

# **Nova Scotia Progressive Conservative Party 2021 Policy Platform Evaluation**

## **NSCSW Policy Note**



## Who We Are

The Nova Scotia College of Social Workers (NSCSW) exists to serve and protect Nova Scotians by effectively regulating the profession of social work. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity.

Learn more about the College at [nscsw.org/about](https://nscsw.org/about).

## Introduction

As a summer election is now on, we will soon be faced with big decisions as several parties try to convince Nova Scotians to vote for them.

As social workers, we labour in solidarity with our clients, organizations and communities, and with Nova Scotians who are vulnerable, oppressed and dealing with the hurtful outcomes of society. Our profession is committed to social justice and is mandated by our Code of Ethics to work for a society that promotes social, economic, political, and cultural equality for all people. A critical analysis of the party platforms, to understand how their positions will affect the clients that we serve, is a helpful process.

As part of our mandate to serve the public interest, the NSCSW will provide an analysis on each party's positions, to evaluate whether their policies will lead to greater equity and equality, through the lens of the [social policy framework](#) that we developed with the Canadian Centre for Policy Alternatives-Nova Scotia (CCPA-NS): [Creating the future we all deserve: A Social Policy Framework for Nova Scotia](#). This evidence-based report lays out what is required for a transformative social policy agenda in our province, and we encourage our members to utilize it in order to ensure that they better understand how their votes will address or remedy the injustices and harms we see daily.

During the election period, we will evaluate how each party's platform advances our vision and values using this intersectional and evidence-based framework and these ten guiding principles.

**This policy note evaluates the Nova Scotia Progressive Conservative platform on core social justice and advocacy issues of concern to social workers.**

*Of note for readers is the NSCSW requested the full 130 page platform from the Progressive Conservatives and were denied early access; this review is of the publicly released 12 page document that was available when we drafted our assessments.*

We invite you to join us in exploring each of these principles, and examining the proposals made for our province's future. By working together, we can make decisions that align with our professional values, and that advance the well-being of our clients and all Nova Scotians.

## Summary of Findings

The PC platform misses an opportunity to create greater equality and equity by not using an intersectional lens data through the 10 policy principles laid out in the CCPA-NS and NSCSW social policy framework to create its platform.

The PC platform does make a significant commitment to the principle of universality in their mental health platform and recognizes that the long-term care sector needs significant investments, creating the potential for greater social inclusion. There are also commitments to increased democratization, through local decision-making around doctor recruitment and re-

exploring school board models. It also commendable that the PCs **are not** talking about a perceived need for austerity and are taking advantage of low interest rates and Nova Scotia's healthy debt-to-GDP ratio in Nova Scotia to borrow and invest in people and to expand the economy.

What is very troublesome about the PC platform is its lack of focus on equity and its lack of policy regarding decolonization and systemic racism. It also misses an opportunity to address growing an inclusive economy by putting forward a meaningful plan for climate justice. Instead, the PC platform relies on old and largely debunked trickle-down economic strategies and avoids the need to explore Nova Scotia's dated labour standards including its grossly inadequate minimum wage. Also, troubling in the PC platform is the erosion of public provision of services, and further privatization of health services and reliance on the private market to create affordable housing. Relying on the private market to deliver essential services erodes quality, accountability and stacks profits for the already wealthy creating greater inequality.

Kudos should be extended to the PC party for thinking boldly about universal mental health coverage, investments in long-term care, and embracing a fiscal policy that contains investments in people. Nevertheless, many of its policy positions are likely to lead to greater economic inequality as it relies too heavily on tax cuts, credits and incentives and its lack of policies on equity, coupled with an overreliance on the private market, will ultimately perpetuate further inequality and inequity.

**The NSCSW gives the PC platform a C-.**

### *Intersectional and Evidence-Based Policy Principles*

The Social Policy Framework indicates that policy that works for everyone must be designed to account for the multiple ways that power and privilege are unevenly shared; it captures the interaction and interconnection between social locations, policies, and institutions and offers a path toward systemic change (Findlay *et al.*, 2020). Evidence-based policy-making rests on the foundational premise that government decisions that are influenced by research and data are more likely to solve problems effectively, and that we should learn from best practices (Findlay *et al.*, 2020).

