the Canadian Income Survey (CIS). In 2018, 5.1% of Canadians responding to the CIS who were aged 16 years and older indicated they had an unmet health need in the previous 12 months. This increased to 6% of respondents in 2019.¹¹⁷ Female respondents have a higher rate of unmet health needs than those who identify as male (6.8% and 5.2%, respectively, for 2019). Alberta has the lowest rate of 2019 unmet health needs, with a decrease from 4.4% to 4.1% between 2018 and 2019. Newer data may see the measure of unmet health needs increase due to the lack of physicians in rural Alberta, as physician shortages continue across Southwestern Alberta. As of April 2022, 43,000 Lethbridge residents are without a family doctor.¹¹⁸

Availability and access, as previously discussed, affect how easily a low-income individual or family can meet their health needs. The healthcare system is diverse; however, one indicator of its accessibility in a community is the number of family physicians per 1,000 people in the local geographic area. Table 22 shows that five areas have fewer family physicians than the provincial rate, with Lethbridge - South having the largest number of physicians per 1,000 population. Family physicians are often the keystone service provider for other programs and services related to health and low income for families. Being without a regular healthcare provider is associated with fewer visits to general practitioners or specialists, who can play a role in the early screening and treatment of medical conditions.¹¹⁹ The provincial rate for people with a regular healthcare provider in Alberta decreased from 19.5% in 2015 to 14.9% in 2019.¹²⁰

Table 22. Volume of family physicians (per 1,000 population), 2017-2018¹²¹

Area	Number of Family Physicians (per 1,000 Population), 2017 and 2018
Alberta	1.2
Cardston-Kainai	0.8

County of Lethbridge	0.4
Crowsnest Pass	2.4
Fort Macleod	0.9
Lethbridge - North	0.3
Lethbridge - South	3.1
Lethbridge - West	0.4
Pincher Creek	1.7

As stated in the Lethbridge Community Wellbeing Needs Assessment Report, “Mothers and children who live in poverty are at higher risk for a variety of mental, physical, emotional, and behavioural health problems, including depression, obesity, child maltreatment, teenage problem behaviours, drug abuse, and lower educational attainment. Lethbridge North is highlighted with several maternal and child health-related issues.”¹²²

The teen birth rate for the South Zone Primary Care Network between fiscal years 2015-2016 and 2017-2018 was 13.2 per 1,000 women aged 15 to 19 years.¹²³ The provincial rate of teen births is 8.0, and the national rate is 8.4.¹²⁴ Overall, Canada’s teen birth rates have decreased since 2010. The impacts of poverty begin before birth, as people who are pregnant and in low income do not access the same level of healthcare and support as those not in low income.

The conditions that poverty creates, such as food insecurity or stress, can affect overall health. In a recent study of 55,700 youth aged 12 to 24 years, one in seven was found to live with food insecurity. The same study found that food insecurity was associated with poorer mental health among youth, including suicidal thoughts, risk for mood disorders, and anxiety disorders.¹²⁵ The connection between low income and mental health can affect children too, as confirmed in a study of Canadian children that found children in low-income families are more likely to have emotional and behavioural problems than other children.¹²⁶

Poverty reinforces and worsens adverse childhood experiences,¹²⁷ and has such a detrimental effect on children and families, and their long-term outcomes, that some researchers and childcare professionals feel that poverty or living in low income should be considered, on its own, an adverse childhood experience.¹²⁸

