

Fiscal Federalism and Social Struggle: Social Policy Activism in Canada¹

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I've never seen a placard that says: "Three Cheers for Cost-Sharing" or "I ♥ the Spending Power." But, at a public meeting last winter about Women and the 2014 Health Accord, Leanne MacMillan, from the Canadian Centre for Policy Alternatives Nova Scotia (CCPA-NS) set out to describe Sections 91 and 92 of the Canadian constitution, and to stress why they matter for social justice. In classes on women and politics, I regularly find myself explaining that while federalism might seem 'boring,' understanding it is central to advancing women's social rights. This is because in Canada, the struggle for social citizenship requires engagement with fiscal federalism. Social forces must constantly translate this abstract institutional arrangement into something tangible in order to organize and mobilize citizens. How are they doing this? What strategies are they employing? What are the challenges to this ongoing political project? How can it be strengthened?

In this paper, I begin by briefly outlining the link between fiscal federalism and social justice. In particular, I consider the gendered nature of Canada's social policy regime (Cameron 2006; Brodsky and Day 2007; Brodie and Bakker 2007). I then build on the feminist literature that notes the ways in which federalism and multilevel governance complicate political organizing and social action (Sawer and Vickers 2010). I provide an overview of an array of recent tactics that have been employed to raise awareness about federal transfers and to rally public support for progressive social policy in relation to the 2014 Health Accord, the Canada Social Transfer (CST), and Federal-Provincial-Territorial (FPT) agreements on early learning and child care. I argue that with very few resources, activists have pieced together an impressive and multiscaler strategy. However, challenges remain in developing and sustaining a gender-based and intersectional analysis, and contesting the policy silos between health and social transfers.

Gendering Federalism and Social Policy

Feminists have shown that social policy is of central importance to women's equality due to gendered patterns of paid and unpaid work (Brodie and Bakker 2007). Women rely on social policy to support their participation in the labour market and to redistribute responsibility for social reproduction. Poverty in Canada is feminized and racialized. In most areas of social policy, the majority of front-line public service providers are women (often women of color), whose wages and working conditions are at stake. In addition, much of the extensive voluntary sector involvement in Canadian social policy is highly gendered. For many women in Canada, racism and colonialism have worked to further circumscribe their access to the rights of social citizenship (Altamirano-Jiménez 2009).

Because of the constitutional division of powers between the federal and provincial governments in Canada, social policy cannot be disentangled from federalism. Feminist research and advocacy emphasizes that federalism is not only about impersonal institutional configurations. Fiscal federalism is central to social citizenship and the realization of women's human rights (Cameron 2006; Day and Brodsky 2007; Sawer and Vickers 2010). Quoting Keith Banting, van Draanen and Lacombe-Duncan (2012) provide that:

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'Our fiscal arrangements reflect choices about the nature of political community: one vision which celebrates Canada as a community embracing all citizens from one side of the country to the other, and the second which celebrates Canada as an interlinked set of regional communities or a community of communities. Seen in this light, our fiscal arrangements represent one of the ways in which we define the social programs to which we are committed, the nature of democracy that we are going to practice, and the conception of community we are going to reinforce. The issues may be technical, and in some immediate sense the debates are inevitably about money and power. But our fiscal arrangements embody big choices about the kind of country we want to be' (23).

The federal government has the fiscal capacity to ensure a pan-Canadian form of citizenship (van Draanen and Lacombe-Duncan 2012).²

Federal leadership, through national standards, ensures that women have equitable access to social programs regardless of economic status, or where they live in Canada (Day and Brodsky; Dallaire and Anderson 2009). Women have a particular interest in common standards because they have less control over their mobility than men (Vickers 1994). As a result of "differentiated mobility: some are more in charge of it than others" (Leitner and Sheppard 2009 236).

Since the post-war period, the federal government has been involved in the financing of provincial social policy through the use of its spending power, which allows it to spend money in areas of provincial jurisdiction via mechanisms such as cost-shared programs and conditionality (van Draanen and Lacombe-Duncan 2012). While imperfect, and excluding many, these fiscal arrangements were based on a recognition of the "Canadawide social citizenship responsibilities of the federal government" (Cameron 2009 130).

