

Social Welfare Policies and Rural Canada¹

Bill Reimer

Dept. of Sociology and Anthropology
Concordia University
1455 boul de Maisonneuve O.
Montreal, QC H3G 1M8
Bill.Reimer@concordia.ca
November 12, 2009

This is a pre-publication version of the following.
Reimer, Bill (2010) "Social Welfare Policies in Rural Canada" in Milbourne, Paul (ed.) Welfare Reform in Rural Places: Comparative Perspectives, volume 15 of Research in Rural Sociology and Development series, Bingley: Emerald Group Publishing Ltd.

Introduction

For the most part there is no rural welfare policy in Canada – just as there are few examples of rural policy. There are many examples where welfare policy has special implications for rural people, and even a few instances where welfare policy has targeted (explicitly or implicitly) rural regions, but this is rarely formulated from a position of rural policy or perspective. In addition, social welfare policy in Canada is complex. Within the Canadian Confederation, social welfare policy is primarily the responsibility of provinces and territories. For that reason instead of a unified policy system Canadians have a multitude of welfare policies, somewhat coordinated within a national structure.

Many of the federal policies regarding employment, health, regional development, aboriginal affairs, and fiscal design have implications for the flexibility and options available at the provincial level but the mechanisms by which the two levels of government coordinate their activities are far from simple. As a result, my strategy is to focus primarily on federal policies and programs, giving some attention to provincial or territorial arrangements where they deviate substantially from other regions or are largely outside federal jurisdiction. While doing this I will first outline the policy context of welfare issues in Canada, giving some attention to the historical changes within those policies and then turn to the implications they have for rural places.

¹ I would like to thank Andres Gouldsbrough for the extensive support he has provided in the preparation of this chapter.

I take a broad approach to welfare - in keeping with the recognition that taking care of others is the result of complex economic, social, political, and cultural dynamics. In Canada, this means considering both social security programs (with their emphasis on economic assistance), and social and welfare services (with a primary focus on the personal and social needs of disadvantaged populations). To make the analysis manageable, I will focus on public sector policies and programs with special attention to those that have the most direct implications for rural people and places. To some extent these reflect the institutional distinctions that are found in federal and provincial governments, but many of them cut across the various ministries and departments – creating challenges for policy, programs, and analysis.

Setting the Welfare Context

The Canadian approach to welfare has emerged from a number of key events and circumstances that colour the policy context in important ways. First, is our history as a trading nation. The abundance of natural resources attracted Europeans even before Canada became a nation, it strongly influenced our economic and social development, and it continues today in our heavy reliance on commodity trade throughout the world (Innis, 1995; Reimer, 2005). Within this context, the first preoccupation of governments was for the economic growth of the nation as manifested in the management of property, securing adequate labour, and moving large quantities of goods to international markets.

Until the turn of the last century, the care of the sick, education of the population (most of them immigrants), and support of the young and elderly were largely left up to families and religious, volunteer, and private organizations. This was most apparent in the province of Québec – where the Catholic Church managed the most extensive institutional welfare system in Canada, primarily dependent on voluntary contributions from the population (Marshall, 2006:184). For the rest of the

country, care of the needy was left up to a wide range of non-government groups – with only occasional government involvement. When governments got involved, their approaches most often reflected the Poor Law traditions of Britain, with their associated stigmatization of welfare.

In 1914 Canada's first modern social security system was implemented – the Workmen's Compensation Act of Ontario. This model of support for workers injured on the job was soon copied by other provinces across the country. In 1916, Manitoba passed the Mothers' Pension Act to support widows and divorced or deserted mothers of children. This, too, spread quickly to other provinces although it provided only meagre support and directed its attention to the 'worthy poor': an approach that was endemic to the Canadian perspective of welfare. In 1918 the federal government entered the social policy field when it introduced the children's tax exemption² (Battle and Torjman, 2001:15). Even the first old-age (1927) and blind peoples' pensions (1937) carried with them strict and humiliating means tests, however, that attempted to separate the 'deserving' from the 'undeserving' poor. They represent one of the first federal-provincial arrangements for joint welfare programs – with the federal government providing the funds and the provincial governments the management of those funds.

Urbanization, the Great Depression and World War II made clear how unemployment was not just a matter of personal failure, but reflected broader social events that justified a more concerted social response. It was during this period that the federal government got more heavily involved in social security by introducing the Unemployment Insurance Act of 1940.³ A national Family Allowance program that paid an equal monthly benefit to all families with children was introduced in 1945 but

² In 1988 this was converted to a non-refundable child tax credit.

³ Initial coverage extended to less than half of the labour force – mainly workers in industry and commerce. The majority of jobs, including those in agriculture, forestry, fishing, transport, teaching, health care and government service, as well as part-time work, were not covered by the program (Battle and Torjman, 2001:42).

disagreements over cost-sharing arrangements among the federal and provincial governments resulted in the failure of plans for federal medical and hospital insurance, old-age pensions, and support for those who did not meet unemployment insurance requirements.

Inspired by the Saskatchewan initiative for hospital insurance (1945) and their universal publically-supported medical care insurance (1961), other provinces introduced similar plans of their own. In 1968, the federal government introduced the Medical Care Act by which it contributed to provincial plans so long as they meet conditions for universality (Scott, 2005:22). In 1966 they implemented the Canada Pension Plan (CPP) designed to provide social-insurance protection for retirement along with disability, children's, and survivors' benefits (Battle and Torjman, 2001:17). This plan covered all the workforce, including most self-employed, within most parts of Canada – with the exception of Québec. Québec introduced an equivalent plan (The Québec Pension Plan) in keeping with its desire to manage its own affairs. Workers could now move from one province or territory to another without losing their benefits.

The emergence of Keynesian economics provided the theoretical justification for the initiatives begun in the 1930s. The state was given an important role in the management of the economy and concerns for education, health, and income supports were identified as critical elements of a healthy economy. As a result, both social security and welfare institutions were established by governments at federal and provincial levels, establishing the welfare state structures that were to characterize Canada until the rise of neo-liberalism in the 1980s.

