NETWORKnews

SHARING IDEAS TO HELP IMPROVE THE WELL-BEING OF CANADIANS

Number 12 CANADIAN POLICY RESEARCH NETWORKS INC. Winter 2000–01

Investing in Canadian Families with Young Children: Who's Doing What?

The shift may be slow, but it is noticeable: social and economic policy in Canada is increasingly being targeted at children.

This statement may raise eyebrows. After all, benefits and services that affect children and their families have been around for some time. However, policies have focused on *adults* rather than families or children.

Beginning in the 1980s and escalating in the 1990s, however, many governments began to examine how to assure their country's economic future and social cohesion. Their conclusion? Invest in children.

In *Two Policy Paradigms: Family Responsibility and Investing in Children*, researcher Caroline Beauvais and Jane Jenson, Director of CPRN's Family Network, offer a comprehensive description of this shift. They also provide detailed inventories of current provincial and federal policies directed towards children and families.

Beauvais and Jenson underline their thesis by presenting the two extant "paradigms" that represent significantly different policy approaches. They note that the first paradigm, in place for several decades, has focused on meeting the needs of adults, in the context of *adults' relationship to the labour force*, and in particular their capacity to earn enough income for themselves and their families."

Such programs as Unemployment Insurance (renamed Employment Insurance in 1996), maternity and parental leaves, and child care subsidies and deductions are part of this model. The basic principle is that parents alone are responsible for the health and welfare of their children.

Beauvais and Jenson argue that, while this paradigm continues to play a role in shaping initiatives such as extended parental leave, a second paradigm has appeared alongside it.

CPRN is a national not-for-profit research institute whose mission is to create knowledge and lead public debate on social and economic issues important to the well-being of Canadians, in order to help build a more just, prosperous and caring society.

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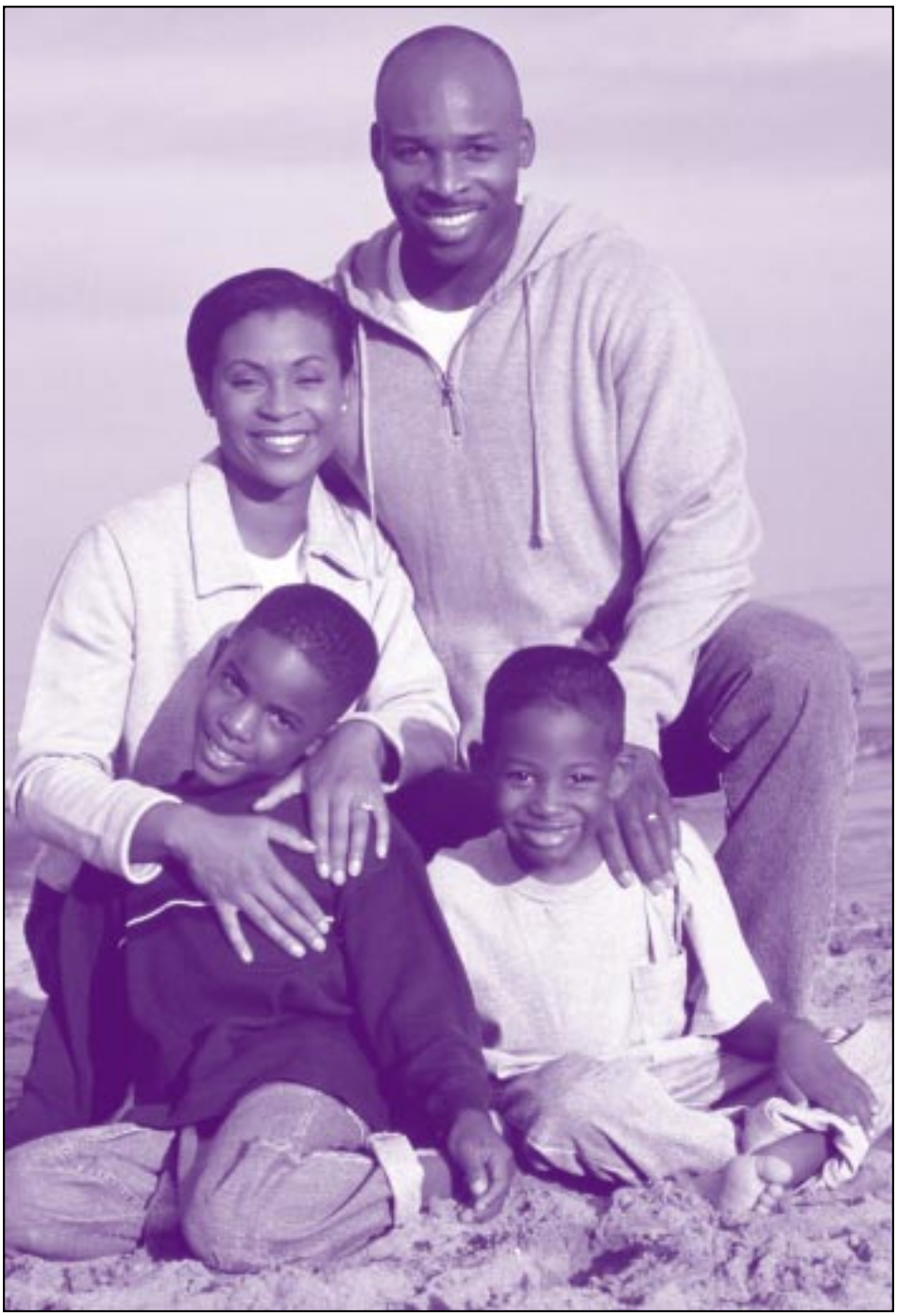

