

**REGINA ANTI-POVERTY MINISTRY  
&  
END POVERTY REGINA**

**TALKING TO GENE  
MAKOWSKY  
SASKATCHEWAN MINISTER OF  
SOCIAL SERVICES**

**SEPTEMBER 27 2022**

# **“The Existence Of Poverty Is Shameful. To Be Poor Is Not!”**

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## **MENDING THE SOCIAL SAFETY NET**

**Peter Gilmer**

Thank you Minister Makowsky for meeting with representatives of the Regina Anti-Poverty Ministry and End Poverty Regina.

In three weeks from now, on October 17<sup>th</sup>, we will mark the UN International Day for the Eradication of Poverty. This is an important day for anti-poverty organizations because it is a time we remember commitments that Canada, with the agreement of all the provinces including Saskatchewan, made under international law toward the elimination of poverty.

Adequate income, security benefits, housing, childcare, and a living wage are not just public policy issues, but basic human rights.

With that in mind, I would like to outline issues of concern and calls to action of the Regina Anti-Poverty Ministry in relation to the Saskatchewan Income Support (SIS) Program, Saskatchewan Assured Income for Disability (SAID), and the Saskatchewan Housing Benefit.

The first area of concern with SIS is the wrapping of basic utilities into an inadequate shelter benefit. The shelter allowance for both rent and utilities is only \$600 per month in Regina and Saskatoon, and \$550 in the rest of Saskatchewan.

These benefits do not improve with family size, as a family with three or more children only receives \$1175 for housing and utility costs in Regina and Saskatoon, and \$875 in the rest of the province. Previous programs had more categories to make up for growth in family size. Now families with three or seven children receive the same amount.

The basic adult allowance on SIS for all non-shelter related needs is only \$315 per month.

On top of the adult and shelter allowances, the SIS program or any program replacing it should cover the actual cost of basic utilities such as power, energy, water, and basic phone service. The

SIS benefit should be increased by \$300 per month with a long-term plan to raise people to the poverty line.

SIS recipients should also have the option of having rent and utility payments provided directly to housing and utility providers to simplify their financial arrangements.

The SIS program deducts the Rental Supplement dollar for dollar for those who were allowed to maintain these benefits. This deduction should end.

Rental security deposits that are provided to SIS recipients are deducted \$50 per month from future benefits until they are paid back. These clawback practices need to stop.

We also have significant concerns with the inadequate benefits provided by the SAID program. It has been seven years since the last benefit increase, while the cost of living has increased significantly during that time, including this recent inflationary period. In addition, SAID beneficiaries have seen cuts to rental supports and special needs since 2015.

Therefore, we are also calling for an immediate \$300 per month increase in SAID benefits, with a plan to incrementally raise them above the poverty line and on par with senior's benefits.

When the Saskatchewan Rental Housing Supplement application process was cut in 2018, we were told that there would be a joint federal-provincial housing benefit that would act as a replacement in 2020. When the Saskatchewan Housing Benefit came into effect two years ago, it denied eligibility to those on SIS and SAID programs, meaning that it remains increasingly difficult for people on income assistance to cover their housing costs. The eligibility for this benefit should be expanded to those households that need it most.

In conclusion, there are many benefits to having a strong social safety net. Greg Horsman's presentation shows the long term cost savings and it would also ensure the basic human right to an adequate standard of living for all.

## **STOP LEGISLATING POVERTY**

**Florence Stratton**

Minister Makowsky, first let me thank you for meeting with us. I wish to say a few words about the SIS and SAID programs.

As I'm sure you know, someone on the SIS program gets \$915 a month and \$10,980 a year. According to Stats Canada, the poverty line for a single person in Saskatchewan is approximately \$22,500 a year. A person on the SIS program gets less than half of that.

Someone on the SAID program gets on average \$1,300 a month and \$15,600 a year—which is still below the poverty line.

In other words, Saskatchewan's Income Support programs amount to legislated poverty!

These shockingly low SIS and SAID rates make it impossible for recipients to afford such necessities of life as food, shelter, utilities, and medication.

I call on your Ministry—and the Government of Saskatchewan—to raise both the SIS and SAID rates above the poverty line. And to do so as quickly as possible—let's say within the next 6 months, though the government might wish to consider announcing its intentions on October 17, United Nations International Day for the Eradication of Poverty.

I do not wish to live in a province in which poverty is legislated. Poverty is a curse that has negative impacts on both the person experiencing it and the wider society. Let's remove that curse!