In 1995, fiscal federalism underwent a major change when the federal Liberal government created the Canada Health and Social Transfer (CHST) by merging funding for health care, post-secondary education and social assistance (ending the Canada Assistance Plan) into one block transfer. The result was a drastic withdrawal of federal funds and decentralization of the social policy regime. In response to vocal criticism from the social policy community, some funding was restored and in 2004, the CHST was split into two separate transfers, the Canada Health Transfer (CHT) and the Canada Social Transfer (CST). In this process, 62% of funds went to the CHT and 38% to the CST. The CST is intended to fund post-secondary education, social assistance, other social programs and early childhood development (ECD) and child care services (Wood 2013).

Changes to these funding arrangements have ramifications for gender equality. They have resulted in massive cuts to social programs, and undermined common citizenship goals. Now the only national standard attached to the CST is that there be no residency requirement for social assistance (van Draanen and Lacombe-Duncan 2012; Gauthier 2012; Brodie and Bakker 2007). There is little public accountability for how funds are spent (Findlay 2013; Findlay and Anderson 2010). For instance, there is a 'notional' allocation of funding within the CST between post-secondary education, social programs and supports for children, but there is no guarantee that funds will be actually be spent in this way (Brodie and Bakker 2007; Gauthier 2012; Wood 2013). Many advocates support conditions on federal transfers to the provinces that are tied to women's social rights (Day and Brodsky 2007; Cameron 2009).

However, the Harper federal government is moving in the opposite direction of 'open federalism,' where the constitutional division of powers is strictly followed (Bickerton 2010; van Draanen and Lacombe-Duncan 2012). This approach has not been well-received by advocates. As Wood (2013) notes, "Deborah Coyne (2010) characterizes this as 'absentee federalism,' as Ottawa refuses to spend money or even engage in conversations about what they consider to be areas of provincial jurisdiction" (28). Romanow et al. (2012) refer to it as "a vision of an increasingly shrivelled [sic] and parochial federation, where governments look inward and the whole becomes a pastiche of increasingly isolated parts." Russell adds that

² This pan-Canadian citizenship must be compatible with the right to self-determination for Aboriginal peoples and Quebec.

[w]atertight constitutional compartments and black-letter interpretation of constitutional law promote provincial — and citizen — inequality. ‘Empowering’ the provinces disempowers all but the most wealthy provinces. The poorer the province, the poorer will be its public services. Canadians will end up, not with one citizenship, but 13 distinct — and ever-more-disparate — provincial and territorial citizenships’ (Russell 2012).

Open federalism also fails to acknowledge that the division of powers is not gender-neutral. The Constitution Act of 1867 reflects the 19th century gender order, with its notions of the public/private divide and the role of government (Cameron 2006). Canada’s governing welfare state institutions are also built on histories of colonial, racialized citizenship (Altamirano-Jiménez 2009).

Feminists are also concerned about the process of intergovernmental relations – the closed, secretive, exclusionary nature of FPT negotiations. The optimism that the Social Union Framework Agreement (SUFA) would live up to its promise to facilitate community consultation and FPT cooperation (van Draanen and Lacombe-Duncan 2012) has dissipated. However, many advocates continue to seek participatory forms of multilevel governance (Day and Brodsky 2007; Findlay 2013). Advocates suggest infrastructure for ongoing engagement between governments and citizens such as a Canada Social Council, a Provincial-Territorial Council on Social Policy Renewal, a Social Rights Tribunal, or a Canada Social Programs Council to facilitate citizen engagement, monitor accountability, and resolve disputes (van Draanen and Lacombe-Duncan 2012; Day and Brodsky 2007). Yet again, the trend seems to be to the contrary. As a case in point, soon after Romanow et al. (2012) called for strengthened “unifying infrastructure” in health care, the Health Council³ was eliminated by the Harper government in 2013.

Both the CHT and CST are critical to the aspirations of the feminist and social policy advocacy community in Canada. Since the current funding arrangements attached to the CHT and CST will expire in 2014, social activists have been mobilizing in diverse and creative ways. Before turning to their methods and tactics, I will consider some of the challenges they face in working across scales of governance.

Multilevel Governance and Social Activism

There are a range of perspectives on the opportunities and challenges that multilevel governance presents to social movements. Some highlight political opportunities including: the potential for policy experimentation at local, subnational, national, and international levels; the democratic benefits of devolution, the “subsidiarity principle” and local governance; and the multiple entry points for social movements (Sawer and Vickers 2010). If one government is unsympathetic to a citizenship claim, it is argued, multilevel governance allows for a second resort and for political leverage (Gray 2010; Brennan 2010). Some even maintain that it permits “dual citizenship,” “double-democracy,” or “forum shopping” (Sawer and Vickers 2010 5; Gray 2010 21).