People with Disabilities

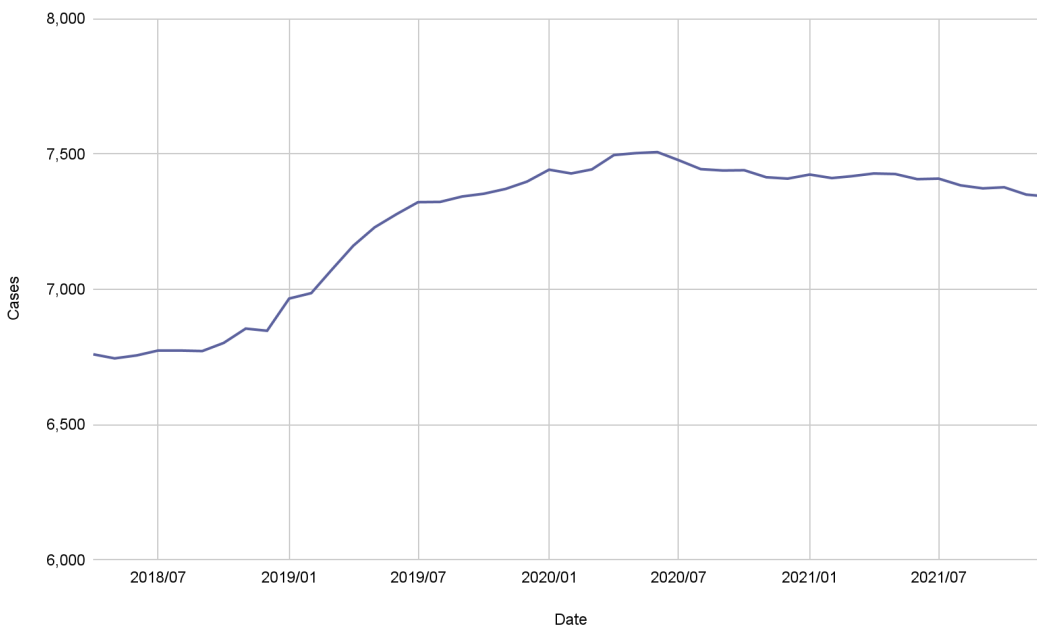
As of 2017, 22% of Canadians identified as having a disability. Depending on the type of disability and the complex nature of co-occurring disabilities, many people with disabilities will require a form of support throughout their lifetime. Among persons who report disability, 1 in 4 lives in low income.¹²⁹ Disabilities may affect a person’s ability to be gainfully employed, maintain a home, and navigate and access social services and their community.

Just over one-third (35%) of Canadian workers with disabilities received at least one CERB payment. CERB distributed funds according to severity of disability. Youth with disabilities aged 18 to 24 years

accounted for 43% of CERB recipients.¹³⁰ COVID-19 has highlighted the importance of health, leaving immunocompromised people and those with chronic health issues with insufficient support.

In Alberta, adults with severe and permanent disabilities that substantially limit their ability to earn a livelihood are eligible for the Assured Income for the Severely Handicapped (AISH) program. In December 2021, the South Community Social Services region, which includes Lethbridge, had 10.5% of the AISH recipients in Alberta on their caseloads.¹³¹ Figure 9. below visualises the increase in the number of AISH caseloads for the South CSS region over three years, with 6,774 cases in July 2018 and 7,409 in July 2021. The current benefit rate for AISH is \$1,685 a month, and that does not account year-over-year for inflation, so will not keep up with the rising costs of living.¹³²

Figure 9. AISH caseload, Community Social Services, South Region, 2018-2021



For children, Alberta has historically provided funding known as the Family Support for Children with Disabilities (FSCD). The FSCD program works with eligible families to provide support and services based on each child's and family's needs. Eligibility entails age and residency criteria (under 18, Canadian citizen or permanent resident, Alberta resident), and disability criteria (chronic, developmental/physical, sensory, mental, or neurological condition or impairment, and specific health conditions). In 2019-2020, children on the autism spectrum had the most diagnoses for FSCD caseloads across Alberta (41.1%). The South region saw a 6.1% reduction in caseloads between April 2018 and Dec 2020, likely as a result of the 2019 and 2020 provincial reduction in FSCD spending.¹³³

Families with children with disabilities have increased barriers to accessing services, higher engagement with the healthcare system and, for most, a reliance on government benefits. Families

in poverty who are eligible for other social assistance programs as a result of low income may receive less social assistance because they have some income from initiatives such as FSCD.¹³⁴



Call To Action

Lethbridge and area has seen a small reduction in overall poverty due to federal and provincial child benefits.¹³⁵ The Community Wellbeing & Safety Strategy has supported progress on some social issues, but there have been no specific actions taken to reduce poverty in the city of Lethbridge. Additionally, the City of Lethbridge has implemented very few municipal policies to address poverty in comparison to other cities in Alberta or Canada, and Lethbridge does not currently have a poverty-reduction plan.