Evidence that must not be overlooked is the impact that poverty has on many of the issues facing Nova Scotians such as quality of life, health care, mental health, child and youth well-being and the economy. Current data demonstrates that Nova Scotia has the highest poverty rate in Canada based on the Market Basket Measure (Findlay *et al.*, 2020), and the highest rate of child poverty in Canada, with one in four children living in poverty (based on the Market Basket Measure) (Frank *et al.*, 2020). Poverty costs the Nova Scotia economy an estimated \$2 billion a year in lost productivity and excessive government spending (Saulnier and Plante, 2021). Interactions between poverty and other contributory factors are complex and frequently circular. For example, poverty increases the risk of mental illness, and mental illness increases the likelihood of poverty. Parental substance use accompanied by poverty is more likely to lead to contact with child protection services than substance use in a position of affluence (Bywaters *et al.*, 2016). Poverty is also directly related to adverse childhood experiences which produce many negative educational, health and mental health outcomes with substantial public costs (Bellis *et al.*, 2019; Kagi & Regala, 2012). A study conducted in rural Nova Scotia found 73% of survey respondents reported one adverse childhood experience and 31% reported four or more (Ross, *et al.*, 2020).

Evidence also demonstrates that Nova Scotia has seen a steady trend of widening income inequality. In 1988, the income shares of the wealthiest ten per cent in Nova Scotia were 11.1 times the income share of the bottom ten percent. Three decades later, top incomes in Nova Scotia grew to 16.3 times the income share of the bottom (Findlay, *et al.*, 2020). This should be of great concern to any political leader, particularly during a global pandemic, as rising inequality and the continued class divide between the rich and the poor has allowed the voices of the most vulnerable, particularly those of our racialized communities and children and youth, to go unnoticed, eroded trust, and increased anxiety and illness for all (Wilkinson and Pickett, 2009). This lack of trust appears to be growing; recently produced data shows that only 27.1% of Nova Scotians trust the provincial government (Engage Nova Scotia, 2020).

Economic inequality impacts equity: we have consistently seen various governments enact austerity policies (expanding corporate influence in the process) to cut the cost of care, institutionalize new management systems, and centralize government services, leading to highly top-down bureaucratic systems (Findlay, *et al.*, 2020). This has led to increasing managerialism which devalues and deskills professional competence and creates a management framework that is focused on liability and constantly searching for efficiencies rather than promoting human connection (Brown *et al.*, 2020; Findlay *et al.*, 2020). These trends have had a profound impact on the ability of Nova Scotians to receive the services and care that they rely on, and to make our economy one that works for all of us.

In the current provision of public services in Nova Scotia, individuals, rather than the state, are responsible for social risks such as illness, (dis)Ability, unemployment, and poverty (Brown, *et al.*, 2020). Intersectional policy must be designed with intent of public services taking on more of this risk in order establish greater equity and justice (Barkley and Wright, 2019). Family violence, trauma and poverty are connected to broader structural issues that have allowed poverty to fester in Nova Scotia particular for women, Black Nova Scotians, Indigenous people and people of colour, LGBTQ2SIA people and people with disabilities (Frank *et al.*, 2020). Poverty is felt deeply; it is a social condition manifested in struggles to afford the cost of housing, food, childcare, clothing and transportation in the face of low wages, precarious work, racial and gender discrimination, a weak social safety net, inadequate public services and lack of affordable and available child and family services (Frank and Saulnier, 2017).

The current social environment in all sectors (health, justice, social services, etc.) minimizes our collective responsibility for the safety and well-being of all Nova Scotians and places that responsibility onto individuals. Evidence of this is reflected in Canadian public social spending which peaked in 1990 at just under 18% of gross domestic product (GDP). The most recent data shows that Canada spent 17.3% of GDP in 2017, which is about same as 1990. Canada spent less than 23 other countries including the United States. It is striking that only 1.6% of GDP in Canada is spent on social expenditures for families, and even less on the unemployed at 0.6% (Findlay *et al.*, 2020).

The consequence of this have led to dire outcomes for Nova Scotians.