"This second paradigm," they write, "implies a particular role for the state. It is a "social investment state," and its investments – in services and also in income transfers in the name of equity – are justified by their supposed long-term pay-offs in terms of school success and future well-being." These two paradigms co-exist in Canadian public policy. Some governments rely more on the first, while others turn increasingly to the second. Nonetheless, a general trend towards a greater focus on *children* can be observed in all jurisdictions."

The National Children's Agenda (NCA), for example, is an ongoing commitment among participating governments to develop programs for children that will be more efficient and effective.

Created in 1998, the National Child Benefit (NCB) is an initiative composed of federal income transfers and provincial spending, particularly on services. Its goals are to increase the income of the poorest families while fostering labour force participation of all parents. The innovation of the NCB is that the income transfer, in the form of the Canada Child Tax Benefit, goes to about 80 percent of families (on a sliding scale) *no matter the source of their income*. Therefore, as parents move from social assistance to a job, or from a job to employment insurance, the family does not lose the Benefit.

This change is part of an effort to ensure that "work pays" and that a job is always more profitable than social assistance. It is also part of the effort to lower, or even eliminate, the "welfare wall" that discouraged some parents from taking a low paying job that would put at risk the health or other benefits they received on social assistance.

The provinces have identified four kinds of actions they can take to increase the cash flow of low-income families. These include:

- Employability programs to enable or force parents into the labour market. These may include supplementary benefits,

such as child care or health benefits, to lower the welfare wall;

- Income transfers, such as child benefits and Working Income Supplements;
- Reduced taxes; and
- Mechanisms to force non-custodial parents to meet their responsibility for child maintenance by making their support payments.

Other initiatives that are part of Model Two involve early childhood interventions, such as Aboriginal Head Start, the Community Action Program for Children (CAPC), developmentally based child care, family resource centres, parenting courses, and a host of other programs that focus on investing in the "early years" so that children will achieve developmental milestones on time and be ready for school.

Such programmes reflect the basic principle that communities and *governments share with parents* some of the responsibility for healthy childhood and the development of the next generation.

Beauvais and Jenson argue that, while the second paradigm is still under construction, envisioning parents working as partners with the public and private sectors to share the responsibility for investing in children moves Canada closer to developing more coherent policy for families with children. However, they point out that it is one that is defined as much by the differences in expression it finds among the provinces as by its unifying purpose.

The Social Cohesion Nexus

Launched in July 2000, by the Family Network, the Social Cohesion Nexus is a list-serve and Web-based information service for people who are interested in social cohesion in Canada and abroad. It is prepared by CPRN research associate Denis Saint-Martin of the Département de science politique of the Université de Montréal and published every three weeks.

Each issue includes short résumés of key studies that merit the attention of those interested in the topic. A "What's New?" section keeps readers up to date on conferences or meetings that deal with social cohesion. Where possible, direct links or e-mail addresses are also provided. The first seven issues presented 24 résumés and 26 announcements about events related to social cohesion. Archived summaries of each issue can be found on the Social Cohesion Nexus Web site at: http://www.cprn.org/cprn-nx.html.

Family Network Director Jane Jenson notes that the project was undertaken "because the concept of social cohesion continues to attract attention in both the scholarly and policy communities and therefore it merits both tracking and assessment." As of November 2000, there were over 550 subscribers to the service.

The Family Network is committed to making the Social Cohesion Nexus "the place" for those interested in social cohesion. Readers interested in subscribing to the Social Cohesion Nexus list-serve can do so at: http://www.cprn.org/cprn-n.html. Those who would like to send information on submissions they would like considered for a future update can do so by writing to: nexus@cprn.org.