The period from 1950 to 1970 included the general economic prosperity that made it possible to support the full expansion of the welfare policies established earlier. Health and education programs provided almost universal support to the large number of young children born in the post WWII period

(the baby boom) and welfare programs were expanded to serve those on the margins. Only as the economy declined in the early 1980s was this system of support challenged (Battle and Torjman, 2001:20; Scott, 2005:22; Orr, 1999:2). The rising cost of the welfare state and declining revenues of a world economy under change put Canadian governments under stress. The pressure from neo-liberalism for less state involvement in the economy and the pressure from our largest trading partner (USA) to dismantle universal health care in the interest of 'fair' trade were picked up by many Canadian governments as justification for downloading programs, reducing services, and making them more efficient through centralization. This pressure has continued to the present day – producing changes in our welfare systems that are once again emphasizing employment and income issues over general social support (Sieppert, 1997:5).

In 1984, the federal government received significant opposition to its proposal to partially de-index the old age pension, but they were successful in doing so with the Family Allowance and Child Tax Credit in 1985. Similar challenges to the Unemployment Insurance program met with substantial opposition from those who argued that unemployment was an issue of job scarcity and slow economic growth rather than individual failure or motivation. In 1989 the universality of several programs was again reduced by the introduction of tax-based 'claw backs' from family allowance and old age pensions for families with high incomes. Further changes to child allowances (1992) and old-age pensions (1996) shifted the programs to a means-tested base from its previous universality. In 1996, the Unemployment Insurance (UI) Program was replaced by the Employment Insurance (EI) Program – with the division of recipients into two groups: those considered 'normal' and those who were 'frequent'. The latter group faced additional conditions for continued support – including an income test or assessment of their willingness to work. Instead of an insurance program, it moved closer to the 'workfare' approach used by the USA (Battle, Mendelson and Torjman, 2006:15).

These changes occurred at the same time that the Canada Assistance Plan (CAP) was coming under significant pressure. CAP (introduced in 1966) was the federal-provincial agreement that guided the allocation of federal funds to the provinces. Two trends were obvious in these changes: the reduction of federal contributions and the gradual elimination of conditions regarding how the money might be spent. The overall result has been the reduction in provincial allocation to social welfare payments in deference to education and health care – along with some regional conditions (such as the 3-month residency requirement in BC) that reduce the mobility of both employed and unemployed Canadians.

In general, Canada has moved from a welfare state approach to one where welfare is seen as an adjunct to economic prosperity (Sieppert 1997; Titmuss, 1974). Unfortunately it is most often supported by the stigmatization of the poor – as lazy, undeserving, or selfish – harbinger of the old tradition of ‘poor laws’ from which Canadian welfare programs emerged (Battle, Mendelson & Torjman, 2006:12; Battle and Torjman, 2001:19). The rise in homelessness, the persistence of child poverty, the social and economic exclusion of Aboriginal Peoples, the expansion of food banks, and the increase in unemployment all challenge the validity of such claims.

Aboriginal Peoples

Aboriginal Peoples in Canada experience different conditions of social welfare since they have been singled out for special treatment via legislation, institutions, programs, and social perception. They are currently emerging from a long period of racism, institutional exclusion, and sometimes violent oppression – often couched in a veneer of benevolence and paternalism. This continued until the 1940s when Aboriginal Peoples became more politically active and the public became more aware of their conditions. Since that time significant changes have been made on behalf of those living under ‘status

Indian' conditions as well as those who are 'non-status'. The negotiations still taking place regarding non-treaty lands, the renegotiations of former treaties, and the establishment of self-government agreements are now conducted with a strong political and legal cohort of Aboriginal Peoples – promising considerable improvement in their welfare and position in Canadian society over the long run.

Social welfare programs directed to Aboriginal Peoples are primarily administered as a legacy from the federal Indian Act of 1876. This act was largely designed to transform Aboriginal Peoples from independent nation status to separate “bands”, transfer their land and governance rights through a series of treaties, and shift the management of the lands and band affairs to federal agents.⁴ The designation of “Indian” status under the act excluded several peoples of Aboriginal status such as the Inuit, Métis, and some Aboriginal Peoples living off reserves. Some Métis were given land under the Manitoba Act of 1870 and Inuit People were deemed a federal responsibility in 1939 although they were not subject to the Indian Act.

The welfare policies related to Aboriginal Peoples now take place in the context of several important initiatives. In 1982 a section recognizing existing aboriginal and treaty rights was inserted into the Constitution Act. In 1987, amendments were made to the Indian Act that abolished the policy of enfranchisement and restored Indian status through female lines as well as male. The territory of Nunavut was established in 1993, including a land settlement agreement with the Inuit (80% of the population), social and economic-development programs directed to the aboriginal population, and a governance structure that recognizes the special role of Aboriginal peoples in the region.⁵ In 1996 the

⁴ The responsibility for administration of the Indian Act passed through six different departments before it was placed in the Department of Indian Affairs and Northern Development in 1966. This department is now known as Indian and Northern Affairs Canada (INAC) <http://www.lac-bac.gc.ca/databases/indianaffairs/001074-200-e.html>.

⁵ Nunavut includes more than 2 million km² of land, lakes, and rivers in the eastern Arctic region of Canada.

Royal Commission on Aboriginal Peoples recommended that the right of self-government be considered an aboriginal and treaty right.

A large number and variety of land and self-governance claims are currently under negotiation and existing agreements represent many different approaches to managing welfare concerns. Paramount among these are innovations in family welfare, criminal justice, and local governance. Customary marriages and adoptions have been officially recognized since the Indian Act of 1876, allowing new child and spousal welfare arrangements. Diversion programs and sentencing circles have been integrated into Canadian law, making it possible to respond in a more flexible and culturally appropriate. In spite of the imposition of elected band councils by the Indian Act the legacy of more traditional governance arrangements has become reenergized, resulting in considerable variation in local decision-making. Consensus decision-making, elder participation, and common property management are some of the alternative forms of governance reflected in these arrangements.

Regional Development

Although the discussion of welfare has traditionally focused on individuals, there are a number of regional development policies and programs that must also be considered to understand the Canadian context of rural welfare. These programs typically focus on economic issues within regions so they are most directly implicated in income-focused welfare, but they are broad enough that they hold important implications for community initiatives that include welfare assistance and services.

