New Brunswick
Women's Council

Conseil des femmes
du Nouveau-Brunswick

A gender-based response to the *Family Plan* framework document

Co-chairs' message

The New Brunswick Women's Council is pleased to provide this response to the New Brunswick *Family Plan* framework document that government launched on January 18, 2017.

In sharing this response publicly, the council's goal is to provide stakeholders with a strong gender-lens on the framework to support their participation in the government's consultation process.

This response provides gender-based perspectives on each of the seven pillars that are included in the framework, not just the pillar dedicated to advancing women's equality. This document is organized by pillars as government's planned consultative approach is to hold one summit per pillar. While we encourage you to read this document cover to cover, you can also pull out information on a specific pillar as needed.

Finally, we want to acknowledge that while our response to the framework identifies a broad range of considerations there is one that arises over and over: the gendered nature of caring work. Government's framework consistently references the caregiving that various demographics of citizens – seniors, individuals living with a disability, children – require without explicitly addressing that it is women who are the primary providers of care work and that they often provide it for low or no wages. Many of the framework's care-based strategies, such as a call for increased attention to wellness in the family and a shift from institutional to community-based care for seniors, will disproportionately affect women. These strategies will require women to provide more unpaid caring work and to increasingly provide paid labour under conditions that are more likely to be precarious. We hope that the next phase of development of the *Family Plan* will explicitly address what will be done to ensure that the increasing need for caring work in our province is approached in such a way as to advance, rather than cost, women's equality.

Sincerely,

Jody Dallaire and Jennifer Richard

February 20, 2017

Pillar 1: Improving access to primary and acute care

- Women have specific reproductive health care needs, including access to affordable birth control, publically-funded abortion, and midwifery care. Women's ability to determine if, when, at what interval, and how to have children is not only critical to their economic security, but also their physical and mental health.[1-2] While access to hospital-based abortion has increased for some women in the province, women living in rural communities and certain regions continue to face significant barriers to access that can compromise their safety, privacy, and health. Similarly, while important first steps have been taken to increase access to midwifery services in the province through the development of an initial midwifery practice, timely implementation of and ongoing funding for this program is important for women in the province who want to exercise choice and control in their reproductive health.
- Women in New Brunswick are more likely than men to require primary and acute health care as a result of aging-related chronic health conditions.[3-5] The likelihood of developing a chronic condition increases with age and, because women live longer than men on average, nearly 70% of seniors in New Brunswick 85 years and older are women.[6]
- Women's increased need for primary and acute care does not occur because women make deliberate choices to be less healthy than men. Rather, like women across Canada, women in New Brunswick experience social and economic inequalities that are widely recognized to have negative health impacts.[7] For example, in New Brunswick, women's greater likelihood of experiencing poverty puts women at greater risk for poor health outcomes because poverty limits access to safe housing, healthy food, and leisure time necessary to maintain good health.[5,7-8]
- Women are overrepresented amongst minimum-wage, low wage, and part-time workers. One of the consequences of this is that women are less likely than men to have extended health-care benefits through an employer, which creates additional barriers for them in meeting their health care needs and in exercising control over and choice within their health care.[7-9]
- In addition to being more likely to experience poverty, women in New Brunswick have a lower median income than men.[5] Women with lower income levels have higher rates of chronic health care conditions and are more likely to report having unmet care needs than women with higher income levels.[7-8,10] Women in New Brunswick were more likely than men to report transportation problems, cost of medication, and cost of treatments or procedures as barriers to health care.[11]
- Girls and women are more likely than men to experience intimate partner violence, sexual assault, and childhood sexual abuse. In 2014, in Canada, rates of sexual assault against female children and youth were more than 4 times higher than their male counterparts [12]; nearly two-thirds of senior victims of family-related homicides between 2004 and 2014 were women [12]; and in New Brunswick 96% of those seeking services from domestic violence outreach workers in 2012-2013 were women.[5] Women also report the most severe types of spousal violence more often than men: 34% of female spousal violence victims reported being sexually assaulted, beaten, choked or threatened with a gun or a knife (as opposed to 16% of male victims).[12] Aboriginal women are more likely to experience intimate partner violence than non-Aboriginal women (10% versus 3% respectively) and are more likely than non-Aboriginal women to experience the most severe forms of spousal violence.[12]

- For immigrant and newcomer women, difficulties in navigating a complex healthcare system may add an additional layer of barriers that compromise their access to primary and acute care. As immigration is increasingly used as a means to grow New Brunswick's population, work to improve access to primary and acute health care must take into account the unique barriers immigrant and newcomer women may face.[13-14]

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[3] Statistics Canada. CANSIM 105-0501 – Canadian Community Health Survey; 2014.