The social services sector in the city of Lethbridge mobilized quickly and was not afraid to innovate and attempt new ways of working at the onset of COVID-19, creating a communications structure which has and will continue to serve them well in the coming years. Funders rapidly acquired and allocated COVID-related funds to support individuals and families experiencing less support or barriers to accessing support as a result of the pandemic. A complex process to support people who needed to access emergency shelter was created to ensure social distancing and effective quarantining. Children and families who were cut off from their usual supports, such as at-school food programs, were quickly connected to services like the previously referenced Mindful Munchies program. Because of the disruption to daily life caused by the pandemic, the true markers of progress on poverty cannot be known. Proactive steps will be needed to ensure progress throughout the recovery.

Priority groups for a just recovery include racialized individuals and families, lone-parent families (with specific emphasis on female-led lone-parent households), Indigenous families living on and off reserve, and recent immigrants. There is time to proactively address the effects of COVID-19 which will hit the social services sector and general population in the next five years. **Addressing low income is the keystone priority for an equitable and just recovery.**

Actions for a Just Recovery

General Public

Now is the time to address the fundamental societal shifts caused by the pandemic, and align on rights-based frameworks, such as the right to housing, the right to basic income, and the right to positive wellbeing:

- Understanding who in your community is affected by low income and the conditions of poverty;
- Advocacy to your elected representatives;
- Firmly become an ally to your racialized community of neighbours and residents;
- Advocate for employers and others to pay a living wage;

Regional and Businesses (Lethbridge and area)

- Ensure staff are paid appropriately and that conditions of working at your agency or organization are helping to end working poverty;
- Hire staff as employees as opposed to contractors whenever possible;
- Adopt diverse hiring practices inclusive of racialized peoples, individuals with disabilities, and immigrants;
 - Advance the Truth and Reconciliation 92nd call to action to bridge relationships between nonprofit community organizations and businesses to increase opportunities for Indigenous job-seekers in Lethbridge and area;
- Celebrate and support local businesses that choose to pay a living wage to their employees;
- Collaborate with libraries and other organizations in southern Alberta to increase access to the internet for low-income people;
- Collaborate with regional partners to end homelessness;
- Increase urban and rural community investments in affordable housing.

Service Providers in the Social Safety Network

- Review eligibility criteria for programs and services to determine whether processes create barriers for participation by people in poverty and marginalized groups;
- Review information and material about programs and services for availability, and address access to reliable internet, computers and cell phones for the post-pandemic world that requires these tools to navigate effectively;
- Participate in Lethbridge's Integrated Coordinated Access Network to improve navigation for people accessing services;
- Work toward data transparency and disaggregation, include mandatory data sovereignty training;

Local Funders and Decision-Makers

- Monitor the short- and long-term effects of COVID on mental and physical health of residents;
- Collaborate with community partners to address exclusion, recognize diversity and promote inclusion to create collective impact;
- Raise and distribute collaborative funding opportunities, such as coordinated funding proposals and strategies;
- Pilot test innovative poverty-prevention projects to create the case for new policies and ways of working;
- Include people with lived experience in dialogue, and planning and reviewing proposed interventions;
- Develop a framework for disaggregated data collection and sharing across sectors for key data points;
- Develop a COVID-recovery investment strategy that is focused on individuals and families in deep poverty or chronic poverty;
- Establish consistent and measurable indicators of poverty reduction for the local Southwestern Alberta context;
- Maintain an annual or semi-annual schedule of poverty-focused community reports;

- Invest in Indigenous leadership and civil society organizations;