Canada's history of regional development programs can be divided into 4 main periods: from "macroeconomic Keynesianism" to the "rise and fall of megaprojects" (Fairbairn, 1998). They grew out of the post-WWII period during which Keynesian economics reinforced the value of government

involvement for economic development. The 1950s economic downturn and Canada's heavy reliance on trade in resource commodities contributed to an increased sensitivity to the special characteristics of regions – and the dangers of regional inequalities. The Gordon Commission report of 1958 (Royal Commission on Canada's Economic Prospects) solidified this sensitivity by highlighting the growing inequities among provinces and placed the primary blame on the gap between resource-dependent provinces and those enjoying the benefits of industrial development (Fairbairn 1998:13). These concerns eventually gave rise to the establishment of a number of regionally focused initiatives. They began with a strong sectoral focus (e.g. the Agricultural Rehabilitation and Development Act of 1961) before moving to a more regional emphasis (e.g. the Area Development Agency of 1963 with its focus on the Atlantic region and the Fund for Rural Economic Development of 1966 focusing on five severely disadvantaged regions). These funds were eventually absorbed into a new Department of Regional Economic Expansion (DREE) in 1969.

DREE was integrated into the Department of Regional Industrial Expansion in 1969 as part of a shift to an industrial focus for development but the new department was eventually dismantled and replaced by four regional development agencies: Western Economic Diversification Canada (WEDC); Atlantic Canada Opportunities Agency (ACOA); Federal Office of Regional Development for Québec (FORD-Q); Northern Ontario Program (FEDNOR). Each of these agencies take slightly different approaches to their mandates but the primary emphasis for all of them is on industrial development with some of them including community development initiatives as well.

Two of the more innovative initiatives with rural welfare implications are the establishment of the Rural Secretariat within Agriculture and Agri-Food Canada and the *Rural Pact* passed by the Government of Québec. The former was initiated in 1996 with a mandate to coordinate rural-related policies across

federal government departments. Without substantial funding it focuses on coordinating opportunities with other government departments and relatively close collaboration with rural communities and people. The Québec *Rural Pact* was passed in 2001 as a means to coordinate policies and programs for rural locations. It builds on the well-established integration of government departments at the local level that is found in Québec and uses these institutional bases to deliver economic and social programs in a relatively coordinated fashion (Reimer & Markey, 2008). Since both of these initiatives coordinate both social and economic concerns, they address welfare issues of all types.

Implications for Rural Welfare

There is very little research, data, or analysis that focuses specifically on welfare implications for rural areas. As a result, much of the following discussion relies on speculation about the conjuncture of general welfare policies and rural conditions. Most of the special circumstance of rural can be identified in terms of four general elements: economy, distance, density, and identity. The

Old Age Pensions - A Rural Welfare Success

Canada's retirement income system has been labelled a "major success story" (Osberg, 2001). The large proportion of elderly people in rural areas makes this a central initiative addressing Canadian rural welfare. Government tax and transfer programs have reduced the poverty rate among all seniors by a factor of 10 – from around 60% to less than 6% in the early 1990s (Canadian Population Health Initiative, 2004). By 2006, the poverty rate for all seniors was below 6% (Statistics Canada, 2008). Particular groups of seniors – such as unattached senior women – have much higher poverty rates. As well, the National Advisory Council on Aging cautions that among groups of seniors "inequalities in retirement income will increase in the future" (2005). (Hay, 2009:14)

economic structure of rural areas creates special welfare-related characteristics, particularly with respect to their high reliance on seasonal labour, distance from key welfare-related services, lack of critical mass that justifies the development of those services, and the challenges of misunderstanding by both rural and urban-based decision-makers alike. We will outline some of these challenges with respect to several key issues in the Canadian context.

Employment and Income

In spite of the numerous regimes with a welfare mandate, Canadian governments have traditionally treated the issue of welfare as primarily one of employment and income – especially since the decline of the welfare state approach. As in many OECD countries, the alleviation of poverty and social exclusion through employment activation programmes has become a fundamental principle of social welfare. This means that rural welfare issues are intimately connected to rural employment – its characteristics and regulations.

In Canada, rural employment is more seasonal, part-time, and regionally specific than in urban areas. Part of this is due to the prevalence of primary sector jobs that are tied to seasonal cycles (agriculture, fishing and trapping, logging and forestry) (Marshall, 1999:17; Sharpe and Smith, 2005:5) but even within these sectors, rural areas show higher levels of seasonal employment (Rothwell, 2002:17). These characteristics contribute in turn to higher rural unemployment rates and non-permanent jobs, more temporary and casual jobs, and higher rates of part-time employment (MacDonald, 2004:231).

The prevalence of non-standard work creates challenges for general programs such as Employment Insurance (EI), particularly since they have been restructured to reward long term attachment to one job (MacDonald, 2004:231). The relatively poor employment context found in many rural areas has made it difficult for workers to find the types of jobs encouraged by program officials – leaving them open to the stigma of low incentive if they wish to remain in their home communities. Using interview and focus group results from rural Newfoundland, for example, MacDonald, Neis, and Murray (2005:8) describe how the formulas for calculating average insured earnings and the incentive structure of the EI program punishes workers with low hours, irregular work, weeks with low earnings, and work patterns with gaps in employment. They also report some of the perverse effects of the pressure to meet EI requirements

(MacDonald, Neis, and Murray, 2005:21). Their research identified several cases where workers declined to apply for workers' compensation after work-related accidents for fear of diminishing the number of hours worked and thereby their EI benefits for the season. They were therefore forced to jeopardize their health in order to ensure an adequate income for the year.

The rate of self-employment is also higher in rural areas than in urban ones (du Plessis, 2004:7). However, EI benefits do not extend to the self-employed working outside of fishing and agriculture. At the same time, self-employment is one of the growing sectors of the rural economy, especially in areas where jobs are seasonal and multiple job-holding is necessary for survival. The risks associated with this employment option tend to fall upon women – especially in rural areas – since they bear the burden of self-employment along with many other responsibilities (Reimer, 2006).

Efforts to accommodate the special circumstances of rural employment have led to several programs directed to particular workers such as fishers and farmers. Since fishing is highly seasonal and hours worked are relatively high during the fishing season, employment benefits are attached to a specific qualifying period with minimum earning levels. These periods and income levels are adjusted for workers returning to fishing after a period of absence and special conditions apply that allow recipients to work part-time while receiving benefits – with income limits imposed. Claims under these programs have increased with the changes in EI but there remain several unresolved challenges in matching the programs to the rural conditions. In some cases, for example, the fixed period for claims does not coincide with the fishing season, and the increase in the number of women fishing with their spouses means that there is no other non-fishing employment which can serve as a basis for EI claims during the close of the fishing season (MacDonald, Neis, and Murray, 2005:9).