Others are less hopeful, pointing out that in many federations, the constitutional division of powers was created before women had political rights, and constitutions are difficult to change (Cameron 2006; Sawer and Vickers 2010). For women’s movements, like in ‘English’ Canada, that have a distinct preference for national social policy and standards (over the ‘patchwork’), this division of powers presents a significant challenge (Sawer and Vickers 2010). And from this viewpoint, such a challenge is not outweighed by the benefits of “double democracy” or “forum shopping” and requires that feminists abandon their national project based on fundamental values of universal citizenship (Sawer and Vickers 2010). Sawer and Vickers (2010) also expose the gender-blindness in the notion that multilevel governance “offers citizens the right of choice and exit,” noting women’s lack of mobility (7). In addition, forum shopping requires substantial resources (Sawer and Vickers 2010), and is not always possible (Mahon and Collier 2010).

In their engagements with fiscal federalism, activists in Canada certainly illustrate the complications associated with multilevel governance in social policy. Take, for instance, the oft-cited

³ Day and Brodsky’s Social Programs Council was based on the Health Council (2007).

example of provincial social innovation in federations. Social policy advocates acknowledge that provincial flexibility has allowed more space for experimentation, but largely in the direction of neoliberal cuts, downsizing, and privatization, not toward improvements in social programs (Day and Brodsky 2007; Wood 2013). Advocates are also too aware that the flip side of another suggested benefit, multiple access points, is blame-shifting (van Draanen and Lacombe-Duncan 2012). While provinces have rightly criticized federal cuts to provincial/territorial transfers, they were at the same time cutting their own taxes, reducing revenue for social spending even further (Brodie and Bakker 2007; Cameron 2009).

Fiscal federalism poses specific challenges for popular education. As van Draanen and Lacombe-Duncan (2012) explain, “[i]t is currently very hard for citizens to a) understand the complexity of roles and players involved in funding and delivering various social services, and b) track where the money is spent once they are aware of whom is spending it” (32). For the feminist policy community, there is the added hurdle of elucidating the gender implications of federalism. At an event on Women’s Health and the 2014 Health Accord (mentioned in the introduction) sponsored by the Nova Scotia Citizens’ Health Care Network, the Women’s Action Alliance for Change Nova Scotia and the Dalhousie Women’s Centre, one panelist focused entirely on the division of powers (NSNU 2012).

One of the main concerns for many progressive social policy activists is that federal transfers will be replaced with tax points, which will aggravate regional inequalities and further reduce accountability (van Draanen and Lacombe-Duncan 2012; Gauthier 2012; Brodie and Bakker 2007). But in order to make these important social justice arguments, activists have the arduous task of explaining and making relevant, the concept of tax points. This isn’t easy. Barlow and Martin (2012) make an attempt in a Council of Canadians popularized publication:

Why does the change in the funding formula matter? Originally, cash transfers were distributed on a formula that ensured that all provinces could meet national standards without the burden being more onerous on some than on others. A straight per capita tax transfer was seen as unfair because provinces with fewer resources would carry a heavier burden than more wealthy provinces. The same is still true today (25).

Wood (2013) also tries to present a straightforward description of tax points by saying that,

[h]ere the federal government reduces its tax rates while the province increases theirs to an equivalent rate. This results in a reallocation of revenue between the two orders of government. The fiscal burden on taxpayers remains the same because, although they pay more provincial tax, they pay less federal tax (4).

Depending on the audience, these efforts can help to demystify financial mechanisms. In the case of fiscal arrangements, simply providing a clear explanation could have radical political potential by fostering federalism literacy. This is just one example of the complicated terrain on which social activists are operating. In his study of Ontario housing policy, Hackworth (2008) shows that “it is difficult to organize around such things as the scale of social housing system governance” (23). Likewise, with fiscal federalism, advocates are grappling with bringing abstract questions of scale into the realm of concrete policy issues.