Policy and Government

Federal

- Building on learnings from the Canada Emergency Response Benefit (CERB), develop and implement a basic income plan nationally;
- Increase government transfers to those who are more likely to live in low income, such as increased child benefits to families with children, with a special focus on lone-parent families;
- Implement a wealth tax to combat inequality;
- Create an additional official low-income/poverty-measurement tool that includes the LIM-AT and CFLIM-AT;
- Engage people with lived experience, Indigenous organizations, providers of early child services, immigrant services, and disability services, to ensure policies and programs meet their needs;
- Provide CERB amnesty and overall benefits by recalculating the CCB payments issued in July 2021.¹³⁸

Provincial

- Increase provincial income support and AISH funding to lift recipients out of poverty, and index rates annually for inflation;
- Increase funding for early child development and provide accessible parenting programs;
- Provide funding to monitor early child development in Alberta communities (e.g., with the Early Development Instrument);
- Disaggregate Lethbridge-specific data when possible from that of the region (e.g., AISH recipient data).

Federal, Provincial and Municipal

- Implement the 94 Truth & Reconciliation calls to action including those that specifically address children and poverty, such as:
 - Providing resources to enable Indigenous children to remain with their families when safe to do so, decreasing the effects of adverse childhood experiences of

apprehension, trauma, and loss of cultural connectedness commonly associated with Indigenous children in care;

- Providing sufficient funding and resources to close identified educational achievement gaps between Indigenous and non-Indigenous children and youth;
- Ensure that Aboriginal Peoples have equitable access to jobs, training, and education opportunities in the corporate sector, and that Aboriginal communities gain long-term sustainable benefits from economic development projects.

Municipal and Community Partners

- Collaboratively develop a plan to end poverty in Lethbridge by a target date (within 10 years) e.g., the CWSS Council to engage with community organizations and networks;
- Promote collective action to end poverty and social inequities;
- Engage people with lived experience (particularly Indigenous people) as partners in advocacy, planning and action;
- Implement a living wage for all city of Lethbridge employees and contractors;
- Implement a low-income technology program, (similar to the Recreation and Culture Fee Assistance Program currently available through the City of Lethbridge);
- Implement a social procurement plan in the city of Lethbridge that would promote local employment, a living wage, and incentivize the employment of a diverse workforce;
- Implement municipal social policies to support the participation of low-income people in community life (e.g., implement a low-income bus pass to enable participation in employment, education, recreation, and access to services).

Appendices

Appendix A. Tables

Table 2. Population growth, 2016, 2021. Neighbouring subdivisions of southwestern Alberta.

Census subdivision (CSD) name	Population		
	2016	2021	% change
Cardston County	4,481	4,856	8.4%
Cardston (Town)	3,585	3,724	3.9%
Kainai (Blood 148)	4,570	4,572	0%
Municipal District of Pincher Creek	2,965	3,240	9.3%
Municipal District of Taber	6,851	7,447	8.7%
Lethbridge County	10,353	10,120	-2.3%
Warner County No. 5	3,847	4,290	11.5%
Municipal District of Willow Creek	5,179	6,081	17.4%
Municipality of Crowsnest Pass	5,565	5,695	2.3%
Piikáni (Piikani 147)	1,544	1,550	0.4%
Vulcan County	3,984	4,237	6.4%

Table 16 2016 Transportation data⁷¹

Geography	Population	Land area	Population near transit stop	Commuting in vehicle alone	Carpool in vehicle	Public transit	Active transport
	Persons	Square kilometres	Persons	Percentage			
Lethbridge, Alberta	117,395	2,975.10	71.6%	78.9%	11.8%	2.9%	5.4%
Moncton, New Brunswick	144,810	2,559.00	65.4%	72.5%	16.8%	3.4%	6.0%
Saint John, New Brunswick	126,200	3,509.60	49.1%	71.5%	17.9%	4.1%	5.4%
Saguenay, Quebec	160,980	2,759.70	75.4%	82.9%	9.3%	2.2%	4.3%