Poverty and Low Income

The various measures of low income paint an equivocal picture of poverty in Canada. The LICO measure (see Box: Measuring low income), for example suggests that the percentage of households with low income in rural areas is lower (slightly below 10%) than in urban ones (between 16 and 18%) – with a slight decline over the long term (Rupnik, Thompson-James, & Bollman, 2001). The LIM and MBM data, however, indicate that the reverse is true – with rural areas having higher levels of low income than urban, although the long term

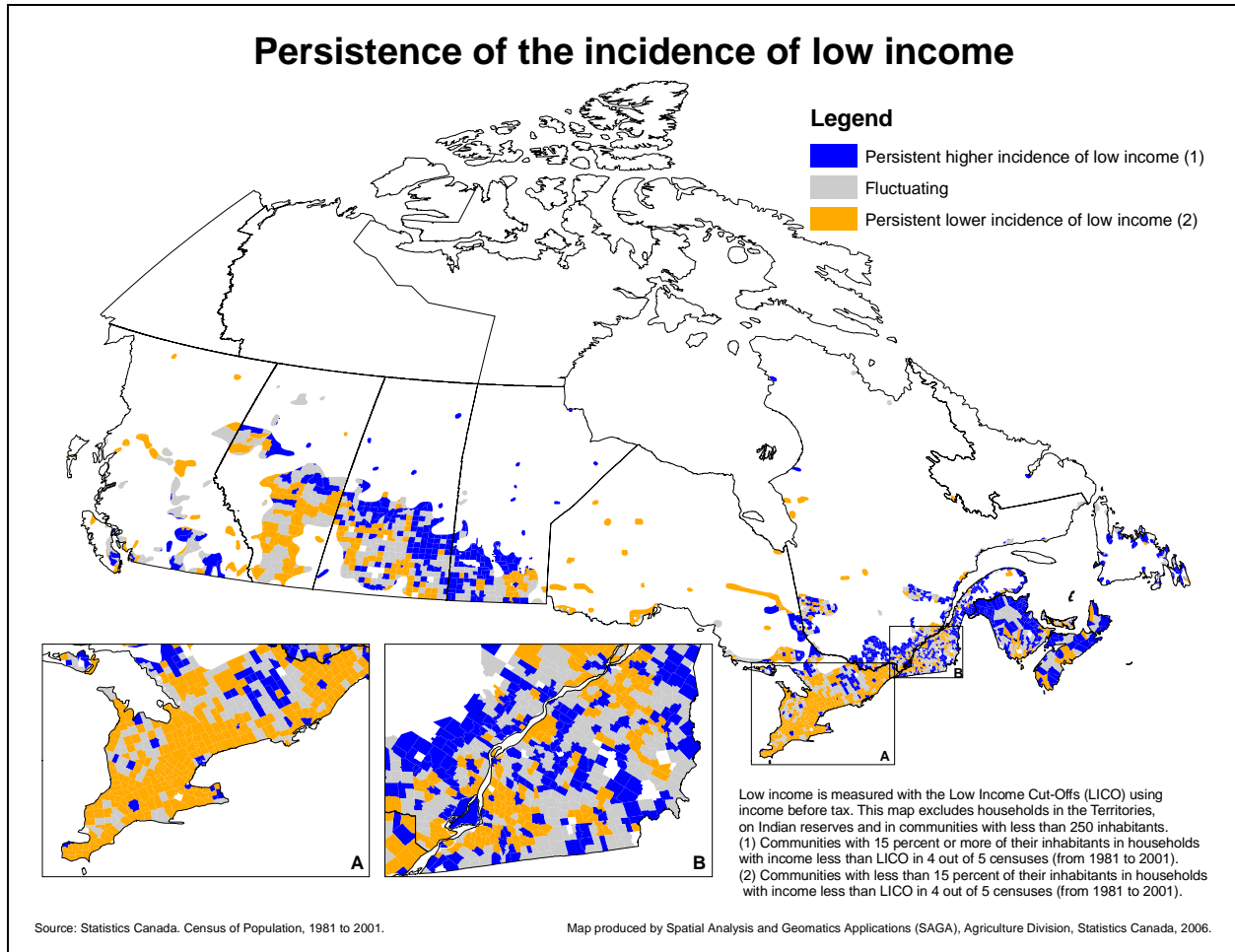
Measuring Low Income

Canada does not have an official poverty line, but the Low Income Cutoff (LICO) established by Statistics Canada usually serves as a proxy for most international comparative purposes. This is a relative measure, using the household income after government transfer payments. Households are identified as low-income if they spend more than 20% of their total income on food, shelter, and clothing. This figure is adjusted by the size of the family unit and the population of the area of residence (Rupnik, Thompson-James, & Bollman, 2001; Singh, 2001). This measure has been criticized from many points of view, including the arbitrary nature of the cutoff, its relative nature (Sarlo, 2008), and its insensitivity to the higher cost of transportation in rural areas.

Statistics Canada also produces a Low Income Measure (LIM) – calculated as one-half of the national median family income, adjusted for family size. This is a very general indicator, with little sensitivity to community size. In 2003, the Canadian Department of Human Resources and Social Development established a market basket measure of low income (MBM) to address some of the challenges to the LICO and LIM. The MBM takes a more absolute approach by costing a broad range of essential goods and services for various types of households and community sizes. It has been expanded in some provinces to include a greater range of community sizes in recognition of the wide variation in costs by location.

downward trend is supported by all three indicators. All of these measures, however, tend to gloss over the significant regional variations found throughout the country both among provinces and territories and within them. Figure 1 illustrates, for example, how persistent poverty is located in regions of BC in the west, a sloping band across the prairies, and numerous regions in the eastern part of the country. The areas where persistent poverty is low are typically found around the major urban centres in the country.

Figure 1



A recent report prepared by the Federal Senate Standing Committee on Agriculture and Forestry (2008) focused particularly on poverty in rural areas. It reinforces our point that poverty and welfare issues cannot be divorced from the economic, social, and political processes underlying them. In the end, their recommendations include a wide variety of proposals, touching on fiscal reform, education, housing, crime and justice, immigration, health, volunteering, and community development in general. We will pick up many of these themes below.