Social forces in Canada have always used multiscale strategies (Mahon 2003). I want to suggest that in the case of fiscal federalism, activists have engaged in multiscale action that is more complex than can be captured by the notion of simple forum-shopping. Forum shopping, the idea that social movements can take advantage of more favourable political opportunities within multilevel governance, treats collective organizing as simply a tactical ‘choice’ or ‘rational’ political calculation (Mahon et al. 2007).⁴ However, choice of forum not just a practical consideration or a feasibility issue. Scale of action has broader implications. When activists engage is the politics of scale, they are not

⁴ The shopping metaphor also relies on individualized and marketized ideas about citizenship, and exaggerates the range of ‘choices’ available to social movements.

merely weighing their options among roughly equivalent venues. As seen earlier, the scale at which social policy is governed matters for gender equality and social rights. Leitner and Sheppard (2009) maintain that “scale is a relational, power-laden, and contested construction that actors strategically engage with in order to legitimize or challenge existing power relations” (231). In Canada, social policy advocates are not driven by the most expedient or fashionable options available. They struggle to access ‘new’ subnational spaces of action without foreclosing on the national scale. With their multiscaler strategy, they are not reacting to the existing political opportunity structure; they are actively shaping and challenging it.

Forum shopping would suggest that in a period of heightened decentralization, actors should ‘go with the flow’ and redirect their energies to subnational scales. Yet social movements can unwittingly reinforce neoliberal governance (Fraser 2009). The social policy advocacy community is much more strategic. Rather than accept the retreat of federal action in social policy, and turning to the provinces and territories, “the spatiality of contentious politics” (Leitner and Sheppard 2009 231) for fiscal federalism activists is multifaceted. It is engaged in “concerted social action that has the goal of overcoming deeply rooted structural disadvantage” requiring action across multiple scales at the same time (Leitner and Sheppard 2009 233). Calls from the community have emphasized the need for federal, provincial, territorial, and sometimes, municipal governments, to work together – to be more collegial and cooperative (Romanow, Silas and Lewis 2012). They stress that the tools exist to advance social policy and that progress is hampered much more by a lack of political will than by federalism (Brodie and Bakker 2007; Cameron 2009).

Some segments of the child care advocacy movement fit this multiscaler model. Mahon and Collier (2010) point out that “the Child Care Advocacy Association of Canada (CCAAC) has possessed a federalised structure since the outset” (51), allowing it to work across scales. Cameron (2009) further indicates that in child care,

[f]ocusing attention on only one level of government would mean abandoning an oft-proclaimed advantage of federalism: that it provides multiple points of pressure for organizations seeking social change. Yet another reason for looking to the federal as well as the provincial governments has to do with the sense of social solidarity and social citizenship in Canada outside of Québec (139).

Leitner and Sheppard (2009) argue that social movements use “scale frames” that link rights claims to spatial politics (233). In the Canadian context, the scalar frames, as will be elaborated below, link federal transfers to national standards, pan-Canadian social rights and social citizenship. However, Leitner and Sheppard (2009) also emphasize the “socio-spatiality of contentious politics,” noting that territory is not everything in contentious politics because “social groups within a territory may have more in common with similar groups in other distant places than with co-residents of the same territory” (236, 244). This is pertinent to social policy advocacy in Canada, where claims of regional distinctness can serve to undermine social justice claims that transcend subnational spaces. Therefore, activists also work to contest oppositional scale frames, as can be seen when Dallaire and Anderson (2009) confront the “provincial claims of uniqueness” that are an obstacle to making progress on a child care system (31).

In the face of the Harper government’s open federalism, it is alluring for social policy advocates to move all of their eggs into subnational baskets. Van Draanen and Lacombe-Duncan (2012) insist that “the current political ideology and form of federalism does not support a strong federal role in the determination of social programs, thus, recommendations moving forward need to be highly considerate of what is possible within the current political climate” (8). But the strength of fiscal federalism activism is that it isn’t taking the current context of ‘what is possible’ as given and unchangeable. It is defying the boundaries of limited possibilities and creating the conditions for social expansion in the future.

Fiscal Federalism and Multiscaler Tactics

Social policy advocates organized around fiscal federalism have focused on some key FPT instruments such as the 2014 Health Accord, the CST, and agreements on early learning and child care (ELCC). This activism has taken a multiplicity of forms including: town hall meetings, reports, teach-ins, fact sheets, report cards and other popular education, social media, open letters, rallies, voter socials, flash mobs, lawn signs, advertising campaigns, coalitions, and fostering provincial alliances (NSNU 2012; NUPGEa; Silnicki 2012; Ballantyne 2008; Code Blue n.d.; Nova Scotia Citizen's Health Care Network 2012). A closer look at some of these tactics reveals a sophisticated multiscaler set of strategies.