## **HOW UNSTABLE, UNHEALTHY, UNAVAILABLE HOUSING CONTRIBUTES TO AND EXACERBATES MENTAL HEALTH DIAGNOSES**

Mona Hill

**“Lack of Housing and Mental Health Disabilities Exacerbate One Another. Understanding the relationship between homelessness and mental health disabilities is key to preventing and ending homelessness for people with mental illness, particularly as housing costs continue to rise”** (Heidi Schultheis in, [www.americanprogress.org](http://www.americanprogress.org) November 20, 2018).

At the age of 53, in 2006, I became a Social Work graduate from the University of Regina. I worked in the Ministry of Social Services in Foster Care, Child Protection, and Income Assistance, before I was asked to open the first social work office at the Salvation Army men’s shelter in Regina. I have been an independent Mental Health Therapist for 2 years now.

It was during my years of work at “Street Level,” that I became acutely aware of the utter depths of despair that individuals and families could be driven to, while entangled in the cesspool of systemically oppressive systems that were, and are **STILL in 2022**, expected to be navigable, despite the financial, physical, emotional, spiritual, and **MENTAL Health** needs in order to stay afloat and not drown in that cesspool of Bureaucracy.

When basic human needs are not met, most forms of health will be affected to some degree as a direct result of financial and housing instability. Unmet mental health needs are too often caused or greatly exacerbated by the **LACK** of consistent, healthy, safe, affordable housing for individuals and families. Accessible mental health therapy in a timely manner is just **NOT** available to all who live in our province.

Provincial budget announcements in 2021 provided hope there would be long-term solutions. However, ongoing lack of access to acceptable, sufficient mental health care means nothing has changed. Moreover, as a mental health therapist, I cannot help clients who do not have access to safe, affordable housing.

I have no difficulty stating that a **minimum** of 50% of my clients over the past 16 years **have struggled with despair and suicidal ideation**. I have personally lost 8 clients over my years as a Social Worker and Therapist, **due to loss of hope of ever being able to dig themselves out of poverty while being ‘clients’ of government income assistance programs that have not**

**provided the greatly needed mental health supports without months or years long wait lists.**

## **EXAMPLES**

1. One of my clients, a single mother, has been battling depression, and when it became too severe to manage, called last week begging to see me due to suicidal thoughts over her living circumstances that she has been unable to rectify despite continued attempts to find safe, healthy, affordable housing.

She has been **terrified** to allow her children to sleep in their beds due to the infestation of roaches and mice in the basement, from holes in the walls at ground level, in the rental house they live in. It is also infected with mould on the walls. This was the children's PLAY AREA. The rent is high, far higher than she can afford, yet there is nowhere to go in Regina that is affordable without waiting for too many months while she worries about her children's and her own health. The rats were exterminated weeks ago, BUT no one has returned to clean up the dead.

She wants to return to work, but sees no way out due to current SIS rates and lack of affordable, healthy housing in Regina, even after delivering four applications to housing agencies with my help.

She sat in my therapy office last week SOBBING AND SUICIDAL.

2. Two Clients: Mothers with 3 and 4 children respectively, left abusive partnerships in the past 6 months. They have had no financial means to visit the "Welfare" office except to walk with children in tow and in strollers to 2045 Broad Street to wait, at times, ridiculously long wait times to see their workers.

For both mothers it took a minimum of 4 hours to get what they needed: from walking from the abusive home to the office, to waiting for workers and receiving hotel vouchers. One of the mothers received a voucher for ONE NIGHT at a time, meaning she had to walk back to the office with the kids in tow each morning for another voucher for shelter and food.

The other mother managed to secure a whole four nights in a hotel. However, she had **NO** money to buy milk to fill the babies' bottles or food for the other children, as our bureaucratic systems refused to provide emergency support when the sole support of the family, the dads, had power over the monthly cheques.

The emotional toll on these women is almost unspeakable, to the point of experiencing

depression so severe, causing their children to become endangered, as moms lose all hope and are **terrified of losing their children to Child Protection and foster care because they are now HOMELESS.**

We might ask: What about homeless shelters? **Oh they are all full!**

3. A woman who left her abusive partner, did all the right things in an attempt to be safe. The call came late in the evening, I met her downtown and took her to Mobile Crisis at 10:00 pm. There were NO shelter beds available for her in the whole city.

This is a quote from the Mobile Crisis Services website. **“If you are receiving financial assistance and require after-hours emergency financial assistance we can help”.**

The only financial assistance she had was with the abuser who she had walked out on, and had determined to never return to. He had control of the bank accounts.