From the Archives

The topics covered in the first seven issues are:

- Social Cohesion and Social Exclusion
- The European Union and Social Cohesion
- Sport and Social Cohesion
- Social Cohesion and Development
- Health and Social Cohesion
- Social Cohesion: A Multidimensional Concept
- Active Citizenship and Social Cohesion

Finding Workers, Keeping Workers: Transforming the Public Service into "the Employer of Choice"

In no other period of its history has Canada's public service experienced such waves of change as during the last decade. "Downsizing" and "restructuring" became commonplace. Jobs were lost and people who hung onto their jobs found themselves with heavier workloads. The nature of Canada's public service changed drastically and irrevocably.

Four years ago, CPRN's Work Network launched a major study of how these changes affected the public service in the federal government and the provinces of Alberta, Manitoba, Nova Scotia and Ontario. The Human Resources in Government (HRG) Project, managed by Kathryn McMullen of CPRN's Work Network, encompassed six components (see Box on page 5). It was supported by the federal government, the four participating provinces, public employee unions within those provinces and the Public Service Alliance of Canada.

... some means must be implemented for ensuring that government workforces better represent the age, experience and cultural backgrounds of Canadian society.

Employer of Choice? Workplace Innovation in Government is the final report of the HRG project. Written by Graham Lowe, Director of CPRN's Work Network, it synthesizes the findings and provides graphs and tables of supporting documentation. The report compliments previous studies of public service reform highlighting both management and union perspectives on workplace change.

"Governments in Canada now want to become 'employers of choice,'" says Lowe. "Many are working to become more flexible, more knowledge-intensive and learning-based. But to do that, bold new human resource strategies are required. This report examines the direction such strategies might take."

Finding new ways to do government work and to reward public sector workers for their contributions is critical. Commitment, long-range thinking and the ability to create a "flexible workplace" are required. (The "flexible workplace" implements innovative approaches to managing and organizing work. Interestingly, the flexible approach is already being practiced in just over one in four of the workplaces within the five jurisdictions studied.)

Lowe says workplace reform has the potential to integrate an improved quality of work life and more effective public services. But to do so requires a "bundle" of practices – functional flexibility (job enrichment, job enlargement, self-directed work teams), flexible schedules, training and learning, employee participation, and information sharing.

Unfortunately, there is no magic bullet to automatically transform traditional bureaucracies into flexible, knowledge-based, skill-intensive workplaces. "Enabling conditions" are required. They are created, says Lowe, through: documenting the impact of organizational change, sharing information about flexible practices, decentralizing authority for workplace change, removing barriers to innovation, and encouraging union-management collaboration.

Increasing attention will have to be paid to recruitment *strategies*. Because a large group of workers will soon be retiring (the Baby Boom Generation), and there are fewer "younger" workers, competition for skilled labour will be intense. In addition, some means must be implemented for ensuring that government workforces better represent the age, experience and cultural backgrounds of Canadian society. This should not be done through a targeted "numbers" game, but by taking seriously the career and personal needs of diverse employee groups.

But how to attract good employees – especially in a highly competitive market when governments have little flexibility on salaries? A good beginning, says Lowe, would be to create a high quality work environment, provide good career development opportunities, and offer fulfilling work.

As to pay, Lowe says three complimentary changes are required. First, governments need to adopt a less rigid approach and offer variable pay tied to performance contracts and specific skill sets (although, thus far, unions have opposed this

suggestion). Second, governments could offer such non-monetary rewards as job satisfaction and increased learning opportunities. Finally, the heavy workloads people were forced to assume during cut-backs and restructuring must be addressed.

In the final analysis, Lowe says governments really have no choice but to become employers of choice. And, he says, "this research suggests that it can be done."

The HRG project had six components:

- A *Survey of Workplace Issues in Government* (which offers a manager's perspective into how front-line units were restructured [1996-98]);
- A *Survey of Union Representatives* (which offers a union perspective on the process of change within work units [1996-1998] and its impact on labour relations, union members, and unions);
- An analysis of government employment trends since the 1970s;
- A comparison of pay differences between the public and private sectors;
- A study of the transformation of labour relations in federal and provincial government during the 1990s;
- Four case studies that illustrate the changes in workplace and their implications for how government employees are managed and do their work.

Women and Corporate Directorships in Canada: Trends and Issues

Canadian women have cracked the glass ceiling that once stood between them and careers as managers. From 1971 to 1998, the percentage of women managers more than doubled from 16 percent to 37 percent. Despite these gains women remain underrepresented on boards of directors. The number of women directors in Canada lies somewhere between 6.0 and 9.4%. At the current rate of increase, Canadian women will have to wait until 2080 to achieve parity with men.

A new publication from the Canadian Policy Research Networks highlights many of the barriers that keep women from the top positions in the corporate world. In *Women and Corporate Directorships in Canada: Trends and Issues*, author Karen Hughes also identifies steps that can be taken to improve the representation of women on boards.

At the current rate of increase, Canadian women will have to wait until 2080 to achieve parity with men.