[4] New Brunswick Health Council. The cost of chronic health conditions in New Brunswick. Moncton, NB: New Brunswick Health Council; 2016.15 p. Available from: https://www.nbhc.ca/sites/default/files/documents/june_2016_the_cost_of_chronic_health_conditions_to_nb_-_final.pdf

[5] Women's Equality Branch. Equality Profile 2014: Women in New Brunswick. Fredericton, NB: Women's Equality Branch; 2014. 151 p. Available from: http://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/WI-DQF/pdf/en/EqualityProfile-2014.pdf

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[10] Turcotte, M. Canadians with unmet home care needs. Ottawa, ON: Statistics Canada; 2014. 14 p. Available from: http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14042-eng.pdf

[11] New Brunswick Health Council. New Brunswickers' experiences with primary health services: Results from the New Brunswick Health Council's 2014 primary health survey. Moncton, NB: New Brunswick Health Council; 2015. 368 p. Available from: https://www.nbhc.ca/sites/default/files/primary_health_survey_-_complete_report.pdf

[12] Canadian Centre for Justice Statistics. Family violence in Canada: A statistical profile, 2014. Ottawa, ON: Statistics Canada; 2016. 77 p. Available from: http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14303-eng.htm/

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[14] Gautreau G. A coordinated community response to domestic and intimate partner violence experienced by immigrant and newcomer women in New Brunswick: Needs assessment report. Fredericton, NB: New Brunswick Multicultural Council; 2016. 37 p. Available from: http://www.unb.ca/fredericton/arts/centres/mmfc/_resources/pdfs/annexa_swc-cfc174915v1nb15133_newbrunswickmulticulturalcouncilinc_needsassessmentreport_final.pdf

Pillar 2: Promoting Wellness

- Strategies that are focused on systemic rather than individual changes are more likely to lessen the inequalities that women experience and to improve women's wellness.[1] Examples of such changes include: ensuring that affordable, accessible, and high quality child and elder care options are available to families and ensuring that those who provide care work to enhance the wellness of others are adequately supported and properly compensated in their roles.[1]
- Strategies that focus on individual lifestyle changes (i.e. increased healthy eating and physical activity) may increase the amount of unpaid caring work expected of women [1] as the gendered division of household labour often leaves women disproportionately responsible for tasks such as meal planning, grocery shopping, and food preparation. These increased expectations may contribute to further stress for women and a lack of leisure time for women to tend to their own wellness. This may also take a psychological and emotional toll on women, as they are more often blamed or shamed for failures to maintain the health of their families [1] or to achieve a particular ideal of health and wellness themselves.[2]
- Women in New Brunswick are 10% more likely than men to report the health of family members as a source of stress in their lives.[3]
- More women (43.8%) than men (37.8%) in New Brunswick report time pressures or not having enough time as contributing to feelings of stress.[3]
- Strategies that focus on individual lifestyle changes may prove to be inadequate for or even irrelevant to the wellness needs of specific groups of women, including women living with disabilities and senior women with chronic health conditions, or women who may have different wellness needs relating to their cultures and communities.[4-6]
- As immigration is increasingly viewed as an approach to growing New Brunswick's population, attention must be paid to the unique wellness needs of immigrant and newcomer women. Immigrant and newcomer women may be living with trauma from past experiences or their immigration experience and require specialized supports in order to enhance wellness for themselves and their family.[6]
- New Brunswick women are more likely than men to experience poverty and have a lower median income than men.[7] As a result, for many women in New Brunswick, the ability to control food choices or to engage in physical exercise is limited by economic insecurity, the necessity of working multiple jobs to make ends meet, as well as the pressures of balancing work and caregiving responsibilities.[1,3,8]

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Pillar 3: Supporting those with mental health challenges