Mobile Crisis claimed to not be able to assist her with a hotel room as 2045 Broad Street was closed so no vouchers could be issued.

In the end, this woman’s only option was to take a bed for the night at the Regina Detox Centre. She has NO ADDICTIONS and she was terrified.

She called me the next day to ask for an appointment due to her fear of the downtown streets, the drugs, and the people whose unfortunate lifestyle had led them to the detox beds. Her anxiety was so high she was hyperventilating. I could only spend a short time on the phone with her due to my own schedule.

I called her at the end of the day. She had been so traumatized by her experience the night before, she returned to her abusive husband. She related it was better than killing herself.

I have too many clients who live in unaffordable housing on the SAID program and who spend their days panhandling on the streets just to eat every day, to supplement the donated food they can find each week. This debacle is due to an insufficient housing budget, the disappearance of the housing supplement, and the government’s refusal to institute RENT CONTROLS in our province.

I will end this treatise with A BAG OF MONEY.

A middle aged male client, who lives downtown in a home with cardboard on the kitchen window and stairs that are too dangerous to climb, has dreams of being a business owner some day, He had been asking to see me but realized he would need to pay my fees himself.

He has spent years panhandling to eat, pay for a phone, and not miss payments on his rent each

month because he's been waiting for a YEAR this October to hear back from Sask Housing Authority and over 6 months to hear from Sask Mental Health for an appointment. He occasionally scores a temporary job to supplement his SAID income, but due to his mental health disability, this is not as often as needed.

I have carried, in the bottom of my purse, for the past 6 months, a BAGGIE containing \$30, in change and \$5 bills. He panhandled one day, and brought it to my office the next, begging for help to overcome his emotional pain and depression.

He also brought me beautiful stones he collects as a gift to decorate my office. He believes he might kill himself and can't wait any longer for the SYSTEMS to help him.

Unfortunately, no one will know. It will not be a publicly reportable death when he reaches the end of his rope.

## **Affordability and the Saskatchewan Income Support (SIS) Program**

Colleen Taylor

According to Statistics Canada grocery rates, grocery costs have gone up ten percent. In the next year, SaskPower rates will increase by eight percent and over the next three years by 22.7 percent.

The SIS shelter benefit is not meeting the needs of individuals and families. Many who have transferred from the Saskatchewan Assistance Program (SAP) to SIS have not been able to keep up with utility payments. For those renting a house, actual utility payments are not affordable as costs range on average between \$300 to \$500 for gas, power, and water/sewer.

What's even further concerning is that people cannot afford to rent energy efficient housing with what is allowed under the combined shelter benefit.

Here is the reality. I worked with one individual this past winter who had no utilities during the coldest months of the year.

Another client has been without utilities since June of this year. Their electrical utility was disconnected in August despite arrangements made to make regular monthly payments. This individual met with their Personal Support Specialist to draft a budget to pay down utilities. As a result, their basic monthly allowance is now \$56 per month. Their power bill will be paid off in 23 months, at which time they will have to come up with a deposit, plus pay any reconnection fees. At this time, no payment arrangements have been made for the other utilities.

This summer, I dealt with several families who have lost one or more utilities. Families are not able to keep food stored properly. They must haul water and heat it if possible. Many are facing eviction as landlords do not want to take the risk of pipes freezing during the cold fall and winter months.

Often, as a short-term solution, clients will be housed in shelters or hotels. It is inconceivable to me that in a province with the highest rates of domestic violence, where women and children in need are regularly turned away due to lack of space, this Ministry is recommending families without adequate shelter take precious resources from those fleeing gender violence.

Finally, I have dealt with many cases where clients face eviction once their utilities have been disconnected. Landlords cannot risk damage to their properties resulting from a lack of heat or power. This leaves clients in the impossible situation of trying to find rentals that include utilities, which in turn contributes to the homeless situation.

At present, the current government is falling woefully short in meeting the basic needs of people receiving Saskatchewan Income Support. The cost of living continues to rise and people are simply not able to keep up with the costs. To alleviate this situation, I would recommend that the Ministry of Social Services pay actual utility costs rather than issuing a combined shelter cost that is well below market value for both rent and utilities.