The report is based on interviews with experts in board and director recruitment and on a thorough search of the academic and business literature. Hughes examines the situation of women directors, and highlights past trends, current issues and describes the kinds of skills boards seek in new members.

"There is enormous scope for improving both the presence and contribution of women on boards of directors," says Hughes, a professor of Women's Studies and of Sociology at the University of Alberta.

Among the "positives" Hughes cites for improving women's presence at the board level are:

- increasing numbers of qualified women,
- measures to improve corporate governance, and formalize selection criteria and recruitment practices for directors,
- mounting pressure from consumers and others for corporations to broaden the diversity on their boards.

Against these positives the report lists several barriers that still limit the advancement of women:

- a perception on the part of recruiters that there is a shortage of women with the necessary seniority and breadth of experience for board appointments,
- traditional recruitment practices based on personal contacts and networks that favour men,
- an undervaluing of women's contributions to corporate leadership,
- a failure to mentor potential women candidates.

Based on her discussions with recruiters and on her own research, Hughes proposes several initiatives to improve the representation of women on boards of directors. They include:

- developing and mentoring female directors by ensuring that senior female managers have the appropriate depth and breadth of experience, knowledge and skills for board membership;
- continuing to formalize nomination, selection and appointment practices instead of relying on informal networks;
- identifying and promoting best practices to encourage more professional board recruiting;
- educating boards, shareholders and the general public about the value of women directors.

"There is a growing pool of qualified women with the experience and skills boards need," says Hughes. "Pressure from informed consumers and shareholders, and advocacy by companies with successful women directors could help bring about change that will benefit not just women but also the companies they serve."

Desired Competencies for Directors

Experience	Proven leadership, preferably as current or past CEO Mastery of big picture gained as senior or executive manager Solid understanding of core business areas such as strategic management, finance, marketing along with general management and middle management experience
Knowledge	Business strategy, business environment, industry trends Corporate governance and board operations Financial literacy – accounting and corporate finance Contemporary management trends
Skills	Proven leadership skills and ability to motivate Strong interpersonal and communication skills Ability to work effectively with others Ability to deal with crises and limit impact on company Technical skills that enhance or complement skill set of existing board (e.g., financial, marketing, high tech, international business, language)
Attitudes/ personality	Independence of thought and judgement High ethical standards in values and behaviours Personal credibility and honesty Discretion

Source: Taken from K. Hughes (2000), *Women and Corporate Directorships in Canada: Trends and Issues*, Ottawa: CPRN, Figure 5, p. 13.

Documenting Health Policy Change: Making the Lalonde Report

The Lalonde Report is arguably one of the most successful and influential health policy documents produced in Canada. Yet, when Health Minister Marc Lalonde released his green paper in 1974 it was largely ignored by opposition parties in the House of Commons and Canada's media. By 1977, however, 140,000 copies of *A New Perspective on the Health of Canadians: A Working Document* – the paper's official name – were in circulation.

The Lalonde Report broke new ground by recognizing that health was more than health care. In *Making the Lalonde Report*, a background paper, CPRN researcher Lindsey McKay charts the change in thinking *A New Perspective* inspired and its contribution to health policy in Canada.

The Lalonde Report was the brainchild of the Long Range Health and Planning Branch, an eight-person unit working within what is now Health Canada. It was created in 1971 "to identify and assess major issues and trends in the health field which had not yet clearly emerged." Operating as a think-tank, they were disentangled from everyday departmental operations and given the mandate of thinking "outside the box."

The group drew upon a broad base of research including that of Thomas McKeowen. He argued that the steady decline in mortality rates seen in England over the last century was due to better living standards, not advances in medical science. Studies in Canada confirmed that "health status was far more a consequence of factors such as lifestyle and the environment than advances in medical science." Hence the need for a new framework for health policy.

The Health Field Concept

(*1*) Lifestyle	(*2*) Environment
(*4*) Technology/Research/ Endogenous/Human Biology	(*3*) Health Care Organization

Policy Instruments for Progress in Each Health Field

(*1*) Persuasion	(*2*) Legislation
(*4*) Scientific method	(*3*) Re-organization

The group proposed a new model for examining health issues called the Health Field Concept. It was based on four elements or quadrants seen to underpin health: lifestyle, the environment, health care organization, and human biology (see graphic above). All elements were given equal weight.

According to the model, spending should target the primary causes of morbidity and mortality in each of the four quadrants rather than simply channelling funds into curing disease and injury.

The model's creators also proposed policy tools to promote change within each of these quadrants (see graphic above). By combining the two charts, health professionals and policymakers had an effective way to move from health problems to developing policies and allocating resources.

