

Women and Social Reform

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EXECUTIVE SUMMARY

Although the origins of current principles and practices can be traced back over several decades, a framework for social reform has become increasingly visible in the 1990s. We now have some clear statements about the philosophy that guides federal and provincial reforms. In this new paradigm, the business of government is business. Basically, this means three things: 1) governments should operate on business principles, adopting methods developed in the private, for-profit sector; 2) governments should not do anything the private sector can do; and 3) governments should promote the for-profit sector, both through a variety of direct and indirect supports and through the removal of regulations and other forms of intervention that limit the market. In this framework, individual responsibility is emphasized over social responsibility; and the market more than either collective or individual rights. This report briefly summarizes some of the literature to outline ways in which reforms alter women's opportunities for well-being.

INCOME, EQUITY AND WELL-BEING

Income is of course central to social security, and governments influence women's income in a variety of ways through (a) employment, (b) contributory employment plans, (c) universal income programs, and (d) social assistance.

SERVICES, EQUITY AND WELL-BEING

Services also redistribute income, albeit in kind rather in cash. Within the current framework, there is an emphasis on privatizing services and responsibilities while applying business principles to the services that remain. Both approaches have profound consequences for women as a group and for particular groups of women in relation to education and training, child care services, and health care.

The reform strategies link employment and social security, an approach that disadvantages women because they are already disadvantaged in the labour market. This is especially the case in the absence of union or other protections that could help compensate for the changes in social security and employment. Services are more equitable than tax deductions and universal programs more equitable than either targeted ones or tax transfers. Devolution of responsibility, combined with centrally developed formulas for programs and services, often serves to shift responsibility to women while denying their differences. The result, as women have been actively demonstrating, is growing inequality, both among women and between women and men.

THE FRAMEWORK FOR REFORM

Although the origins of current principles and practices can be traced back over several decades, a framework for social reform has become increasingly visible in the 1990s. We now have some clear statements about the philosophy that guides federal and provincial reforms. In this new paradigm, the business of government is business. Basically, this means three things: 1) governments should operate on business principles, adopting methods developed in the private, for-profit sector; 2) governments should not do anything the private sector can do; and 3) governments should promote the for-profit sector, both through a variety of direct and indirect supports and through the removal of regulations and other forms of intervention that limit the market. In this framework, individual responsibility is emphasized over social responsibility; and the market more than either collective or individual rights (see, for example, Broad and Anthony 1999; Murphy 1999; Seidle 1995; Swimmer 1996).

In keeping with this approach, the federal government set out to “modernize our social, labour market and learning programs” (Canada 1994: 5). *Improving Social Security in Canada* was described as an invitation to Canadians to participate in rebuilding the social security system, although the document also warned that “defending special interests will not work.” It focuses on jobs and growth, a strategy to be achieved through a partnership with provincial governments, “the private sector and individual Canadians”. For individuals, this means overcoming the “skills deficit”, understood as a major cause of underemployment or unemployment. Social reform for the “most vulnerable” is defined as “providing income support for those in need, while fostering independence, self-confidence and initiative, and starting to tackle child poverty”, “making sure the social

security system is within our means and effectively managed, with a real commitment to end waste and abuse” (Canada 1994: 10).

The document was just one among many that made visible the shift away from a notion of shared risk and collective responsibility for individual economic survival to a discourse that stresses individual responsibilities and compassion (Armstrong 1997; Ecumenical Coalition for Economic Justice 1993). In the name of markets and democracy, responsibilities for social security are being downloaded from the federal, to the provincial, to the regional, to the local, to the community, to families and to individuals. Too often, at the end of the load is a woman.

As academic, policy, and community groups have carefully documented, social policies have a specific impact on women as providers, as recipients and as decision-makers. Equally important, such policies differentially affect women from different groups and markets tend to further disadvantage the most vulnerable. Yet this evidence was not reflected in the policy framework. Instead, the discussion focused on “non-gendered categories such as ‘the family’, ‘the household’, and ‘the labour force’ – terms which effectively obfuscate the unequal status of women” as well as differences among women (Jennissen 1996: 239). And women’s groups have been increasingly defined as special interests.