- A over representation of Black and Indigenous children in the care of the province.
- Amendments to the Children and Family Services Act lowered the threshold for intervention based on vague definitions of a child in need to care, created less oversight and provided no new funding or resources to manage the changes. This combined with the absence of bigger-picture social supports to create pathways to safety and well-being have created a child protection system that is more intrusive and focused more on

investigations and court process than being able to create support and well-being for families (NSCSW, 2021)

- Data from Engage Nova Scotia demonstrates that for single parent families, who generally make up over 50% bulk of child welfare clients (Tromce et al., 2004), quality of life is less than those of the rest of the Nova Scotia population (Engage Nova Scotia, 2020). More than 1 in 2 children living in lone parent families live in poverty (53.1%) compared to 11.7% of children living in couple families (Frank *et al.*, 2020).
- Data collected in Nova Scotia schools between 2015 and 2018 shows a meaningful increase in the rates of vulnerability from 25.5% to 28.8% (Findlay et al., 2020). Vulnerability means that without additional support in areas like social competence, emotional maturity, language and cognitive development, communications skills, and general knowledge, these children will face future health, educational, and social challenges (Frank and Saulnier 2017). Researchers in Nova Scotia have long pointed to the weak social safety net and the lack of public programming as being at the root of these vulnerabilities (Findlay *et al.*, 2020).
- Labour standards are out of date and not aligned with other Canadian jurisdictions. Nova Scotia has the longest work week (48 hours), the lowest vacation time, little legislation regarding pay equity and an unacceptably low minimum wage (Casey, 2019). Minimum wage falls short of the income needed to live a quality life, as the living wage for Halifax is now at \$21.80 (Saulnier and Driscoll, 2020).
- Pre-COVID, people were already struggling to pay their rent. Overall, 28% of renters are in core housing need in Nova Scotia and of that percentage 42% are lone-parent renters (Housing for All, 2021). Rents for a 2-bedroom apartment in Halifax increased by 15.8% in 2019 and the vacancy rate is about 1.2% (NSACCW, 2020). Little wonder there are more homeless people, including families. It is estimated that 33,500 Nova Scotians are housing insecure and there is list of over 5500 folks waiting for social housing (Housing for All, 2021). According to Adsum for Women and Children, out of the nearly 500 homeless currently in Halifax Regional Municipality, 62 are families, most of them female-led lone parent families (Frank *et al.*, 2020).
- Statistics Canada's report on food insecurity, released in February of 2020 defined food insecurity as hunger and/or the fear of hunger because there's not enough money to buy food. In 2017-18, across Canada, 12.7 per cent of households suffered some level of food insecurity. In Nova Scotia, the number is 15.4 per cent — almost one in six households — the highest rate recorded in any province (Vibert, 2020). Prior to the pandemic, the annual Hunger Count in Canada showed an increase of 5% of new clients to foodbanks in Nova Scotia in March 2019 alone. Children made up 30% of those accessing foodbanks in Nova Scotia. Since the pandemic began, Feed Nova Scotia has seen a 15% increase in demand for food in Nova Scotia. (Frank *et al.*, 2020).
- Data collected by the Disability Rights Coalition of Nova Scotia shows the disturbing trend backward of the province since it first committed to the Coalition's Road to Inclusion by 2023. The Nova Scotia government, through its Disability Supports Program, is assisting fewer people with disabilities with residential supports right now than in 2013/14 when it committed to the roadmap, dropping from 5,184 to 5,033 people. Since the Roadmap's release in 2013, there has been a sharp increase in numbers on the Disability Supports Program waitlists, going from 1099 in 2014 to 1,915 in 2021, an



increase of more than 74%. The official Disability Supports Program Policy Manual, which restricted all admissions to institutions to ‘temporary admissions’ in preparation for their closure has been recently (May 2021) been removed from official government policy. Nova Scotia continues to send people with disabilities indefinitely to institutions as their only available option for accessing social assistance. The lack of options for people with disabilities to even be able to vote confidentially is yet another glaring example of how much work needs to happen in this area.

- [A paper produced by the NSCSW](#) shows the current strategy in mental health and substance abuse care utilizes “evidence-based” jargon to legitimize choices that focus mental health care through bio-medical and neo-liberal lenses. This approach attempts to keep the cost of care low creating systems that focus on mental health disorders that are reduced to their simplest forms in order to provide standardized treatments, leading to a system that focuses on treating those who are most symptomatic. This is a political choice that negates the overwhelming evidence that mental health is more often shaped by our social, economic, and physical environments, and require approaches to care rooted in the context of a person’s life, not standardized treatments. By ignoring this evidence services reduce the need for a bio-psycho-social approach to mental health, which would require creating a strong, connected, and supportive society and government policy that is focused on the social determinants of mental health (Brown, *et al.*, 2021)

### *Social Policy Framework Analysis of the PC Platform*

When evaluating the PC platform from the perspective of the Social Policy Framework, some of the above issues are addressed with creative policy solutions, but others have more questionable solutions proposed. Addressing low wages by cutting taxes for corporations lacks evidence to support the conclusion that wages will be raised. The platform makes mention of the housing crisis but provides minimal solutions. Lacking in the PC platform is any mention of equity. Many of the deeper systemic issues are not addressed, and some of the policy solutions fail to reflect the intersectional and evidence-based policy principles for which we advocate.