The group used traffic accidents to illustrate their point. They maintained that individual choices or lifestyle, such as careless driving and not wearing seatbelts, contributed the most to injury and death in automobile accidents. To deal with the underlying cause, public education programs could be created to convince drivers to buckle up. In promoting behavioural change as a way to improve health status, *A New Perspective* gave birth to health promotion and campaigns, like ParticipAction.

The Lalonde Report is known for shaking up attitudes about health as health care. (Interestingly, the organizational model used to create this policy blueprint has rarely been used since.) Twenty-seven years after its launch, few health practitioners view lifestyle, health care, environment and human biology as the only underlying causes of morbidity. However, there is no doubt that it led to positive lifestyle changes in a great many Canadians. Most importantly, the Lalonde Report anchored a new trajectory for health policy in Canada, which continues to be rooted in the broader determinants of health.

The Health Field Concept Then and Now: Snapshots of Canada

The Health Field Concept is the centrepiece of the Lalonde Report. As a model for health policy in Canada, it broadened our understanding of the factors that influence health. In *The Health Field Concept Then and Now: Snapshots of Canada*, CPRN researchers Philip Groff and Susan Goldberg use the model to chronicle the changes that have taken place within the Canadian health field over the past 25 years.

Cutbacks to federal and provincial funding of health care have shaken the confidence Canadians had for publicly funded health care in the 1970s.

Groff and Goldberg gathered data from the 1990s and the early 1970s for each of the health "fields" described in the Health Field Concept. The snapshots they have created for lifestyle, health care organization, human biology and the environment show both the positive and negative aspects of the changes that have occurred.

Lifestyle

The Lalonde Report argued that individuals' behaviour, such as smoking, contributed to illness and death among Canadians. It identified health promotion as the policy instrument for health influencing lifestyle changes. While Canadians have significantly reduced lifestyle risks since the 1970s, progress has not been uniform across the population. Well-educated, high income Canadians have shown the most improvement; those with an elementary education or less and First Nations' peoples the least. For all Canadians, positive change in some lifestyle behaviours has leveled off.

Health Care Organization

Cutbacks to federal and provincial funding of health care have shaken the confidence Canadians had for publicly funded health care in the 1970s. Contrary to public concern about declining care, however, indicators of activity in health care organization suggest that more people are using more resources and services than ever before. What has changed over 25 years is the nature of care and the way it is delivered. People now feel less connected to the health care system. As well, more Canadians are using alternative and complementary medicines and approaches to health. Health care re-organization was identified as the policy instrument for change within this quadrant of the health field concept. It remains as relevant today as it was more than 25 years ago.

Some "Green" technological improvements, such as fuel efficiency in cars, have been offset by increases in overall energy consumption.

Human Biology

The creators of the Health Field Concept proposed research as the tool for change within the human biology field. In the 1990s, the Medical Research Council, Canada's primary funder of health related research, struggled to maintain its funding. Since the 1970s, however, the global body of information in the life sciences has exploded. Research was a core function within the Health Field Concept. The creation of the Canadian Institutes for Health Research means it will likely continue to play a key role in evidence-based medicine and health policy.

The Physical Environment

The1970s gave birth to the "Green" movement. Twenty-five years of environmental action has, however, produced mixed results. Air quality, though better than in the 1970s, remains a problem. Witness the link between childhood asthma and air pollution. The same is true of water quality. The Great Lakes have rebounded from near death in the 1970s, but pollution problems, like acid rain, persist.

Canadians' consumption patterns continue to increase and affect our environment. Some "Green" technological improvements, such as fuel efficiency in cars, have been offset by increases in overall energy consumption. This raises questions about the sustainability of the physical environment and the health effects of environmental degradation.

The Social Environment

While domestic and international measures, such as gross domestic product, suggest that our social environment has improved since the 1970s, discrete measures such as childhood poverty, unemployment and homelessness point to ongoing social challenges.

Among the striking changes that have taken place since the 1970s are those to:

- family structure and size,
- levels of education – they have increased,
- the growth in women's participation in the workforce and in part-time and other "nonstandard" forms of work,
- the face of poverty – single mothers now bear the brunt rather than the elderly.

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Groff and Goldberg note that changes in demographics and immigration over the past 25 years will also shape future health policy decisions. So too will the dawning information age.

Although the "snapshots" do not capture the dynamics of change over time, Groff and Goldberg contend that they are useful in identifying both our successes and failures in addressing the policy challenges embodied in the Health Field Concept.

Charting the Course Ahead for the Health Network: A Conversation with Judith Maxwell

The work CPRN has been doing on* Towards a New Perspective on Health Policy *is coming to an end. Where do you feel future opportunities are for the Health Network?

There has been an explosion of knowledge in health. What we see is needed is someone who can stand back and look at the whole system: health care, the social and economic drivers of health and so on. We need to construct an agenda that links the stakeholders and adds a voice of reason to the public discussion of health care.