## **RESOURCES WITH UPSTREAM INVESTMENT**

**Greg Horsman**

### **Why do we need to address housing instability in Regina?**

Homelessness describes the situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. A combination of changes to the Saskatchewan Income Support (SIS) program and the COVID pandemic have dramatically exposed the precariousness of housing for persons in Regina experiencing homelessness. Let us review three studies addressing housing insecurity:

- The Saskatchewan Index of Well-being 2019 summary report<sup>1</sup> identified a provincial need to move forward to improve housing affordability and support individuals and families in greatest housing need (21).
- The recently developed Community Safety and Well-being Plan<sup>2</sup> identified homelessness in the community as an issue for the city of Regina (43).
- Everyone is Home: A Five-Year Plan to End Chronic and Episodic Homelessness in Regina<sup>3</sup> (endorsed by Regina City Council in 2018) offers a plan to meet and overcome the challenges facing people experiencing homelessness in Regina.

### **The challenges include:**

- Inadequate housing conditions that are associated with both physical and mental illnesses through direct and indirect pathways (i.e. chronic disease).
- Living on the street or in crowded homeless shelters is extremely stressful and made worse by being exposed to communicable disease, such as TB, respiratory illnesses, flu, and hepatitis, as well as violence, malnutrition, and harmful weather exposure.
- Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing, and creating food instability.

### **The proposal:**

I recommend the Government of Saskatchewan focus on the social determinants of health<sup>4</sup> – the factors that affect health outside the four walls of the hospital. Social determinants of health, such as poverty, lack of education, stigma, and racism are underlying, contributing factors of health inequities<sup>5</sup>. Inequity can also lead to chronic stress, which affects both mental and physical health.

Focusing upstream on the social determinants of health would include raising both the SIS and SAID rates. These governmental social programs have a direct impact on the social determinants of health. Research shows that the social determinants of health can be more important than health care or lifestyle choices in influencing health (Mikkonen and Raphael 2010).<sup>6</sup> The Ministry of Social Services has a key role to play in this approach.

### **The importance of affordable housing:**

- “Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health,” wrote the Corporation for Supportive Housing (CSH) in a 2014 white paper.<sup>7</sup>
- It’s racism, not race, that’s a primary driver of social determinants of health. Racism plays a fundamental role in someone’s social determination of health, and is an underlying contributing factor to health inequity.<sup>5,8</sup>
- Having an affordable and safe place to live gives individuals and families the environment they need to succeed, grow and live in dignity.
- Health and housing are directly connected through a complex web of factors including affordability, access, availability, stability, as well as fit to live in and social supports.
- The health ramifications of poor living conditions on individuals extend to entire communities as well.

### **The reasons we need to act:**

- Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.<sup>9</sup>
- The five-year plan endorsed by City Council in 2018 identifies “it is less costly to house and support individuals and families who are homeless, than to not invest in addressing a key issue that faces the most marginalized and vulnerable in our community.”<sup>3</sup>

### **The dividend:**

By improving factors such as income, financial stability, education, food access, and housing stability, we can change the corollaries in health outcomes. Increasing SIS and SAID to reduce housing instability and food instability is an upstream approach. In conclusion, the government can actually save tax dollars by acting further upstream with adequate investment in social income support systems in the province.

**References:**

<sup>1</sup> [http://www.saskwellbeing.ca/uploads/1/1/7/0/117041524/siw\\_summary\\_report\\_-\\_oct2019.pdf](http://www.saskwellbeing.ca/uploads/1/1/7/0/117041524/siw_summary_report_-_oct2019.pdf)

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<https://www.regina.ca/export/sites/Regina.ca/about-regina/community-safety-well-being/.galleries/pdfs/Community-Safety-and-Well-being-Plan.pdf>

<sup>3</sup> Everyone is Home: A Five-Year Plan to End Chronic and Episodic Homelessness in Regina  
<http://endhomelessnessregina.ca/wp-content/uploads/2019/06/P2EH-Full-Final-0610.pdf>

<sup>4</sup> Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians.

<sup>5</sup> Health inequity refers to differences in health that are not biological, but are the result of lack of access to living conditions and resources that promote and maintain good health. These differences in health are avoidable and can be addressed taking action to advocate for and implement public policies that support universal access to the social determinants of health.

<sup>6</sup> <https://ontario.cmha.ca/provincial-policy/social-determinants/>

<sup>7</sup> Corporation for Supportive Housing (CSH) is a not-for-profit organization that aims to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.

<sup>8</sup> <https://wexnermedical.osu.edu/blog/racism-is-a-social-determinant-of-health>

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<https://patientengagementhit.com/news/what-are-the-top-common-social-determinants-of-health>