The most outstanding feature in the PC plan is its commitment to universal mental health coverage, as part of a larger health care system overhaul. The Progressive Conservative mental health plan draws policy conclusions from an initial intersectional and evidence-based lens utilizing data from Canadian Mental Health Association, includes a youth perspective, academic research, and data on costs. However, the plan lacks a much deeper analysis of how mental health affects diverse populations, and what is necessary to serve those needs.

Lacking in both the mental health system proposal as well as the health system platform is the commitment to an equitable health care system including a substantial policy option to address the upstream social determinates of health, such poverty, housing and income support. Also glaringly absent is a focus on decolonization or the elimination of systemic racism and injustice.

## Interconnectedness



The principle of interconnectedness draws from the idea that policies and social and health issues are interrelated, and that people experience policy differently depending on their location in intersecting systems. Improving social well-being relies on working across silos and developing policies that address multiple challenges at once (Findlay *et al.*, 2020).

There are several intersectional policies with the Progressive Conservative platform. These include:

- Reducing silos and eliminating the double-standard in health-care delivery, whereby mental health services does not currently function like the physical health care system.
- By increasing access to mental health care services to address the multiple shortcomings of the current system of delivery, the PC platform will also improve the system's ability to address the psychosocial determinants of physical health.
- Shifting the health care delivery system from a process-centered approach to a patient-centered approach has the potential to increase interconnectedness and ensure that silos are reduced.
- Investing in services for older adults and expanding the options for their care, which will affect not only these individuals, but also their families and communities, as well as protect them from infectious diseases by increasing the number long term care beds to 2500.
- The “better paycheque” guarantee is an example of valuing interconnectedness, whereby this policy proposal is intended to solve multiple problems created by income inequality. However, the solution inadvertently leads to greater income inequality as it will cost public coffers \$200 million needed to provided services to the public that lower their costs of living (Saulnier, 2020).

Overall, the social determinants of health greatly impact our overall well-being and quality of life, and these are not addressed by the Progressive Conservative platform. Health outcomes are shaped by the social, economic and political experiences of each person's life and experiences (WHO, 2014). Lacking in the plan is the connection between health, mental health and the social determinants of health. The World Health Organization maintains that improvement is needed in direct mental health services alongside the broader social environment. For instance, we know that if a child experiences several adverse childhood experiences that they are highly likely to experience mental health issues as adult (Bentall, 2016). In fact, adverse childhood experiences are as statistically relevant to mental health as smoking is to cancer. A truly interconnected mental health and health plan must recognize the impact of poverty, housing, racism on our overall mental health and health systems create investments and strategy to politically strengthen the social determinants of health (Bentall, 2016).

The PC platform seeks to take our current system forward, by addressing interconnectedness and working to improve access for services for mental health, physical health and care for older adults. Unfortunately, the PC platform focuses more on addressing immediate needs than working upstream or focusing on prevention efforts to address larger systemic inequities. While aspects of the platform (mental health coverage) are positive, many of the policy initiatives

proposed take the form of individual tax credits or grants to individuals, rather than redressing the larger systemic inequities. The other aspects of the platform, namely the focus on “better paycheques” and “buy local” do not reflect a coherent plan that addresses interconnectedness.

Nevertheless, the complete overhaul to the current mental health system is bold and deserves to be recognized as a transformative and interconnected policy idea.

## Universality



Universality is a core principle in the Social Policy Framework. Programs and services must be accessible to all, regardless of income and paid for through general revenue from income taxes, rather than through user fees or payroll taxes. Access is a right or entitlement of citizenship, and not based on one’s ability to purchase in the market. Universality is important for several reasons: durability (less vulnerable to government cuts), higher quality of services, less stigma for users, social inclusion for users and providers, cost efficiency, solidarity and creation of a shared identity. There must be space for progressive

universalism – programs designed to meet the unique needs of specific communities (Findlay *et al.*, 2020).

There are a number of policy options that lead to greater universality of services in Nova Scotia in the PC platform. For example:

- Eliminating the double-standard in mental health care services and ensuring universal mental health care services for all Nova Scotians.
- Ensuring that every person who needs a primary care provider and is currently on a waiting list can immediately be connected to one through telehealth.