We need to construct an agenda that links the stakeholders and adds a voice of reason to the public discussion of health care.

Now, given that we want a system-wide focus and that we want to be a catalyst for a more reasoned debate, I think we need to do more comparative work and look at how other countries with public health insurance operate. We also need to look at the governance – at how we make decisions in a world where power is so diffused among governments, institutions, and professionals. These are big systemic issues. At the same time, we will see massive technological change and tremendous upward pressure on costs from things like the new technologies, our aging population and, simply, the tremendous tendency for people to use more health care. We have to find a way to ensure that innovations move forward.

You seem to favour governance and the organization of health and health care as avenues for the future. What need do they fill in the health system at this time?

As money was withdrawn from the health system in the 1990s, the competition for resources within the system escalated. Surgeons, physicians, nurses, hospital directors and public health doctors were starved for resources and distressed by all the restructuring. Most citizens heard this as a cacophony of voices telling them the system was broken.

We know … that patients who receive medical care are, by and large, quite satisfied.

We know, however, that patients who receive medical care are, by and large, quite satisfied. So there is this disconnect in terms of the image of a "broken" system and one that still provides high quality services to most of its clientele. That's at the core of our interest in governance. When you have these kinds of rivalries and fighting for resources, governance systems need rethinking.

Can you give me an example of a "governance" type project?

Sure. One strategy will be to use international comparisons to look at how European countries with public health insurance finance comprehensive care. Everyone wants insurance coverage for pharmaceuticals

and home care, but we may need to look at alternative payment systems to make that happen. Yet, it's almost *verboten* to talk about private payment for health care in Canada. But how do we know we've got the right formula? We might be married to something we cannot sustain going forward.

What are the next steps for the Health Network?

We have done a lot of thinking about the niche we wish to occupy – governance and system-wide perspectives. The next step will be to recruit the new director who can give leadership to that niche, following on the work of Sholom Glouberman whose time as Director ended in December.

What sort of qualities are you looking for in that person?

Of course I want a magician. It has to be someone who has a very collaborative style, who understands public policy and research management, who can network, who is an excellent communicator, and who has strong intellectual and leadership skills. I want a real talent.

… it's almost *verboten* to talk about private payment for health care in Canada. But how do we know we've got the right formula? We might be married to something we cannot sustain going forward.

Changing Approaches to Health: The History of a Federal/Provincial/Territorial Advisory Committee

The Federal/Provincial/Territorial Health Advisory Committee structure was established in 1973 to help senior bureaucrats and elected officials in the federal and provincial ministries of health develop and coordinate health initiatives in Canada.

According to CPRN researcher Lindsey McKay "changes to committees over the last twenty-five years reflect and have shaped the direction of health policy in the country."

In *Changing Approaches to Health: The History of a Federal/Provincial/Territorial Advisory Committee*, McKay traces those changes in relation to shifts in health policy. A trajectory for health beyond health care is identified by examining the evolution of the committee structure from community care to community health to health promotion and population health.

McKay suggests that "the chronology is a useful resource in understanding how the federal and provincial governments maintained and approached the broader health policy agenda in the face of pressing issues in the health care system."

Thinking About Marginalization

Canada may rank first on the United Nations' Human Development Index, a fact that receives plenty of attention, but it ranks a mere 11th on the UN's poverty index.

"The difference between these two rankings," says Jane Jenson, Director of CPRN's Family Network, "reflects the depth and duration of poverty in the country, despite the aggregate well-being generated by economic growth."

Jenson's observations are part of a background paper she prepared for a "structured dialogue" on marginalization organized by CPRN for Human Resources Development Canada last September. Policy analysts, front-line workers, academics and others in the field came together to explore alternate diagnoses and to identify promising directions for a policy agenda for inclusion. The Background Paper, *Thinking About Marginalization: What, Who and Why?* helped focus the discussion.

Society will always have its "margins" and attending to those that reside there is a perennial challenge.

Society will always have its "margins" and attending to those that reside there is a perennial challenge. Taking poverty as an indicator (and it is an imperfect indicator), the marginalized in Canada today are, disproportionately, lone parents, persons with a disability, Aboriginal people, single persons aged 45-64 and recent immigrants.

Fully 43 per cent of Aboriginal people were poor in 1998 (using Statistics Canada's pre-tax Low Income Cut-off measure, or LICO). Table 1 illustrates the situation of other groups using the post-tax LICO measure.

Access to resources is important, but also vital are knowledge, capacity, and the social ties that give a person identity, a sense of self as an individual and as a member of a community.