The 1995 Federal Budget firmly put business issues at the centre, and social security at the margins, dominated by short-term affordability concerns (NUPGE 1996). It collapsed federal funding for social assistance, health and post-secondary education into one single-block fund known as the Canada Health and Social Transfer (CHST) and reduced the funding by an amount roughly equal to that previously allocated to social assistance. With a single lump funding going to provinces, it is no longer

possible either to determine how much is spent on each program or to ensure that the remaining federal principles for these programs are maintained. In response to both growing surpluses and public demand, the 1999 budget restored some funding for health care, while the Social Union Agreement with the provinces pledged to spend the additional monies on health care (Canada 1999). No mention is made of other social programs, however.

There is a burgeoning literature on this framework, its translation into policy and its impact on women (see, for example, Armstrong and Connelly 1999; Bakker 1996; Brodie 1996; Côté et al. 1998; Day and Brodsky 1998; Das Gupta 1996; Dion Stout and Kipling 1998; Doherty, Friendly and Oloman 1998; MacDonald 1998; Masuda 1998; Ricciutelli, Larkin and O'Neill 1998). This report briefly summarizes some of this literature to outline ways in which reforms alter women's opportunities for well-being.

INCOME, EQUITY AND WELL-BEING

Income is of course central to social security, and governments influence women's income in a variety of ways.

EMPLOYMENT

Governments provide employment, directly through hiring women and indirectly through subsidies and grants to other agencies. Indeed, governments are women's major employer. In 1996, one-third of employed women, compared to 15% of employed men, worked in government, education, health and social services (Table 1). In the recent past, the public sector has offered women some of their best jobs and more opportunities for equity-seeking groups, both because most workers are unionized and because women's groups have found it possible to make collective demands on the state, especially in light of our international commit-

ments on equity. Immigrant, Aboriginal and disabled groups have been more successful in gaining jobs here than in the private sector.

However, government policies have led directly to job loss. For example, the number of women over age 25 with employment in public administration dropped by 20% between 1992 and 1998 and in Ontario alone, the health care labour force was reduced by more than 3,000 Registered Nurses between 1995 and 1998 (Fact sheet 1997). Of the nurses who remain, fewer than one in ten is under age 30. Government policies have also transformed the work of those who remain employed (Armstrong et al. 1993, 1994, 1997; Baines, Evans and Neysmith 1998; Connelly and MacDonald 1996). Business practices ensure that women with paid work in the public sector work longer and harder in less secure jobs, as many aspects of women's work such as caring are defined as waste. Feeling responsible and held responsible, many women report exhaustion resulting from trying to make up for the gaps left in a system transformed by these practices. Privatization has meant that many who still have paid work are employed in private firms, where conditions

Table 1: State Employment, Canada,* 1996

Industries	% of all female workers	% of all male workers	% female
Government Services	5.8	6.5	43.1
Educational Services	9.7	4.7	63.3
Health and Social	17.4	3.4	81.0
Totals (Average)	32.9	14.6	62.5

*Not all of these workers are directly employed by the state but the overwhelming majority are paid with money that comes from tax dollars.

Source: Labour Force 15 Years and Over by Detailed Industry (Bases on the 1980 Standard Industrial Classification) and Sex, for Canada, 1996 Census (20% Sample Data). Statistics Canada, <www.statcan.ca>.

and pay are often worse than in the public sector and where unionization rates are much lower. A growing number are defined as self-employed, a category that often simply means insecure contract work that comes without benefits attached.