These are important initiatives that speak to the importance of universality. Our current mental health system increasingly relies on two-tier mental health care (Brown *et al.*, 2021). The rise in precarious, insecure work also leaves many workers without access to workplace benefits. In Nova Scotia, 47 per cent of people have access to mental health insurance coverage, and this is also increasingly an issue of “intergenerational equity,” as few young workers have the workplace benefits that previous generations enjoyed (Casey, 2019). The policies above create a context for greater universality of mental health services and ensures greater access to health care for Nova Scotians.

### **The PC party is to be commended for their bold approach to universal mental health coverage.**

However, what is missing from the PC platform is a commitment to creating universality in social programs, particularly those that impact families, children and youth. For instance, our social safety is still a residual welfare system, which generally limits involvement to those who are perceived to be the most in need (NSCSW, 2021). Missing from the PC platform is meaningful strategy to address some of the most significant issues facing Nova Scotians, be it in terms of its housing crisis or issues of poverty.

In terms of economic policy, instead of legislating a living wage, or increasing income supports, the “better paycheque” promise further detracts from any kind of universality. Rather than passing policies to ensure a living wage for everyone, this PC proposal suggests a voluntary approach for employers to decide how to use their tax credits. Similarly, rather than a policy



designed to repair the economic inequity that has been aggravated by the pandemic, its “buy local” proposal is akin to an airmiles program that depends upon individual purchasing decisions to be effective.

What is needed is a commitment to universality in social and health programming.



## Social Inclusion

Ensuring social policy solutions address the deeply rooted systemic barriers in our policy, programs, and services means they should foster greater social inclusion. Social policy must focus on and redress the legacies of colonialism, racism, and slavery; remove socially created barriers to access and strive for inclusion for people with disabilities (including invisible disabilities); challenge gender-based and heteronormative inequality; support newcomers and people living in the deepest poverty; and work for those in urban and rural locations.

Social inclusion must be guaranteed for the users of public services, as well as those who provide those services to us. Achieving social inclusion requires that we advance both equity and equality (Findlay *et al.*, 2020).

There are a few policy proposals that can lead to social inclusion in Nova Scotia in the PC platform. For example:

- Eliminating the two-tier mental health care system.
- Increasing access to primary care providers for those who do not have any (often newcomers to the province).
- Improving the number of options available to older adults and ensuring that they have better care and housing options (although this plan fails in many respects, because it adds beds without addressing the larger systemic issues in a meaningful way).

Nevertheless, this platform does not address any social policy solutions that are specifically focused upon redressing socially created barriers and systemic prejudices. Absent from the document is any mention of colonialism, systemic racism, enslavement, equity or equality. There is one mention of “diversity education at every level;” while there is recognition of ‘diversity,’ a search of the term ‘racism’ does not reveal a single mention. Respect for and celebration of diversity are laudable goals, but they ‘whitewash’ the more troubling and insidious reality of racism in Nova Scotia (Wienberg, 2020).

Many of the proposals further weaken the existing systems by using tax credits rather than developing policies or systems that can solve underlying issues. Indeed, such proposals only serve to strengthen the distinction between rich and poor, giving tax credits to employers and wealthy parents sending their children to soccer camp (MacDonald, 2017). Furthermore, proposals such as addressing “rural youth homelessness” through wellness grants to “teach healthy cooking” are likely to be ineffective. Such grant programs only increase the patchwork of services and funding, while failing to address the underlying systemic issues and upstream challenges that could make a meaningful difference.

Aside for advancing a comprehensive plan for universal mental health coverage, there are few if any meaningful policy proposals in this platform that address the principle of social inclusion. There are no comprehensive policy proposals to address the systemic inequities and injustices

facing racialized minorities, nor is there any mention of the recommendations of the Truth and Reconciliation Commission, Wortley Report, the Inquiry into Home for Coloured Children or the Missing and Murdered Indigenous Women report. The absence of any specific mention or proposal to address the lack of inclusion is a source of concern for all those working for justice. It is also a challenge to the efficacy of any attempt to improve mental health outcomes for Nova Scotians.



## Decolonization

Re-imagining social policy requires abandoning government paternalism, and addressing the legacy of colonialism (Findlay *et al.*, 2020). Indigenous communities in Nova Scotia are not faring well in terms of their overall mental health, in part due to years of colonialism, residential schools and trauma, and a lack of culturally relevant services and resources to support the social determinants of health. As violent acts of racism are continually directed at Mi'kmaw communities through the fishery dispute, there must be efforts made to provide culturally relevant mental health care in collaboration with Indigenous leaders and communities.