Being marginalized means more than having a low-income. People with disabilities fear exclusion and devaluation in a social context where their physical difference becomes a barrier to their full inclusion in society. Visible minorities, many of them new immigrants, encounter racism and discrimination that deny them full citizenship. The unemployed face a debilitating loss of respect from their neighbours and communities. For the homeless, the lack of a roof over their heads, of the stability their children need to go to school, of an address for job applications or to get on the voters list, compounds the experience of poverty and the resulting marginalization.

It is this "multidimensionality" of marginalization that makes it so resistant to the efforts of policy-makers. It is also explains the variety of competing theoretical explanations for its existence, each with a different set of policy prescriptions.

For the purposes of analysis, Jenson breaks interpretations of marginalization into three categories: those that view unemployment as critical; those that regard it as a result of being poor; and those that see the cause as social, economic, political and cultural exclusion.

The key difference within each of the three diagnoses, and one that has profound consequences for policy choices, involves the location of the problem. Some focus on the behaviour of individuals, seeing education, training and income supplements as the appropriate response. Others explain marginalization by a complex of social structures. Their responses focus on such things as reforming labour markets, or strengthening local communities. Behind the individual experience of marginalization, they contend, lies the reality of structured social inequality.

Visible minorities, many of them new immigrants, encounter racism and discrimination that deny them full citizenship.

The approaches also converge on certain points; all of them view work and employment as an important part of any solution, for example. Many recognize, however, that the job market can't be counted on to produce enough jobs at sufficient income. Others argue that the experience of poverty or exclusion, itself, makes it difficult for people to take

advantage of employment incentives and further supports are needed.

Drawing on all three approaches, Jenson concludes that individuals' capacities and empowerment are key to avoiding the *multiple disadvantages* that typify marginalization. Access to resources is important, but also vital are knowledge, capacity, and the social ties that give a person identity, a sense of self as an individual and as a member of a community.

TABLE 1

Poverty in Canada

Population Group	Post-tax Percent who are Poor (post-tax LICO measures)
Total population	14
Lone parents	38
Persons with a disability	27
Recent immigrants	24
Single persons, aged 45-64	38

PEOPLE

Kathryn McMullen has left CPRN to take on a new challenge as Senior Research Advisor at the Centre for Education Statistics, Statistics Canada. Kathryn joined CPRN in 1996 and was most recently Network Leader and senior researcher for the Work Network. While with the Work Network, she authored and co-authored a number of reports examining the skill impacts of computer-based technology (*Skill and Employment Effects of Computer-Based Technology*), issues around training (*Training for the New Economy*; *Analysis of Volunteering: Results from the 1997 National Survey of Giving, Volunteering and Participating; Barriers and Incentives to Training*), and issues around human resource management (*Restructuring Government: Human Resource Issues at the Workplace Level*).

Malgorzata Padlewska, a summer student with Public Affairs, has returned to Algonquin College where she is studying post-production for television and film.

Shafiullah Jan has joined Information Services as Web Publisher/Developer. Shafiullah is a third year Commerce student at Carleton University. During his work term at CPRN, he will be responsible for maintaining the Web site and further developing CPRN's database capabilities.

Iouliia Evitchenko has joined Administrative Services as Finance Clerk.

PUBLICATIONS

Health beyond Health Care: Twenty-five Years of Federal Health Policy Development, by Barbara Legowski and Lindsey McKay. Discussion Paper No. H|04. October 2000. 73 pp.

This paper puts the current debate over support for the health care system in historical context. Seen in that light, it is one more chapter in a 25-year struggle between the demands of the health care system and investments in "population health," the non-medical determinants of health. The paper is an analysis of the history of non-medical health policy development within the federal government. It identifies the conditions that foster policy innovations within the public sector, the barriers to implementing population health insights and the challenges ahead. This is essential background reading for those involved in health policy development.

The Voluntary Health Sector in Canada: Outcomes and Measurement, by Barbara Legowski and Terry Albert. October 1999. 62 pp.

The Voluntary Health Sector in Canada: Developing a Typology – Definition and Classification Issues. Angela R. Febbraro, Michael H. Hall and Marcus Parmegiani. October 1999. 58 pp.

"The Voluntary Health Sector in Canada: Outcomes and Measurement." Executive Summary. Barbara Legowski and Terry Albert. October 1999. 12 pp.

"The Voluntary Health Sector in Canada: Developing a Typology – Definition and Classification Issues." Executive Summary. Angela R. Febbraro, Michael H. Hall and Marcus Parmegiani. October 1999. 15 pp.

Voluntary organizations working in health have a long tradition in serving the community and are increasingly being relied on to play a role in the delivery of health and social programs. Although their contributions are evident in most communities, they have yet to be documented systematically. In particular, the voluntary health sector represents a largely unexplored, even amorphous, area of health policy in Canada. As such, it is not yet recognized as a "slice of the national health expenditure pie".