Transportation

The issue of transportation infrastructure and cost permeates any discussion of rural challenges. By virtue of their twin characteristics of low density and distance from urban centres, rural people and communities will always be faced with the higher transaction costs this imposes (Bollman, 2007). Rural welfare is no different. The regionalization of government services means that rural people must travel farther to access them. It also means that they incur extra costs to make the longer trips possible – from finding child care for their children and seeking transportation if they do not have access to a vehicle, to arranging for time away from work or paying for overnight stays away from home.

These extra burdens are recognized by various governments – in the form of northern subsidies for health-related travel or tax rebates for the extra cost of food. British Columbia's Rural and Remote Health Initiative (RRHI), for example, is a collaborative effort in BC to improve access to health care services in rural and remote communities. Two of its programs, Medical Travel Assistance for Patients and Health Connections, provide travel fare discounts and subsidized transportation options for eligible residents seeking medical care not available in their community

<http://www.health.gov.bc.ca/rural/initiative.html>). At the federal level, the Northern Residents Deductions (NRD) program provides a residency tax deduction of up to \$15 a day worth up to \$5,475 annually, a deduction for up to two employer-provided vacation trips per year, and a deduction for unlimited employer-provided medical travel to persons residing in Canada's Northern and Intermediate Zones (Pigeon, 2004:1). The 2008 federal Budget increased the NRD by 10%, to a maximum of \$6,002.50 a year (Senate, 2008:133). These programs tend to focus on the more visible and formal aspects of the transportation challenges of rural people, however. While technological advances have been able to provide a significant reduction in the cost of transporting goods, the cost of transporting people has risen (Bollman, 2007). Increasing costs for petroleum products may change that significantly.

Communications

Improvements in communications have provided a significant boost to the options available for social support in rural places. Governments have typically taken advantage of these improvements by relying more on internet services and long-distance communication rather than locating branch offices in rural areas. Postal services have been reduced in most small towns, government personnel have been moved to regional centres, and experimental arrangements with tele-health and phone numbers for health questions have significantly changed the way in which needs are assessed, services are delivered, and assets are managed.

These changes have created many challenges for rural areas. The transformation of postal services from local offices to post boxes has meant the loss of a regular meeting place for rural people – one that often served as a key information centre for much more than the mail. It was a place where people met on a regular basis, notices were posted, community events were discussed, and the failure to pick up the mail served as a local check on the health of community members. The increasing reliance on the internet requires not only access to the technology, but the creation of sufficient broadband to carry the burden of current communication. In spite of the fact that the Canadian government created several programs to ensure internet access to Canadian communities⁶, there remain many where the infrastructure does not exist, it is too expensive, or the capacity to use it is low. The latest Canadian Internet Use Survey by Statistics Canada, for example, shows that only 65% of residents living in small towns or rural areas accessed the Internet in 2005 when the survey was conducted: well below the national average at that time (73%) (<http://www.statcan.gc.ca/daily-quotidien/080612/dq080612b-eng.htm>). In addition, a report by the Canadian Radio-Television and Telecommunications Commission

⁶ Many examples are identified in the Senate report on poverty (Senate, Box 6-3:119).

(CRTC) found that 47% of Canadian communities, mainly rural and small towns, did not have broadband access in 2005

(<http://www.crtc.gc.ca/eng/publications/reports/PolicyMonitoring/2007/bpnr2007.htm>).

Education

Rural residents have lower levels of educational attainment than those in urban areas (Alasia, 2003); Eggertson, 2006:7; CCL, 2006:3). This gap has remained over the 1981 to 1996 period in spite of the fact that education attainment has improved in rural areas (Alasia, 2003). Part of this pattern can be explained by the migration of young people from rural areas – particularly for schooling – but it only exacerbates the challenge of capacity building in the communities left behind. Furthermore, achievement and literacy is lower in rural and high-school dropout rates are nearly twice as high as the urban rate (CCL, 2006:2).

In Canada, education is a provincial responsibility, so one can see considerable regional variation in the approach and outcomes for education, especially for higher education. Much of this is driven by the existence of universities and colleges in larger urban centres – an obvious focus of attention

for policy and program action. Once again, the transportation and living costs associated with higher education are a significant additional burden for rural youth – a burden they may also face after graduation when they are faced with higher student loans.

Innovations in Rural Education

The Vista School District Digital Intranet allows students in rural Newfoundland & Labrador to take advanced placement courses through web-based distance education. Instructors are shared by all the schools in the district and provide real-time instruction to geographically scattered students.

The Curriculum Resource Bank, developed by TVOntario and the Education Network of Ontario, contains over 20,000 different learning materials available at no fee for students and educators in Ontario; some materials are available to schools in Québec through a Télé-Québec pilot project. (CCL, 2006:7).

Child Care

According to the Canadian Council on Social Development, the child care situation in most parts of Canada has not changed much since the early 1980s. In 1981, regulated childcare space covered only 10% of children with working mothers. Twenty years later the increase was 2 percentage points. Financial barriers have not diminished either, since eligibility levels for subsidies have dropped in seven provinces, and in many others, they have not been adjusted to the rising cost of living (Lauziere, 2004).

Innovations in Rural Child Care

Rural Voices is a network supporting child care activities in rural, remote and northern communities. Set up in an elementary school, it included Child and Family Canada offices, health services, and a nutrition program for parents and grandparents. The program collapsed when the province decided to close the elementary school. Legacies of the *Rural Voices* project include The *Rural Voices* website, a space for knowledge sharing and learning, a telephone support line and a book called *Rural Treasures* that describes a number of exemplary rural child care practices (Creery, 2004:27). *Rural Voices* is currently working with 2 rural communities in every province and territory to develop responsive community based services for children and families. (<http://ruralvoices.cimnet.ca>).

The *Early Childhood and School Services* in the Northwest Territories supports a college that offers distance education to train ECE teachers; “this high-tech system interfaces with efforts to integrate traditional Aboriginal knowledge into early childhood education and care” (Creery, 2004:29).

Québec took advantage of the federal matching funds system to build up their child care system. In 2001 they were providing a child care space for 21% of all children, the highest proportion in Canada. Furthermore, every community in Québec’s Northern region of Nunavik was given at least one new child care facility (Creery, 2004:26).

The Senate report highlights the considerable challenges this situation creates for families with children in rural areas, particularly where they seek employment (Senate, 2006:44ff). Long travel distances, lack of public transportation, low population base, unstable employment patterns, cultural and linguistic diversity, traditional beliefs, and changing demographics are all included within this list of challenges (Rural Voices, 2005; Doherty, 1994:5).