- In New Brunswick, women are more likely than men to rate their mental health as only being fair or poor[1], to rate their level as stress as high [2], to report being diagnosed with depression and other mood disorders [2], to attempt suicide [3] and to access mental health services.[4] Nearly twice as many young women and women (age 12 years and older) as young men and men are identified as having a mood disorder, such as depression or bipolar disorder (14.4% and 7.4% respectively).[2]
- Currently, much public discourse on Post-Traumatic Stress Disorder (PTSD) centers on the needs of those working within occupations that continue to be male-dominated, including the Canadian Forces, policing, and first responders. While increased recognition of the psychological effect of such work is commendable, it must also be recognized that another significant demographic of individuals with PTSD are women survivors of intimate partner violence and sexual assault. Across Canada, 22% of female victims of spousal violence report three of more of the long-term effects associated with PTSD.[5] Women who have experienced multiple incidents of abuse were even more likely to report PTSD symptoms.[5] Women are also more likely than men to seek professional mental health support related to their experiences of violence. Across Canada, 56% of female victims of spousal violence contacted formal victims' services, including crisis centres or telephone lines, shelters or transition homes, counsellors, or social workers.[5]
- Like women's broader healthcare needs, women's mental health challenges are a result of the social and economic inequalities women experience.[6] Poverty, poor working conditions, the demands of caregiving, and food and housing insecurity all directly impact women's mental health [1,6-7]. For example, the prevalence of intimate partner violence, sexual assault, and childhood sexual abuse creates significant mental health challenges for girls and women in New Brunswick.[3,5]
- Although girls and women are more likely than boys and men to seek support to address mental health challenges,[4] they may face additional barriers in actually accessing support. Lack of extended health coverage and benefits, long wait times, and severely limited options in trauma-informed, trauma-specific, and culturally relevant mental health services continue to impede women's efforts to heal from trauma, violence, and other mental health challenges. Accessing specialized mental health support can be especially difficult for immigrant and refugee women with war-related trauma, genital mutilation, or trauma relating to the experience of immigration.[8-9]
- A number of pillars propose shifts toward community-based care for the healthcare and wellness needs of various demographics. These shifts risk creating an increased reliance on unpaid caregiving work, which will overwhelmingly fall to women to provide. The results of this for women could include increased stress, reduced wellness, and being forced to drop out of or reduce their participation in educational programs or the workforce. These shifts will also affect the conditions under which paid caring work is provided. By shifting work to community-based settings, care workers will increasingly face low wages, potentially unsafe and isolated working conditions, job insecurity, and limited or no employer benefits. These conditions risk compromising the mental health and economic security of those who perform caring work.

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[3] Women's Equality Branch. Equality Profile 2014: Women in New Brunswick. Fredericton, NB: Women's Equality Branch; 2014. 121 p. Available from: http://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/WI-DQF/pdf/en/EqualityProfile-2014.pdf
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Pillar 4: Fostering healthy aging and support for seniors

- Like women across Canada, women in New Brunswick have a longer life expectancy than men;[1] therefore, a larger percentage of seniors are women than men. Of seniors 65 years and older in New Brunswick, 54.2% are women, and of seniors who are 85 years and older, 67.5% are women. Senior women are a significant demographic in the province, making up 10.5% of the total New Brunswick population and 20.9% of the total female population.[2]
- In New Brunswick, senior women continue to have less economic security than senior men. In 2014 more senior women than senior men were considered low-income (25.2% vs. 17.4%).[3] Across Canada, senior women are still less likely to have any work-related pension or access to prescription drug plans and tend to receive lower benefits [4].
- Across Canada, 27.6% of women aged 65 to 74 reported having at least one disability. This rate increases to 59.2% for senior women 85 years and over. [4] Given that nearly 70% of New Brunswickers 85 years and older are women and the likelihood of developing a disability or chronic health condition increases with age, it is likely that more senior women than men in New Brunswick will be living with multiple disabilities or chronic health conditions as they age.
- Senior women accounted for more than 6 in 10 (66%) of the victims of elder abuse, neglect and self-neglect brought to the attention of New Brunswick's Adult Protection services in 2012-2013.[1] Across Canada, nearly two-thirds of senior victims of family-related homicides between 2004 and 2014 were women.[5]
- Senior women are more likely than senior men to report unmet caregiving needs even while continuing to provide caregiving for others.[6]
- The economic, health, and social vulnerabilities women seniors in New Brunswick experience are not simply an inevitable consequence of aging. Rather, they are the predictable outcome of a longer narrative of women's inequality and economic insecurity. Fostering healthy aging and support for women seniors in New Brunswick cannot begin once women reach age 65. The essential building blocks of healthy aging for women involve addressing conditions that contribute to women's economic insecurity across the lifespan, including the wage gap, women's concentration in low-wage work (including caring work), less access to employment that offers benefits and pensions, etc.
- If care for seniors shifts from institutional and hospital-based to community-based, there will likely be an increased reliance on unpaid caregiving work by family members, friends, and volunteers – work that will overwhelmingly fall to women to provide. While caring labour can be rewarding, it also carries risks, including increased stress, reduced wellness, and the necessity for care providers to leave or reduce their participation in educational programs or the workforce to meet the demands of caregiving.[7-8]
- Supporting seniors through increased community-based care can only be effective in advancing women's equality if it also improves the working conditions of the approximately 10 000 New Brunswickers – the majority of whom are women – who work in the private care-giving sector.[7] Currently, women providing paid caregiving often face low wages, potentially unsafe and isolated working conditions, job insecurity, and limited or no employer benefits. Improving working conditions for this sector will not only ensure that these workers do not age into poverty or poor health but also translate to higher quality care for seniors here and now.[7-9]