As more responsibility for essential services is shifted to the voluntary sector, the lack of measures for calculating and evaluating the sector's capacity and contribution becomes a serious issue for evidence-based policy formulation.

In 1999, CPRN, the Canadian Centre for Philanthropy, Health Canada, and The Coalition of National Voluntary Organizations undertook a joint research initiative to begin to give some form and definition to the sector. The group commissioned these papers to lay the foundation for future empirical studies.

IN THE MEDIA

The Quality of Life Indicators project (QOLIP) has been drawing considerable media attention. A feature column by Ellen Roseman in **The Toronto Star** was followed by reports in a number of newspapers interested in the cross-Canada public dialogue sessions during the month of October.

In early October, the release of *Women and Corporate Directorships in Canada: Trends and Issues*, by Karen Hughes (CPRN Discussion Paper No. CPRN|01) resulted in wide coverage. The paper was featured in articles in both **The Globe and Mail** and the **National Post**, along with the **Edmonton Journal** and **The Montreal Gazette**. Five francophone newspapers, led by **Le Devoir**, **Le Soleil** and **Le Journal de Montréal**, also carried stories. The interest on the Internet was also significant, with the paper posted on the Certified General Accountants of Ontario site as well as some US sites.

The **Halifax Chronicle-Herald** and the Montreal newspaper, **La Presse**, carried stories linking the launch of new programs by Scouts Canada to work done by the Director of the Family Network, Jane Jenson, on the need for after-school programs and the lack of recreation opportunities for children. Jane Jenson is also featured in a major **CBC Radio** documentary assessing the success of Quebec's $5/day day care program.

Work Network Director Graham Lowe was interviewed by the **Edmonton Journal** for a story on unpaid work and unpaid overtime. He also gave an interview to **The Globe and Mail** for a future series on the quality of work.

A presentation by CPRN's President, Judith Maxwell, to a conference on Quebec and the New Economy was covered by the Quebec media and reprinted in **La minute de l'emploi**, the publication of the Fonds de solidarité FTQ. Mrs. Maxwell also gave interviews to **Global Television News** on the new FPT Child Development Accord, to **The Globe and Mail** and **CBC Television News** on Pierre Trudeau's economic legacy, and to the **Financial Post Magazine** on CPRN as a think-tank.

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NETWORKnews

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ISSN 1488-3430

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Subsription rates for *NetworkNews* (4 issues per year)

Category	*Price per subscription*	
	1 year	**3 years**
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The Learning Gap – Time for a National Debate

People are our greatest resource. . . the words tumble from the lips of politicians, employers, educators, academics, even economists. All agree that this is the key to future economic prosperity.

But the rhetoric belies serious gaps in both the quality and accessibility of learning for Canadians. Yet there is no national debate on learning. What a contrast to the time and energy going into the health care debate!

True, we have a system of universal access to publicly financed education, but only for core education – from age 5 or 6 to high school completion. Before and after that, most Canadians face major barriers to learning.

For the children, these are barriers of cost and supply. CPRN has said much about the lack of affordable and accessible developmental child care. For people over the age of 18, there is a rich array of programming in public and private institutions. But tuition and related costs for post-secondary education are soaring. And, unless their employers pay, adults face cost barriers to professional upgrading and further learning, plus lost earnings when they take time out to study.

And what about quality?

In the 1980s, Canadians were very excited about high school dropouts. The problem has not gone away. At the beginning of the 1990s, only 79 percent of youth aged 19 and 20

had completed high school. By the late 1990s, the figure had crept up to 81 percent. Particularly disturbing is the anecdotal evidence that young men in inner cities – especially Montreal and Toronto – are dropping out at extraordinary rates.

Standardized achievement tests and literacy surveys consistently show that students in the western provinces and Quebec outperform those in the other provinces. The variation cannot be explained by immigration or language.

Even more important, schools in Manitoba, Alberta, Saskatchewan and Quebec do a better job of meeting the needs of children from lower social and economic settings than schools in Ontario, British Columbia, and the four Atlantic provinces.

On all these counts – high school completion rates, levels of school achievement, upward mobility of children from low-income families – there are school systems in Canada that fall far short of what our public rhetoric says we need. Why then is there so little national debate?

Provinces may be key players, but they are not the only suppliers or funders of educational services. The federal government, employers, and especially citizens spend vast sums of money on learning. Private and nonprofit organizations are important suppliers of child care and many adult learning programs. What we lack is a rigorous accreditation process to assess the quality of the programs in all sectors – public, private, and nonprofit.

Taken as whole, the learning system in Canada does not live up to the political rhetoric. The people who are losing out are those with the least bargaining power and the most to gain from the opportunity to learn. In fact, the learning system from birth to retirement strongly reinforces the inequality we see in the labour market.

This is not the society we want for Canadians.

Judith Maxwell

President
Canadian Policy Research Networks