Sherbrooke, Quebec	212,105	1,459.60	76.4%	78.0%	10.6%	4.2%	6.3%
Trois-Rivières, Quebec	156,040	1,040.50	75.4%	82.8%	8.8%	2.3%	5.3%
Barrie, Ontario	197,060	898	66.8%	76.2%	14.5%	4.3%	4.1%
Belleville, Ontario	103,470	1,336.50	57.1%	77.5%	12.9%	2.3%	6.2%
Brantford, Ontario	134,205	1,073.10	69.6%	78.0%	13.4%	3.1%	4.6%
Greater Sudbury / Grand Sudbury, Ontario	164,690	3,924.50	66.5%	75.7%	13.2%	4.9%	4.9%
Guelph, Ontario	151,985	593.5	83.5%	72.8%	13.1%	6.4%	6.9%
Kingston, Ontario	161,175	1,938.80	69.4%	68.6%	14.1%	6.8%	9.5%
Peterborough, Ontario	121,720	1,507.10	62.7%	73.3%	13.6%	3.9%	8.3%
Thunder Bay, Ontario	121,620	2,556.80	76.3%	77.8%	11.6%	3.9%	5.4%
Abbotsford - Mission, British Columbia	180,520	607.1	79.3%	76.0%	16.5%	2.5%	3.7%
Kelowna, British Columbia	194,880	2,904.90	73.7%	74.3%	11.7%	3.9%	7.2%

Appendix B. Actions for a Just Recovery (Text in full)

General Public

Now is the time to address the fundamental societal shifts caused by the pandemic, and align on rights-based frameworks, such as the right to housing, the right to basic income, and the right to positive wellbeing. This can be done through:

- Understanding who in your community is affected by low income and the conditions of poverty;
- Advocacy to your elected representatives to raise concerns and advocate for a truly just recovery for everyone, including voicing support for a national basic income;
- Firmly become an ally to your racialized community of neighbours and residents, including supporting all children and families in achieving their potential;
- Advocate for employers and others to pay a living wage based on the Alberta living wage hourly amount for Lethbridge;

Regional and Businesses (Lethbridge and area)

- Ensure staff are paid appropriately and that conditions of working at your agency or organization are helping to end working poverty.
 - This should include equal pay regardless of gender and hourly wages informed by the [Alberta Living Wage](#);
- Hire staff as employees as opposed to contractors whenever possible, to improve job and worker protections while increasing employees' access to federal benefits;¹³⁶
- Adopt diverse hiring practices inclusive of racialized peoples, individuals with disabilities, and immigrants to increase job market access for groups vulnerable to living in poverty;
 - Advance the Truth and Reconciliation 92nd call to action to bridge relationships between nonprofit community organizations and businesses to increase opportunities for Indigenous job-seekers in Lethbridge and area;
- Celebrate and support local businesses that choose to pay a living wage to their employees;
- Collaborate with libraries and other organizations in southern Alberta to increase access to the internet for low-income people;

- Collaborate with regional partners to end homelessness;
- Increase urban and rural community investments in affordable housing.

Service Providers in the Social Safety Network

- Review eligibility criteria for programs and services to determine whether processes create barriers for participation by people in poverty and marginalized groups, in addition to reviewing policies (e.g., removing or waiving program fees as needed);
- Review information and material about programs and services for availability, and address access to reliable internet, computers and cell phones for the post-pandemic world that requires these tools to navigate effectively;
 - Explore what infrastructure changes should be made permanent as a result of COVID-19 having inspired increased access for services in some areas or populations (e.g., increased variety of online services for those who live outside the city of Lethbridge).
- Participate in Lethbridge's Integrated Coordinated Access Network to improve navigation for people accessing services;
- Work toward data transparency and disaggregation, include mandatory data sovereignty training, such as the OCAP Principles for all staff interacting and handling First Nations data;

Local Funders and Decision-Makers

- Monitor the short- and long-term effects of COVID on mental and physical health of residents;
 - Explore short and long-term effects of COVID-19 and social isolation on early and mid-year child development; create flexible programming in response.
- Collaborate with community partners to address exclusion, diversity and inclusion to create collective impact;
- Raise and distribute collaborative funding opportunities, such as coordinated funding proposals and strategies;
- Pilot test innovative poverty-prevention projects to create the case for new policies and ways of working;