In many communities there may be some government and non-government resources available to support early childhood development services. These resources, however, exist in a patchwork of targeted funds, resources, and programs that are rarely responsive to the needs of rural families (Rural Voices, 2005). In the end, communities must rely on their own social capital to satisfy their child care needs – most often through informal arrangements with neighbours or family. Even in those provinces or territories where subsidized child care is provided, there are few rural communities with sufficient population to justify the costs associated with meeting health and safety regulations, let alone supervisory training. In addition, the burden of child care typically falls upon women – making it a gender issue as well. Employment, welfare, and health policies and practices tend to only weakly recognize this aspect of the problem although there is some variation among provinces and territories.

Housing

The Senate report identifies rural housing as a “hidden problem” (Senate, 2008) since we do not typically find homeless people on rural streets. Instead, the problem is manifested in overcrowding, substandard quality, and housing costs beyond the reach of those in need. In urban-adjacent regions the challenge is often rising housing costs – driving out low income people who cannot afford the rents or mortgages. In more remote regions, declining populations are likely to mean a significant drop in house prices, leaving homeowners unable to move or use their home as a basis for retirement revenue. In aboriginal communities the challenge of housing quality and overcrowding has been a long-term issue, often exacerbated by high transportation costs and lack of infrastructure.

Canada has had only one federal initiative directly addressing rural housing issues (Senate, 2008). The Rural and Native Housing Program (RNH) was established in 1974 with a focus on loans and subsidies for construction or maintenance, emergency repair, and training programs. It continues today in spite of challenges regarding the quality and affordability of the units produced. Most other housing initiatives

(the National Homelessness Initiative, 1999; Homelessness Partnering Strategy, 2007; Affordable Housing Initiative, 2001) have had an urban bias, either *de jure* or *de facto*.

Rural housing is typically non-competitive for financial and insurance support in the private market. This means that little attention is given to searching for solutions through these markets and the understanding of special rural circumstances is often missing when the assessments of risks and opportunities are made. As a result, the Senate report recommends that the national housing agency (Canada Mortgage and Housing Corporation) devote more of its efforts to co-operative housing in the search for rural solutions (Senate, 2008). By rooting the initiatives in the community, they argue, there will not only be a more appropriate assessment of needs but a greater motivation for seeking solutions and ensuring their long term sustainability.

Health

In general the health of rural Canadians is poorer than those in urban regions (Table 1; CIHI, 2006a). This is reflected in higher mortality, workplace injuries, suicide, motor vehicle accidents, smoking, and obesity. The most recent national study points to the importance of demography, transportation, and availability of high quality food as contributing factors in the general statistics since the relatively old age structure of rural areas and the extra demands of travelling long distances increase the risk of injury or health problems (CIHI, 2006a). The role of distance is highlighted by noting that those rural areas which are close to urban ones (strong MIZ in Table 1) enjoy much more positive health outcomes than those which are farther away.

Table 1: Health Status for Rural and Urban Canada

HEALTH STATUS INDICATORS	URBAN AREAS	RURAL AND SMALL-TOWN AREAS			
		Strong MIZ*	Moderate MIZ	Weak MIZ	No MIZ
Life Expectancy at Birth (years)					
Males	76.77	77.36	75.71	75.02	73.98
Females	81.43	81.49	81.44	81.29	81.44
Health-Adjusted Life Expectancy at Birth (years)					
Males	67.91	68.74	67.21	66.21	65.47
Females	70.55	71.30	71.05	70.70	69.89
Aged-Standardized Proportion of Population Aged 20–64 Who Reported Being Overweight/Obese					
Males	54.7	60.7	60.1	62.5	64.5
Females	38.8	46.2	45.5	47.9	48.7
Total Mortality Rate (age-standardized rate per 100,000)					
Males	908.0	838.9	946.3	940.7	1,010.4
Females	542.4	515.2	563.5	557.7	585.1
All Circulatory Disease–Related Deaths (age-standardized rate per 100,000)					
Males	354.5	339.8	368.6	366.9	377.7
Females	214.1	215.1	226.5	221.9	229.2
All Cancer-Related Deaths (age-standardized rate per 100,000)					
Males	247.0	221.3	245.4	238.7	250.1
Females	155.1	140.8	152.2	149.9	150.1
All Respiratory Disease–Related Deaths (age-standardized rate per 100,000)					
Males	88.8	79.8	93.2	92.1	91.8
Females	42.1	37.8	42.6	44.8	43.2
All Unintended Injury–Related Deaths (age-standardized rate per 100,000)					
Males	61.9	79.2	97.3	101.2	142.5
Females	25.6	29.0	33.3	34.0	48.5
Suicide Mortality Rates (age-standardized rate per 100,000)					
Males	19.3	21.4	27.3	27.1	38.4
Females	5.7	4.0	5.1	4.9	7.9

Source: Canadian Institute of Health Information (2006) as presented in Senate (2008: 270)

MIZ = metropolitan influenced zone, a classification developed by Statistics Canada to distinguish between urban and different types of rural communities. The MIZ categories are based on population density and distance, but also consider the share of the workforce that commute to metropolitan areas as follows: strong MIZ: between 30% and < 50%; moderate MIZ: between 5% and < 30%; weak MIZ > 0% and < 5%; no MIZ: no commuters.

HALE = Health-Adjusted Life Expectancy, incorporates both the quantity and quality of life; it represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population.

These same population and distance conditions create challenges for the delivery of health care services. General statistics show that doctors are farther away in rural areas (Statistics Canada, 1999), health services have become regionalized in most provinces (Halseth & Ryser, 2006), and the proportion of medical specialists is underrepresented in rural areas (CIHI, 2006b). The Canadian Medical Association, for example, identified almost 6,000 physicians working in rural areas. This translates to less than 10% of physicians working in rural areas containing 20% of Canada’s population. The figure is

higher for family physicians but very low for specialists (Buske, 2008:2). Travel to urban places for treatment often involves family members, for example, both as accompanying support and as backup in the place of residence. The costs for these services are seldom covered by health care. Even emergency services are likely to cover only a part of these extra costs (Senate, 2006:40). Mental health services are often non-existent.

Managing these extra burdens takes different forms from one province to another since health care delivery is a provincial jurisdiction. In Québec, for example, health care services are integrated into community-based centres (CLSCs⁷) that include a wide range of government services – from employment and child care to health and welfare. This type of organization has enabled the province to maintain a more extensive and direct liaison with smaller centres since it enables cost-sharing among government ministries. It also has the advantage of improving the co-ordination among those ministries so that multiple visits can be avoided if referrals are required.