There must be leadership towards reconciliation at every level of government and within policy and programming. Nova Scotian fishing communities have been struggling through conflict and crisis — worsened by the intersections of a pandemic, economic uncertainty, and racism.

We call on the PC party, and indeed, all parties to explicitly include in their platforms all provincial Calls to Action from the Truth and Reconciliation Commission and report annually on our progress. In brief, the PC party's platform does not address any decolonization principles, and the fact that it does not do so during a summer when the nation is awakening to shock and horror of the legacy of colonialism speaks volumes and is profoundly troubling.



## Public Provision

Delivery of care in our society must move away from the current approach, which relies heavily on either the market or the private sphere of the family (especially women) to meet our social needs. We see the limitations of this approach in caregiving, post-secondary education, employment training, and particularly within mental health care (Findlay *et al.*, 2020).

Public services are superior for reasons that include quality of services, equity and access for users, working conditions of providers, and accountability to citizens. However, we also need to recognize that not all communities have the same relationship with public institutions. Thus, we must bear in mind decolonization and social inclusion (Findlay *et al.*, 2020). Public provision ensures that we are reducing the burden on community organizations, families and predominantly women by strengthening public services and making sure everyone has the basics.

The PC platform seems to work against public provision of services in many ways. For example:

- The emphasis on private telehealth has the potential to destabilize our current health care system by increasing funding to private option providers, such as Maple, rather than building up these resources internally.

- The exploration of the use of Crown Lands for affordable housing has the potential to enrich larger development companies, while negatively affecting the environment, as well as privatizing a publicly owned asset.
- The many tax credits suggested in lieu of meaningful policy (for example a tax credit for taking one’s child to soccer practice or adopting a dog), does not ensure public provision of services that can benefit all people.

The assumptions that the private sector is vastly superior in terms of costs and quality simply don’t stand up to scrutiny. Claims by politicians that privatization is the only route to efficiency and cost-savings simply cannot be embraced (CCPA-SK, 2016). Relying on the private sector to provide affordable housing is problematic in many respects. For one, it facilitates the presence of financialized landlords, such as Real Estate Investment Trusts (REITs). Financialization negatively impacts tenants and the affordability of housing through documented increases in rent, cuts to services and the introduction of new user fees (Housing for All, 2021). Tax credits are also a poor mechanism for delivering services, as they require an expenditure of income to receive, benefiting those who have means and excluding those who don’t (Macdonald, 2017).

**Overall, the PC platform moves us away from public provision of services.**



### Decent Work and Well-Being

Social policy needs to attend to both paid work and unpaid caregiving through policies that address precarious work and caregiving for children, aging parents and/or partners. Caregiving is associated with high rates of depression, financial burden, and social isolation, which are especially acute for women, and affect their economic security and health. Social policies must recognize the value of caregiving with money, services, and time (including improving paid maternity and parental leaves and pension supports; investing in social infrastructure, like childcare, home care, and long-term care; and

increasing leisure time with more time out of the labour market to spend with family and to engage in our communities) (Findlay *et al.*, 2020).

The PC plan touched on decent work and well-being in their continuing care strategy by addressing staff ratios and bringing them in line with international standards but stops short of increasing wages. The provisions for older adults do not focus on caregiving, and the provision of a \$500 grant for older adults to pay someone from the private sector to provide services is not a substitute for investing in social infrastructure, which would protect older adults by ensuring the quality of those services received. Social Infrastructure is crucial to both lowering the cost of living and providing the public services we need (Saulnier and Driscoll, 2020).

The PC plan does not meaningfully address these issues, focusing on tax credits and empowering individual employers to decide whether they would like to invest the funds that they will be able to access into their employee’s paycheques or in other ways, such as training. The PC plan does not outline any specific plans regarding childcare, but to their credit, state that they will support this Liberal-led initiative. The “Better Pay Cheque” guarantee would remove roughly \$200 million from government coffers, and there is no evidence to suggest that the PC plan would ensure that these millions would be retributed in wages (Palko, 2019). Wages are stagnant in NS, not because employers can’t afford to pay – GDP has grown by 17% over the past 10 years while wages have only grown 7% (Findlay *et al.*, 2021) – but because we have

continued to keep minimum wage and labour standards low, and decreased the number of people belonging to unions (Casey, 2019). The proposed policy for trades workers, aged 30 and under, working in designated trades, including but not limited to carpenters, ironworkers, electricians, plumbers and heavy equipment operators, to pay no provincial income tax on their first \$50,000 in earnings, also skews higher pay towards advancing male dominated industries (Saulnier, 2021).