- Include people with lived experience in dialogue, and planning and reviewing proposed interventions;
- Develop a framework for disaggregated data collection and sharing across sectors for key data points, to understand who is truly living in low income and their outcomes across time;
 - As per the recommendations of the 2021 Report of the National Advisory Council on Poverty,¹³⁷ funders and service providers should uphold minimum data standards with inclusive response options for women and gender equity, Indigenous heritage, immigration/refugee status, race/ethnicity, disability, prior or current institutionalization, and sexual orientation and gender identity. In addition, family information such as size of family and lone-parent status should be included.
- Develop a COVID-recovery investment strategy that is focused on individuals and families in deep poverty or chronic poverty;
- Establish consistent and measurable indicators of poverty reduction for the local Southwestern Alberta context that take into account the variety of municipalities and communities in the area;
- Maintain an annual or semi-annual schedule of poverty-focused community reports, building on established and consistent indicators.
- Invest in Indigenous leadership and civil society organizations to deliver effective services and support to the Indigenous community.

Policy and Government

Federal

- Building on learnings from the Canada Emergency Response Benefit (CERB), develop and implement a basic income plan nationally;
- Increase government transfers to those who are more likely to live in low income, such as increased child benefits to families with children;
- Implement a wealth tax to combat inequality;
- Create an additional official low-income/poverty-measurement tool that includes the LIM-AT and CFLIM-AT to support comparability of information across communities of different population density and size, both in Canada and internationally;

- Engage people with lived experience, Indigenous organizations, providers of early child services, immigrant services, and disability services, to ensure policies and programs meet their needs;
- Provide CERB amnesty and overall benefits by recalculating the CCB payments issued in July 2021, to exclude the CERB from the calculation of income; and that it return the lost benefits to families, and use the readjusted benefit amount until July 2022.¹³⁸

Provincial

- Increase provincial income support and AISH funding to life recipients out of poverty, and index rates annually for inflation;
- Increase funding for early child development and provide accessible parenting programs (with targeted investment in Alberta communities/areas with lower EDI scores or high rates of poverty);
- Provide funding to monitor early child development in Alberta communities (e.g., with the Early Development Instrument) with annual reporting;
- Disaggregate Lethbridge-specific data when possible from that of the region (e.g., AISH recipient data).

Federal, Provincial and Municipal

- Implement the 94 Truth & Reconciliation calls to action including those that specifically address children and poverty, such as:
 - Providing resources to enable Indigenous children to remain with their families when safe to do so, decreasing the effects of adverse childhood experiences of apprehension, trauma, and loss of cultural connectedness commonly associated with Indigenous children in care;
 - Providing sufficient funding and resources to close identified educational achievement gaps between Indigenous and non-Indigenous children and youth;
 - Ensure that Aboriginal Peoples have equitable access to jobs, training, and education opportunities in the corporate sector, and that Aboriginal communities gain long-term sustainable benefits from economic development projects.

Municipal and Community Partners

- Collaboratively develop a plan to end poverty in Lethbridge by a target date (within 10 years) e.g., the CWSS Council to engage with community organizations and networks;
 - Align this plan to end poverty with surrounding communities' plans and other strategies that include Southwestern Alberta.

- Promote collective action to end poverty and social inequities;
- Engage people with lived experience (particularly Indigenous people) as partners in advocacy, planning and action;
- Implement a living wage for all city of Lethbridge employees and contractors;
- Implement a low-income technology program, (similar to the Recreation and Culture Fee Assistance Program currently available through the City of Lethbridge), which could include access to reduced-cost hardware and software for low-income individuals and families;
- Implement a social procurement plan in the city of Lethbridge that would promote local employment, a living wage, and incentivize the employment of a diverse workforce;
- Implement municipal social policies to support the participation of low-income people in community life (e.g., implement a low-income bus pass to enable participation in employment, education, recreation, and access to services).

Appendix C References

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