Recognizing the special challenges of rural health, the federal government established an Office of Rural Health in 1998, but it was dismantled in 2004. Noting the strong relationship between poverty and health, the Senate Committee recommended its re-establishment along with the implementation of a long-term National Rural Health Strategy. The Committee also made several specific suggestions to address the special conditions of rural health, including the extension of free health telephone services, implementation of a human resources initiative to address the shortage of health providers, specialized training for rural health practitioners, programs for community-based health initiatives, expanded tele-health applications, and a long-term investment in rural and remote health research.

⁷ Centre local de services communautaires (Local Community Service Centre)

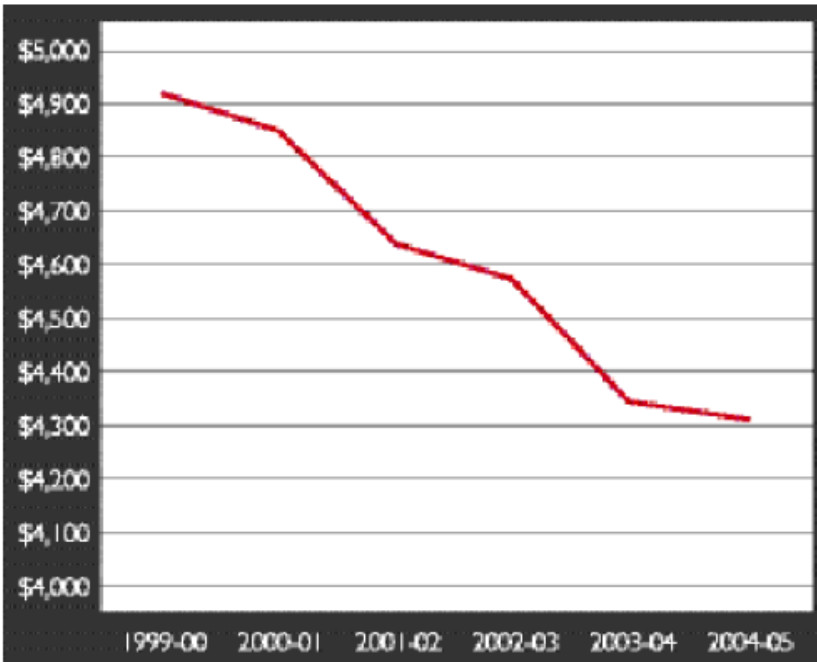
Aboriginal Peoples

“Indian and Northern Affairs Canada (INAC) spends approximately \$1.3 billion annually on social programs for First Nations individuals and families on reserve. The programs are: Income Assistance (IA), Assisted Living (AL), the National Child Benefit Reinvestment (NCBR) Initiative, First Nations Child and Family Services (FNCFS) and the Family Violence Prevention Program (FVPP).” (INAC, 2007:1)

The coverage for people on reserves shows considerable variation by region, however. In the Atlantic region, 58.5% of First Nations people on reserves receive program support, while in Ontario the level is 23%. “In the Prairies, the rates are also very high at 40.8% in Manitoba, 49.2% in Saskatchewan and 40.1% in Alberta” (National Council of Welfare, 2007:28).

Although the federal government claims that funding has increased for the support of aboriginal peoples, this has been strongly disputed by First Nations people. They argue that spending must be adjusted for inflation, population increases, and the extra costs of servicing aboriginal peoples in remote regions (Assembly of First Nations, 2004:12). Once these adjustments are made, the total budget for Indian and Northern Affairs Canada is shown to have decreased by 3.5% since 1999-2000 and the funding for core programs (education, economic and social development, capital facilities and maintenance) has decreased by almost 13% over that period (Figure 2).

Figure 2: Indian and Northern Affairs Canada Spending on Core Programs - Per Capita and Adjusted for Inflation



(Assembly of First Nations, 2004:14)

The Assembly of First Nations has also produced estimates for the extra cost of providing their services (Table 2). Their account echoes the challenges of rural services in general along with the special circumstances of aboriginal people in the Canadian context.

Table 2: Relative Cost of Providing Comparable Services for Aboriginal and Non-Aboriginal People in Canada

Area of Expenditure	Ratio of Expenditure per Aboriginal Person Compared to Non-Aboriginal Person
Elementary and Secondary Education	\$2.1 to \$1
Post-Secondary Education	\$1.8 to \$1
Income Transfers	\$1.0 to \$1
Housing	\$5.6 to \$1
Health Care	\$1.6 to \$1
Social Services	\$2.9 to \$1
Protection of Person and Property	\$1.5 to \$1
Other Expenditures	\$1.4 to \$1
Average	\$1.6 to \$1

Source: Royal Commission on Aboriginal Peoples, 1996, volume 5, chapter 2

The Assembly of First Nations argues that this greater need is the result of the remote location of most First Nations, their relatively high proportion of youth, and the legacy of poverty, displacement, and disenfranchisement faced by First Nations people (Assembly of First Nations, 2004:16).

Justice and Crime

Crime rates tend to be lower in rural areas as compared to urban in Canada (Fancisco and Chenier, 2005; Gannon and Mihorean, 2004) but challenges remain – sometimes with characteristics that are unique to the rural environment (LeBeuf, 2005). The large distances involved make policing particularly difficult so that regular patrolling is impossible and quick

Rural Police Services

Police services in rural Canada are provided in a number of ways. Municipalities may form their own police force, join with other municipalities, or establish an agreement with a provincial police force (if available) or the federal police (Royal Canadian Mounted Police – RCMP). Ontario and Québec are the only provinces with their own police force. Since rural communities tend to be small, most of them have agreements with the RCMP or their provincial police force. Policing in First Nations communities is organized under the First Nations Policing Policy which is implemented through tripartite agreements among the federal government, provincial or territorial governments, and First Nations communities. In most cases the RCMP provides the services.

Statistics Canada, 2008

responses are difficult (Senate 2008). This makes it hard to deal with domestic disputes, for example, often leaving women trapped in dangerous situations for lack of personnel (Senate, 2008).