The “Buy Local” program is not a meaningful social policy solution that can counter the challenges to supporting a local economy. Evidence consistently shows that when workers are paid a decent wage that this benefits the local economy at a macro level because people have more money to spend, and they do spend it (Gorman 2018). There is no evidence that loyalty and discount programs create or ensure decent work, nor indeed affect the economy in any significant manner.

**It is clear the PC platform does not meaningfully address decent work and well-being.**



### Climate Justice

Social policy must be developed to ensure that the brunt of adjustment in the transition to a green economy does not fall onto marginalized communities, and ensuring these communities benefit as much. A just transition relies on addressing environmental racism (which is a determinant of mental health) and on strong social policy (income support, skills retraining, infrastructure investments, pharma care, child care, housing). It means taking the opportunity to develop holistic policies (Findlay *et al.*, 2020).

The PC party does not focus on this issue in a meaningful way. While it extends and uses the same greenhouse gas reduction currently in a place by the government, it reduces renewable goals to only achieve 80% of electricity from renewable energy by 2030 and fails to lay out a plan for how we transition the economy to a green economy. It does propose doubling the budget for the rural impact mitigation fund, but it is not clear how any related projects would address climate justice issues. It also suggests exploring the usage of crown-owned lands for housing development, which has the potential to further affect preservation efforts. Absent from the plan as well is consideration of environmental racism.

**The PC party does not seem to meaningfully address climate justice.**



### Fiscal Fairness

We cannot have high quality, affordable and accessible services without also transforming our taxing and spending. We need a progressive tax system, where those who can afford it pay their fair share. And we need to reject tax benefits (such as income splitting) that benefit the wealthy, encourage traditional family and gender relations, and discourage women’s labour market participation. Tax measures can’t replace the direct provision of services. We must challenge the politics of scarcity and invest in our communities (Findlay *et al.*, 2020).

The many tax credits suggested in lieu of meaningful policy (for example a tax credit for taking one’s child to soccer practice or adopting a dog), do not ensure public provision of services that can benefit all people. The transformation of our mental health services to a universal system



does have the ability to address fiscal fairness, although the larger psychosocial determinants of health such as systemic racism and homelessness are not addressed in the platform (NSCSW, 2020).

The health care platform focuses policy on prevention of chronic illness through tax credits, such as exercise or nutrition or smoking cessation. This not only has the potential to further increase the divide between the wealthy and those who do not have the luxury to engage in these behaviors and access these tax credits, because they are dealing with the repercussions of a system that discriminates against them (MacDonald, 2017).

What should be noted is that the Progressive Conservative platform recognizes that austerity and a goal to create a balanced budget over the short and medium term would be harmful to Nova Scotians. Nova Scotia has had poor economic performance, and this situation is exacerbated by the government's insistence on maintaining fiscal restraint, even as the economy operates below its potential (Saulnier, 2021). Nova Scotia's projected debt-to-GDP ratio is 37.4% of GDP. With a low interest rate, the cost of borrowing remains low, and now is the time to invest in people. The PC party partially recognizes this, however there is much room to reform our tax systems to ensure greater revenue can be spent on services that Nova Scotians need.

### Shared Governance



Federal, provincial, territorial, and municipal governments need to cooperate in order to deliver programs and services such as mental health care to Nova Scotians. We have moved away from this model in favour of federal government retrenchment and “flexibility” for provinces and territories, resulting in weakened accountability, the erosion of national standards, and further fragmentation of Canada's patchwork of social programs. The federal government must work with the provinces, territories, municipalities, and First Nations in the funding of services

and the setting of standards. Federal transfers to the provinces and territories and equalization payments are integral to supporting universal programs in Canada.

The leader of the Progressive Conservative party has stated that he would like the federal government to add an additional 1,000 single bedrooms in long term care, which would bring the total to 3,500, which is what is currently required (Health Coalition, 2021). On August 5, the Prime Minister announced a \$3.3 billion fund for infrastructure related to COVID-19, including long-term care developments (PC, 2021). This is an important step towards shared governance.