Governments also regulate formal employment conditions and pay, regulations that have been particularly important to women in terms of establishing minimum wages and standards, pay and employment equity, maternity leave and protection from harassment. Although not without limitations, such regulations have been most effective in the public sector and some apply only to the public sector. Job loss in the public sector thus often means protection loss, especially given that most unionized women work in the public sector. No new regulations such as higher minimum wages have been introduced to compensate; indeed, some the protections for women have been rescinded or left unenforced and deregulation is increasingly common. Market forces have never been kind to most women, and the more support governments offer to markets, the less support for the majority of women.

CONTRIBUTORY EMPLOYMENT PLANS

Unemployment Insurance has always been less reliable for women than for men primarily because the regulations favoured male forms of employment. It was introduced as a scheme to ensure that workers could claim benefits "with dignity and self-respect, because they had contributed a substantial share to the unemployment insurance while working" (see Armstrong 1980). The Employment Insurance (EI) program that replaced it appears more like charity granted to those classified as deserving according to increasingly strict eligibility requirements. Benefit periods have been shortened and payments reduced in order to "reinforce work" (Canada 1995: 1a). For many, benefits require involvement in training, in

keeping with a philosophy that defines unemployment as the fault or choice of the individual. Instead of requiring a minimum number of hours to be worked before premiums are required, the EI covers everyone. At first glance, this would favour the women who make up the majority of part-time workers. However, EI also increased significantly the number of work hours required before benefits are paid and introduced more stringent requirements for re-entrants, making it more difficult for women to qualify. Increased entrance requirements could also reduce the number of women who qualify for paid maternity leave, the main source of pay during such leave (Pulkingham 1998; Vosko 1996). Women's groups warned that the new plan would have a particularly harsh impact on women and this has proven to be the case. Less than a third of unemployed women received benefits in 1997, representing a 41% decline since 1989. Young women were the most deprived, with only 11% of the unemployed under age 24 receiving benefits. This represented the largest decline for any group, male or female (Canadian Labour Congress 1999: 1-5).

Similarly, in the contributory Canada/Quebec Pension Plans payments are made mainly on the basis of that contribution rather than on the basis of need or other criteria. Women benefit less than most men from these plans because they have both lower pay on which to base contributions and fewer years of employment. The plans nevertheless help many women avoid poverty in old age and more women have become eligible for the maximum payment as their pay and employment history has changed over the last few decades. However, this trend may be reversed as more and more young women find it difficult to obtain the kind of full-year, full-time employment that makes these pension plans meaningful. The federal government is now raising contributions and the continuing practice of placing a

maximum on contributions means that women often pay a greater proportion of their wages into the plans than do most men. Also contributory and state subsidized through tax deductions, Registered Retirement Savings Plans (RRSP) provide another income source for women, and another source of inequity. Participation in these plans has been increasing, an increase that can be mainly explained by the decrease in employer-sponsored plans, rising self-employment, and threats to the federal program. However, women are less likely than men to participate, and this is particularly the case if the women live in the Atlantic region (Akyeampong 1998; Maser 1995), because women's low incomes make it very difficult for most to save enough to invest in such plans. The shift to RRSPs means greater inequities not only between women and men but also among women. At the same time, the recent Supreme Court decision rejecting the "opposite sex" definition of spouse may mean that same-sex partners can be covered by contributory programs.

UNIVERSAL INCOME PROGRAMS

Some government income supports were paid to everyone, regardless of economic need. Universal programs were based on the notion of citizenship rights, shared risks, and the recognition that it was administratively cheaper to pay everyone the same rate. But such an approach is being discarded in favour of means-tested plans.

Family allowance was the first universal program to disappear, replaced by a new Child Tax Benefit package targeted at "the most vulnerable". Justified as a means of taking unneeded money away from the "wealthy banker's wife" (McQuaig 1993), the plan was to put more money into the hands of poor women. The benefit fails to fulfill this promise, however. As the National Council of Welfare (1998a: 8) makes clear, the program discriminates against

families whose major source of income is welfare, and the overwhelming majority of these families are headed by women. And that same wealthy banker is no longer married to that wife, suggesting that few women can assume they are protected from need by virtue of marriage.