Legal aid services and funding are particularly stressed within the rural context. Long distances and reduced support for personnel mean that services for the poor are often lacking or non-existent – especially in cases where extreme violence are not involved (Senate, 2009). Combined with the stresses on other parts of the rural community it means that positive alternatives to crime and self-destructive behaviour are diminished. The high rates of suicide found in many rural areas attest to the social disintegration that are part of this syndrome (Chandler, Lalonde, Sokol, & Hallett, 2004).

Immigration

Immigration has always been a major component of the Canadian population from the period of European settlement and it promises to be an even more important issue in the future. Immigration took over natural increase as the major source of population growth in 2001 and is projected to become virtually the only source by 2020 (Statistics Canada, 2005a; Statistics Canada, 2005b). Most of these immigrants settle in or near urban regions, so it is tempting to view this as a low priority issue from the point of view of rural welfare. This is a dangerous view, however, particularly in light of the concerted efforts among several provincial governments to encourage the settlement of immigrants in rural places and their rapid integration into Canadian society (Reimer, 2007). Welfare services must be ready to meet the population demands of immigration along with the language and cultural challenges that migration brings.

The government of Québec has addressed these challenges in some innovative ways that take advantage of their integrated approach to rural development. First, they have identified regions in which immigration is relatively high – often focused on regional (smaller) cities. Then, they have created programs to enhance the immigration experience, using their CLSCs to provide education, health, employment, and other social services in a format that accommodates the special concerns of new immigrants, and they work closely with the ethnic and national groups which have emerged in the region (Québec, 2009). By establishing these contacts in one venue, they are able to anticipate and respond to problems related to multiple issues. This recognizes not only the interconnectedness of the challenges, but by working with non-government groups it spreads the demands and builds the trust that is necessary for social cohesion.

Community-based Supports

Providing welfare services is never only about government policies and actions. In fact, a large part of those services are provided by community volunteers and families. Prior to government involvement this was the only source of support and with the current shrinking of the welfare state it has become important once again. Canadian governments have begun to recognize this in many different ways – sometimes driven by fiscal constraints and sometimes encouraged by the success of

The Community Employment Innovation Project

In exchange for foregoing their Employment Insurance or Social Assistance benefits, the Community Employment Innovation Project (CEIP) offered participants wages to work on community projects for up to three years... Results show that the CEIP model was successful in promoting local cohesion, encouraging the development of social capital and increasing socially inclusive activities in participating communities... particular(ly) for youth, seniors and low income families...

Through the duration of the project, participants realized large improvements in their employment and earnings, increased household income, reduced poverty and improvement in well-being... (T)he experience that participants received though CEIP led to improvement in their job and social networks, their skills and attitudes towards work...

All and all, results indicate that an employment program modeled on CEIP would be a cost-effective approach, generating nearly \$1.40 in net benefits for individuals and communities for every dollar spent by government.

(SRDC, 2009)

community-led initiatives. These locally-driven initiatives are often motivated by failures in the formal systems of support and therefore serve as important indicators of gaps needing attention. Rural places are replete with such initiatives, often because of the many challenges and gaps in welfare services.

Rural Canadians volunteer more than urban ones (Reed and Selbee, 2001), they give more to charities (Barr, McKeown, Davidman, McIver & Lasby, 2004), and they spend more time in volunteer activities (Barr et al., 2004). Unfortunately, the volunteer sector is under more stress – faced with a declining pool of volunteers, a wider diversity of demands, and the competition of employed work in a weak economy. In some respects Canadian governments have tried to facilitate the operation of voluntary groups, but

those initiatives often come with demands for representation and accountability that place extra demands on already stretched volunteers (Halseth & Ryser, 2006).

Volunteer groups also provide an important service for the more formal economy in most rural places (Reimer, 2006). By participating in these informal groups, people learn marketable skills, test their interest in career options, and provide potential employers with evidence of their skills and credibility. They also extend their networks to other contexts – building social capital that often bridges the gap between informal and formal activities (Reimer & Tachikawa, 2008). To date, much of this potential remains untapped due to departmental divisions and the invisibility of volunteer and family contributions to most formal programs and organizations (see box – The Community Employment Innovation Project). A notable exception is the Community Futures Program (<http://www.communityfutures.ca/>) established in 1986. This program recognized the important role of community members as a source of ideas, energy, and effort in the search for economic development. It keeps the local community networks at the centre of its approach and recognizes that strong community networks are critical to economic development while economic development contributes directly to community welfare.

Conclusion

Rural welfare issues are characterized by challenges from the economy, distance, density, and identity.

In Canada, these general challenges are conditioned by its specific historical basis as a trading nation and the neo-liberal transformation that is a feature of so many developed nations. The result is a rural welfare system that continues to benefit from general national policies but suffers from their cutbacks and general insensitivity to local conditions. It is also a welfare system made complex by the federal-provincial divisions of responsibilities for welfare-related issues. In general the provinces are responsible

for the delivery of welfare services but they must operate under guiding principles established by the federal government. The requirements of these principles have diminished as the federal government has withdrawn from provincial matters over the last few years.

Taking care of rural Canadians within this system is accomplished by a complex mix of formal and informal interventions. Incomes to the elderly are supported by an almost universal federal (and in the case of Québec, a provincial) system of pensions and old age security. Seasonal workers are partially supported by an employment insurance system that is compromised in weak employment regions; aboriginal peoples are supported by a system that only partially manages the chronic housing and employment challenges that plague rural reserves; and children are supported by a mix of tax credits welfare stipends, and educational facilities that too often include travelling long distances. The programs frequently include structural gaps that disadvantage rural people in spite of the general supportive nature of the policies on which they are based.

The provincial distribution of welfare delivery provides a number of opportunities for improving the system, however. We find that in Québec, for example, its regionalized and inter-departmental structure creates conditions where program delivery can take advantage of local conditions in a relatively efficient manner. Bilateral negotiations between provinces and the federal government have made it possible to organize volunteers and local organizations to provide special support services for immigrants that have served both the economic and social objectives of particular regions. Similar arrangements have also made it possible to experiment with innovative initiatives such as the Community Employment Initiative in Nova Scotia that has integrated the community sector in promising ways.

Each of these initiatives creates lessons to be learned to address the welfare demands of Canadian society. They also build the credibility of new programs and structures that can better address the special circumstances of rural places. All of them point to the value of community engagement in the process, the importance of regional structures to accommodate the considerable variation in experience across the country, and the key role of national resources and policies to ensure the ability of rural people to share in the benefits available to urban Canadians.

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