However, there are important elements of shared governance that any party in government should and must push for. For example, current health care transfers are tied to population rather than needs. Our current health care system in every area of health has been devastated by a lack of cooperative federalism. In the 1990s when the Liberal government brutally cut transfers to provinces for health and social spending for the purpose of reducing debt, lowering corporate taxes and controlling inflation, they put in jeopardy the health and wellness of all Canadians (Jackson, 2010). Currently, in the middle of a global pandemic, provinces who don't have the same tax base as the federal government are paying 75% of the total health care spending for their provinces, while the federal government contributes 25% in most cases. When the Canada Medicare Act came into being, the initial financial split was 50/50; these cuts need to be reversed. The PC plan have not positioned themselves to fight for a return to shared governance.



What is also missing from this platform is a commitment to press for increases to the Canada Social Transfer program and commitment for greater accountability on principles for how this money is spent. For health, it has long been understood that in order to support equitable services across Canada, the provinces and territories must be held accountable to the funding they receive through the Canada Health Act – upholding principles, such as fairness, accountability, and public administration. These principles and accountability are lacking in social transfers (CASW 2015).

While there is some mention of shared governance in the PC platform, provinces must advocate for a return to cooperative federalism in order to fulfill this principle.



### Democratization

Public policy that works for everyone must ensure that everyone has a say in its creation. The rising influence of corporations and business organizations in politics, alongside the declining power of labour unions and the weakening of equality-seeking civil society organizations has damaged our democracy, and citizens are increasingly disillusioned with their governments. Governments need to consider the potential social impact of each policy they introduce, break down policy silos, and apply

substantive gender-based and intersectional analyses. Communities need the capacity to engage and to shape public policy. In our economy, unions, worker control and ownership are essential for addressing inequality (Findlay *et al.*, 2020).

The PC platform does give space to decentralise control over local decision-making by modernizing the regional school board model, and also provides a strategy for physicians' recruitment by increasing local decision making. This are both important policies that enhance democratization. Furthermore, the plan to reconfigure the health care delivery system from a process-centered approach to a patient-centered approach also has the potential to do this, although the lack of emphasis on psychosocial supports in the traditional medical plan does not go far enough to achieve this goal.

The decision of which policy priorities to emphasize in this platform reflects a lack of democratization and a focus on special interest groups, such as the commitment to invest in community rinks and infertility treatments, rather than a meaningful investment in larger systemic initiatives that can benefit the majority of Nova Scotians who are struggling with systemic inequities and poverty, homelessness and injustice.

What is also deeply troubling is the lack of commitment for a Child and Youth Advocate Office in Nova Scotia. As the NSCSW has previously written the creation of a Child and Youth Advocate Office is crucial in Nova Scotia and will ensure the provision of holistic and coordinated services to the whole child in collaboration with all stakeholders as found in other provinces. The office could ensure effective collaboration and coordination between and among various government departments, timely, accessible and adequate service provision for youths at risk and their families within their social location (NSCSW, 2017).

### Conclusion

The PC platform misses an opportunity to create greater equality and equity by not utilizing the 10 policy principles laid out in the CCPA-NS and NSCSW social policy framework to create its platform

The PC platform does make a significant commitment to the principle of universality in their mental health platform and recognizes that the long-term care sector needs significant investments, creating the potential for greater social inclusion. There are also some commitments to increased democratization, through local decision making around doctor recruitment and re-exploring school board models. It also commendable that the PCs are not talking about a perceived need for austerity and are taking advantage of low interest rates and Nova Scotia's healthy debt-to-GDP ratio in Nova Scotia in order to borrow funds for investing in people and expanding the economy.

What is very troublesome about the PC platform is its lack of focus on equity and equality and its lack of policy regarding decolonization and systemic racism. It also misses an opportunity to address growing an inclusive economy by putting forward a meaningful plan for climate justice. Instead, the PC platform relies on old and largely debunked trickle-down economics strategies and avoids the need to explore Nova Scotia's dated labour standards including a grossly inadequate minimum wage. Also troubling in the PC platform is erosion of public provision of services, and further privatization of health services and reliance on the private market to create affordable housing. Relying on the private market to deliver essential services, erodes quality, accountability and stacks profits creating greater inequality.

Nevertheless, kudos should be extended to the PC party for thinking boldly about universal mental health coverage, investments in Long-Term Care, and embracing fiscal policy that invests in people. Many of its policy positions are likely to lead to greater economic inequality as it relies too heavily on tax cuts, credits and incentives and its lack of policies on equity, coupled with an overreliance on the private market, will ultimately perpetuate further inequality and inequity.

**The NSCSW gives the PC platform a C-.**

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