Another universal program, Old Age Security (OAS), has helped keep many elderly women out of terrible poverty, especially when OAS was combined with the supplement based on a means tests. Since 1989, a "clawback" policy takes back benefits from individuals whose income exceeded a certain level but this did not have as great an impact on women as it did on men, given women's lower incomes. More recently, the federal government announced it would also end the universality of OAS, transforming this pension plan entirely into a means-tested, conditional payment in order to eliminate waste. However, protests from seniors groups, often led by women, were effective in stopping this plan. Although never generous, the program is critical for women, especially given that only a minority of women are members of employer-sponsored plans and many are ineligible for the Canada/Quebec Pension scheme (Townson 1997).

SOCIAL ASSISTANCE

According to the National Council of Welfare (1998: 85), "women face a significantly higher risk of poverty than men". Women are not at equal risk, however. In 1990, a third of all Aboriginal women had incomes below the poverty line and this was the case for 28% of visible minority women and 17% of non-Aboriginal women (Statistics Canada 1995). Poverty also has an age bias, with young (Boyd and Norris 1999) and old women from each of these groups much more likely to be poor and dependent. Women with disabilities are more likely than disabled men to be affected by poverty (Masuda 1998). And unattached

women, especially those with children, are the highest risk group (National Council of Welfare 1998b: 85). Changes in social assistance thus have a differential impact, one linked to sex, race, physical location and age (Child Poverty Action Group 1994; Deniger et al. 1995; Schellenberg and Ross 1997).

The CHST not only cut block grants significantly; it also removed both the principles that had provided at least some protection to the most vulnerable groups and some equity across regions, and the means of enforcing these. Gone are the standards that required assistance be provided to all those in need, that support be based on budgetary requirements, that benefits not be attached to conditions such as workfare and that an appeals process be in place. All that remains is the prohibition against residency requirements. Provinces can, and are, imposing work requirements; they can, and are, designating categories of people ineligible for welfare. In addition, six provinces have reduced their rates of assistance, several have cut shelter allowances and seven have cut special assistance programs such as prescription drugs, eye glasses and dental care (Baker Collins 1998: 8). Women with disabilities find it harder to qualify for benefits and so do young women (Masuda 1998: 4). Ontario has even eliminated the monthly \$37 food allowance for pregnant women. Not surprisingly, a recent study of recipients in Prince Edward Island found that welfare payments below the poverty line were “creating widespread health problems among single mothers” (*Toronto Star*, 17 June 1999: A6).

At the same time, the women who receive welfare face a stronger state, one more likely to invade their privacy. Having a former spouse, or a man living in the house, for example, can result in the denial of welfare. Armed with evidence demonstrating that women suffer significant income loss after separation, both because they have the children and because

men fail to provide support (Galarneau and Sturrock 1997: 25), governments have developed new mechanisms to make spouses pay following the breakup of a relationship. This increased surveillance is justified in terms of individual responsibilities.

SERVICES, EQUITY AND WELL-BEING

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EDUCATION AND TRAINING

Public support for post-secondary education, combined with the changes in regulations that resulted from women's demands, made it possible for many women to graduate from post-secondary institutions. Women did not equally benefit, with Aboriginal women and those with disabilities much less likely than other women to complete university, but economic support from the federal government meant access was not as closely linked to gender and ability to pay (Armstrong 1998). However, the CHST cuts included post-secondary education (National Anti-Poverty Organization 1998). New funding has taken the form of direct scholarship support to individuals, reflecting the emphasis on education as an individual rather than societal benefit, and on payment linked to work. At the same time, limits on tuition increases have been lifted. With costs rising, especially in professional programs, there may well be a return to the days when ability to pay contributed to the male domination of the university (Porter, Porter and Blishen 1973), as various student protests made clear.