[1] Women's Equality Branch. Equality Profile 2014: Women in New Brunswick. Fredericton, NB: Women's Equality Branch; 2014. 121 p. Available from: http://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/WI-DQF/pdf/en/EqualityProfile-2014.pdf

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[3] Statistics Canada. CANSIM - 206-0041. Low income statistics by age, sex and economic family type, Canada, provinces and selected census metropolitan areas (CMAs), annual.

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[6] Turcotte M. Canadians with unmet home care needs. Ottawa, ON: Statistics Canada; 2014. 14 p. Available from: http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14042-eng.pdf/

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[9] New Brunswick Council on Aging. We are all in this together: An aging strategy for New Brunswick. Fredericton, NB: Province of New Brunswick; 2017. 76 p. Available from: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Seniors/AnAgingStrategyForNB.pdf

Pillar 5: Advancing women's equality

- Recruiting more women to fill positions of influence in politics requires systemic changes. These could include changing New Brunswick's electoral system and introducing financial incentives to the political process that are tied to running diverse slates of candidates.

- Advancing women's equality in decision-making and positions of influence requires addressing the barriers that have limited or devalued women's participation in civic life and the workforce. These barriers include a lack of affordable childcare, the devaluing of jobs predominantly held by women (particularly within the caregiving sector), the lack of employment opportunities for women living in rural communities, and discrimination that immigrant and newcomer women may face when seeking employment.

- Ensuring broader access to a broad range of reproductive and sexual health services is integral to advancing women's equality in New Brunswick. Women's ability to determine if, when, at what interval, and how to have children is not only critical to their economic security, but also their physical and mental health.[1-2] While access to hospital-based abortion has increased for some women in the province, women living in rural and northern communities continue to face significant barriers to access that can compromise their safety, privacy, and health. Similarly, while important first steps have been taken to increase access to midwifery services in the province through the development of an initial midwifery practice, timely implementation of and ongoing funding for this program is important for women in the province who want to exercise choice and control in their reproductive health.

- Enhancing gender equality also involves improving access to services that support LGBQT+ rights, and to supporting initiatives that work to break down the specific barriers to equality that exist for those within this community.

- In 2014, women's median income in New Brunswick was 67% of men's ($24 440 vs $36 490 respectively).[3] Women's greater likelihood of experiencing economic insecurity is deeply connected to the devaluating of jobs in sectors that are predominantly filled by women, including caring work. This devaluing not only involves unequal compensation for comparable work by men in positions requiring similar levels of education, training, and responsibility but also involves the lack of provision of healthcare benefits and limited opportunities for training or education.[4]

- Although pay equity legislation has been implemented for the public sector, the same legislation does not exist for those working in the private sector. This means that, for example, the nearly 10 000 New Brunswickers – the majority of whom are women – working in the private caregiving sector are currently not guaranteed pay equity.[4]

- Girls and women are more frequently the victims of childhood sexual abuse, sexual assault, intimate partner violence, and elder abuse and neglect than men and boys. In 2014, in Canada, rates of sexual assault against female children and youth were more than 4 times higher than their male counterparts [5]; nearly two-thirds of senior victims of family-related homicides between 2004 and 2014 were women [5]; and in New Brunswick, 96% of those seeking services from domestic violence outreach workers in 2012-2013 were women.[6] Aboriginal women are more likely to experience intimate partner violence than non-Aboriginal women (10% versus 3% respectively) and are more likely than non-Aboriginal women to experience the most severe forms of spousal violence.[5] Women in Canada who are refugees, immigrants, or newcomers may also have unique experiences of violence and trauma related to war.[7-8]

- In New Brunswick, a significant portion of services and support for victims of gender-based violence is provided by volunteers, the majority of whom are women. Examples of such services include volunteer crisis lines and accompaniment services.
- Without access to accessible, affordable, high quality childcare, women in the province often limit their participation in the workforce or leave the workforce altogether. Lack of access to childcare compromises the economic security of families in New Brunswick, which in turn puts the health and well-being of women and families at risk both now and as they age. A lack of accessible, affordable, high quality childcare leads many women to delay childbearing or to decide against having children entirely.[9-10]