At the same time as the reforms stress the importance of skills and work, the range of training and employment services available to welfare recipients has become more limited (Gorlick and Brethour 1999). There are fewer opportunities to obtain long-term support for the kind of training or education that would allow women with limited skills, or with other barriers to employment such as responsibility for children, to find meaningful work. Instead, welfare-linked programs are moving women into the jobs with the least recognized skills. In addition, the “programs designed specifically for people with disabilities are also being cut” (Masuda 1998: 29).

CHILD CARE SERVICES

The developments in child care services are concisely summed up by a report prepared for Status of Women Canada (Doherty, Friendly and Oloman 1998, abstract). Downloading, downsizing, and deregulation mean no government is held responsible for child care and “its dwindling, mostly market-oriented funding arrangements ensure that even existing services are plagued by ever increasing fragility”. Fees for childcare have increased, while six provinces have stopped or decreased funding and five have frozen subsidies. At the same time, the number of spaces available declined. There was job loss for the almost entirely female labour force, and those who still had jobs did more work under increasingly stressful conditions (Doherty, Friendly and Oloman 1998, executive summary). The authors point out that funding and regulation were never adequate for this service, one that is so crucial to women, but new policies have simply made things worse. Although analysis from academic, community and policy groups demonstrating the critical importance of childcare and offering alternatives are widely available, governments have provided little support and, increasingly, less regulation (see, for example,

Beach, Bertrand and Cleveland 1998; Côté et al. 1998).

HEALTH CARE

The consequences for women of the new approach to reform are particularly evident in health care, where women constitute 80% of both the paid and unpaid workforce and the majority of care recipients. New managerial strategies have transformed work and care within institutions. Shortened patient stays, day surgery and outpatient services make sense for some women, especially those generally in good health and with multiple resources available in a secure households. But the new formulas for shorter patient stays, like the reforms in general, fail to take important differences among women into account. This is especially the case for differences related to disability, race, culture, class, physical location and age (Henry 1995; Kallen 1995). And the new business practices also frequently fail to recognize the skills of providers, skills that allow them to respond to individual needs and to gain some satisfaction from their work. Instead, the provision of work into task bites that are parcelled off to the lowest cost care provider can serve to pit women against each other in the struggle to maintain their jobs and skills. It is these changes that underlie the current strikes by nurses across the land.

Services are being integrated horizontally and vertically, creating mega hospitals and “one-stop shopping” access to a range of services. Women have, to some extent, supported these moves on the grounds that specialization and coordination can help both save money and improve quality. Women have, however, been active opponents to such integration as the only strategy. Concentration of all services mean they are less accessible to the many women who rely on public transport, especially if they are disabled (Masuda 1998). It can mean greater bureaucracies that are more

difficult to navigate or influence. It can mean integrated denial, when one set of formulas for eligibility apply.

Services are also being privatized (Armstrong and Armstrong 1996; Armstrong et al. 1997; CUPE Research 1995; Fuller 1998).¹ Services within and outside institutions have been contracted out, often to the detriment of both patients and providers. Services are also being deinstitutionalized and delisted, one form of which is the redefinition of acute care to include only the most severe and complex treatments. Once care is moved out of the hospital or doctors' office, it is no longer covered by the principles of the *Canada Health Act* that require care to be universal, accessible, comprehensive, portable and publicly administered. This strategy transfers the responsibilities for caring and costs to the individual, increasingly leaving for-profit concerns to fill the gaps for those who can afford the service. Women are more likely than men to need, and be unable to pay for, these privatized services. And it is the most vulnerable women with long term care needs who are left with less and less care (Masuda 1998). Women are also more likely to fill the care gaps. While some women undoubtedly want to provide care and be cared for, closer to home, the National Forum on Health heard again and again that women did not want to be "conscripted into care" (National Forum on Health 1997: 14).