[1] World Health Organization. Mental health aspects of women's reproductive health: A global review of the literature. Geneva: World Health Organization; 2009. Available from: http://apps.who.int/iris/bitstream/10665/43846/1/9789241563567_eng.pdf
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Pillar 6: Reducing Poverty

- In New Brunswick, women are more likely than men to experience poverty. In 2011, 57% of the 88 000 New Brunswickers living in poverty were women.[1] Particular groups of women, including single parents, seniors, social assistance recipients, Aboriginal women, and women living with a disability have even higher rates of poverty.[1-4]
- 82% of all lone-parent families in New Brunswick are female-led [5] and have a greater risk for experiencing economic insecurity than other family types. In 2014, the median income of female-led lone parent families in New Brunswick was almost $14 000 less than that of male-led lone parent families and $36 000 less than the median income for all families.[5]
- The higher rate of poverty for women is not a consequence of women not working hard enough or making bad financial decisions. However, the persistence of the gender wage gap, lack of private sector pay equity, women's concentration in low-paying jobs (such as the caregiving sector), taking time out of the workforce for child and other caregiving responsibilities, the lack of affordable day care means that women continue to struggle with poverty and low income.[6-8]
- Poor women are more likely than women with higher incomes to report poor mental health, to have chronic health care conditions [9], to experience housing and food insecurity [10-11], and to experience violence.[12] They are also less likely to have access to resources, such as extended health care benefits, paid vacation or leisure time, or access to justice – to address these consequences [1,12-13]. Women in New Brunswick were more likely than men to report transportation problems, cost of medication as too high, and cost of treatments or procedures as too high as barriers to health care.[14]
- An early learning and childcare system that is affordable, accessible, and high quality is an excellent way to disrupt cycles of intergenerational poverty.[15] For youth coming from economically vulnerable households, access to early learning and childcare can even the playing field for them as they enter into the school system, improving their long-term prospects of success.[15]

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Pillar 7: Providing support for persons living with a disability

- The 2012 Canadian Survey on Disability reported that 17.2% of the female population age 15 and older in New Brunswick was living with a disability. New Brunswick has a higher proportion of females living with a disability than the overall Canadian average of 13.7% and the Canadian female average of 14.9%.[1] Women with disabilities face complex discrimination and barriers as a result of the intersection of disability, gender, and others factors such as sexual orientation, age, economic security, and geography.[2]

- Senior women in New Brunswick are more likely than other women to be living with a disability. The prevalence of disability increases with age: in 2014, 35.8% of women seniors 65 years and older and 44.5% of women 75 years and older in New Brunswick were living with a disability.[1] Because the likelihood of developing chronic health conditions increases with age,[3] many New Brunswick women in their later years may be living with both chronic health conditions and disability.

- Women with disabilities face challenges in achieving economic security. Women with disabilities generally have a lower level of education and are less likely to be employed than women without disabilities.[2] These factors contribute to the increased likelihood of women with disabilities relying on government programs, such as social assistance, and living in poor or low-income households.[2] In 2015, women in New Brunswick with a disability who received social assistance and have no other means of financial support would have subsisted on an income $7 500 less than the low income cut off.[4]

- According to a study conducted by the Disabled Women's Network Canada, 40% of women respondents with disabilities had experienced some form of violence in their lives.[5] Factors such as poverty, social isolation, and lack of accessibility of services contribute to creating a context in which girls and women living with a disability are more likely than women without a disability to experience violence and abuse.[6] In addition, social stereotypes that often reduce the agency of and infantilize women with disability increase their vulnerability to violence.[5]

- Various barriers continue to affect women with disabilities in seeking services and reporting abuse, including difficulty making contact with services, lack of information about services, difficulties in accessing transportation, fear of losing financial security or housing, and fear of being institutionalized.[5,7] Women with disabilities experience additional risks of abuse by caregivers within both institutional and community-based setting, including violations of privacy, restraint, and strip searches that can replicate the trauma of sexual violence.[5]

- More generally, across Canada, home care recipients with a physical disability were almost twice as likely to have partially met needs than care receivers without a disability (18% vs 10% respectively).[8]

- Strategies to increase support to New Brunswickers living with disabilities through increased community-based and home care must also increase support for both formal and informal care providers – the majority of whom are women. Currently, women providing paid caregiving face low wages, potentially unsafe and isolated working conditions, job insecurity, and limited or no employer benefits.[9-10] Addressing these issues will not only support the care workers, but result in higher quality care for New Brunswickers living with disabilities.

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