The reforms have often been justified in terms of preparing for the growing number of elderly, most of whom are women. Yet, in 1996, more than nine in ten seniors lived in a private household (Lindsay 1999: 24) and many of

them had better housing than their younger counterparts. They have also seen their incomes rise, largely as a result of social programs, and many have an active lifestyle. It is the case that senior women use hospitals and drugs much more than those who are younger, but it is not necessarily the case that all this use can be explained by greater need. It may be explained more by health care practices (Barer, Evans and Hertzman 1995). The for-profit drive to sell more drugs and services can only exacerbate this trend. Equally important, young women who now have little stability in terms of employment, income and other forms of social security may well face more health problems in their old age, a poor way to avoid long-term costs.

The changes in the monitoring of food and drugs, to make surveillance more industry friendly, may also have an impact on the long term health of women. Women's organizations have been active in resisting the new direction in the Health Protection Branch, achieving some success in, for example, the restrictions on the use of the bovine growth hormone. However, it is not clear how much of an impact they have had on the overall thrust of policies in the branch.

The good news is that women have managed to put women's health on the federal agenda and to acquire some resources for research and policy. Aboriginal women have enjoyed some measure of success in demonstrating their need for different kinds of care delivery. And gender-based analysis has become particularly prevalent in health care.

A NOTE ON TAX POLICY

Of course, taxes are the main way governments raise funds. Tax transfers and publicly funded services have helped reduce inequalities among women and men (Yalnizyan 1998), and have provided services for many women who would

¹ Six papers on the impact of privatization on health care for women were prepared for the Working Group on Health Care Reform, a group bringing together the Centres of Excellence for Women's Health. Final drafts of these papers are currently being written.

otherwise go without. Many of the social policy reforms have been justified as necessary to cope with the debt and deficits, notwithstanding the evidence demonstrating that social security expenditures were not the cause of the budgetary problems (Mimoto and Cross 1991). Now that the deficits have become surpluses and the debt is under control, governments and corporations are calling for tax cuts rather than social security expansion, notwithstanding the evidence indicating both that tax cuts do not lead to growth but do lead to increasing inequity, and that the majority of Canadians would rather have social services than tax cuts (Brooks 1995). Equally important, governments are “using taxation to fight poverty, which is the alternative to implementing women’s economic rights” (Lamarche 1999: 70). And, as Luxton and Vosko (1998) predicted, tax deductions for married women’s domestic work are now being promoted by those who support only heterosexual marriages in which women are defined as dependents.

Tax transfers are no longer sufficient to compensate for the growing inequalities in market incomes or the regressive aspects of our tax system (Townson 1990: 64-67.). Reforms targeted social programs that are progressive and favour women, and left untouched the tax exemptions that favour high income earners and corporations (Ontario Federation of Labour 1997; Shillington 1996). At the same time, we have seen an increasing reliance on flat taxes, such as the GST, that do not increase as income rises. Such taxes target women more than men because those with lower incomes pay proportionately more of their incomes on the basic necessities that are taxed.

Although Canada remains “among the world’s most lightly taxed industrial countries” (Child Poverty Action Group et al. 1994: 5), governments are increasingly moving towards tax cuts as a means of stimulating economic growth.

The few women who have gained access to high paid employment will benefit from such cuts, but the many women who have low incomes will simply spend more of their money on other taxes and on services no longer covered by taxes. The result will be greater inequality among women as well as between women and men. As the Working Group on Women and Taxation (1992: 1) makes clear, “women enter into the tax system from a position of economic inequality. This discrimination results in systemic discrimination against women in the tax system”, discrimination that is only exacerbated by flat taxes, exemptions and across the board reductions to personal income taxes.

CONCLUSION

The reform strategies link employment and social security, an approach which disadvantages women because they are already disadvantaged in the labour market (CCSD 1997: 16). This is especially the case in the absence of union or other protections that could help compensate for the changes in social security and employment. Services are more equitable than tax deductions and universal programs more equitable than either targeted ones or tax transfers. Devolution of responsibility, combined with centrally developed formulas for programs and services, often serves to shift responsibility to women while denying their differences. The result, as women have been actively demonstrating, is growing inequality, both among women and between women and men.

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