Prior to moving to this tactical discussion, I should note that my interpretation of social movement 'success' might not resonate with everyone. 'Success' can be measured based on various criteria including: electoral, legal, policy, cultural, discourse or ideational change; speed and/or scope of change; growth in legitimacy; capacity-building; new relationships; agenda-setting; impact on public opinion; media coverage; response by counter-movements; and/or institutional legacy (Staggenborg 2012). Goals are both immediate and long-term. In the cases of the Health Accord, the CST, and ELCC, the immediate goals were not fully achieved and the current funding outcomes are rather disappointing for advocates.

In December 2011, the Finance Minister announced that he would not be negotiating with the provinces on fiscal transfers, presenting his final offer. For health care, the 6% annual increase would continue until 2016-2017, and would then be tied to GDP growth (about 4%). The CST would continue to grow at 3% annually (Working Group on Fiscal Arrangements 2012; van Draanen and Lacombe-Duncan 2012; CUPE 2012; Stechyson 2012). Many have criticized this announcement for its lack of consultation and the negative effect it will have on provincial finances and access to social programs. After 2017, federal transfers will not match the growth in PT health costs, the cut is estimated to be about \$31B, and the federal contribution will eventually fall back to the historical lows of 1996-2002 (Matier 2012; Working Group on Fiscal Arrangements 2012; Stechyson 2012). Advocates had been calling for the 6% escalator within a 10-year agreement (CUPE 2012; Canadian Health Coalition 2011). In addition, the "CST will continue to grow at a slower rate than the CHT, meaning that major federal transfers for post-secondary and other social services will comprise a progressively smaller proportion of overall major federal transfers" (Working Group on Fiscal Arrangements 2012 4). The CST may not keep up with inflation (Weir 2011; Gauthier 2012). In ELCC, the Multilateral Framework Agreement on ELCC has been phased out, and the Bilateral Agreements on ELCC cancelled in 2006 have not been resurrected. They have been replaced with less funding and less effective policy instruments.

Clearly, fiscal federalism activists were not 'successful,' if success is defined narrowly. But there are alternative ways to gauge success. Social policy advocates concerned with FPT funding arrangements are practicing a skillful multiscaler politics. They are adopting scale frames that capture the social and spatial ('sociospatiality') aspects of citizenship in Canada (Leitner and Sheppard 2009), are developing new allies and are creating capacity for future transformation.

Cameron (2009) suggests that "[i]n place of complex arguments about the federal spending power, those seeking progress on child care should focus on the social citizenship responsibilities of the federal government" (144). This advice goes beyond child care. As noted earlier, the scale frame employed by the social policy advocacy community draws together federal leadership and funding, national standards and social rights (Barlow and Martin 2012; Romanow, Silas and Lewis 2012; CUPE 2012; NUPGEb; Cameron 2009; Canadian Health Coalition 2011). The National Union of Public and General Employees (NUPGE) argues that "[i]t is essential that BOTH adequate long-term funding, and accountability for dollars transferred through the CST, are achieved in the 2014 negotiations; for the good of each and every community across Canada" (NUPGEb). This sentiment is captured in their campaign slogan: "All Together Now! A National Campaign for Public Services, Good Jobs and Tax Fairness" (NUPGEa). John Stapleton, of Open Policy Ontario, also maintains that the

federal government really is the only level of government that has the fiscal capacity to equalize the Canadian experience. And even though the provinces have the responsibility for those programs the fact that the federal government has the fiscal capacity to tax allows them to be in a position to create a relatively uniform Canadian experience. That's part of nation-building instead of saying 'too bad all these programs work differently in different provinces' (quoted in van Draanen and Lacombe-Duncan 2012 40).

Underpinning these arguments is the message that the federal government is not living up to its social responsibilities (Canadian Health Coalition 2011). Barlow and Martin (2012) assert that the federal government "walked away from the 2014 Health Accord negotiating table, shirking a critical responsibility to provide leadership in transforming our health care system, and abandoning a commitment to ensuring that Canadians have comparable levels and quality of health care from province to province" (25). Similarly, in ELCC, "the federal government is placing full responsibility for child care services in the laps of provinces and parents" (Dallaire and Anderson 2009 28). Some in the media have also adopted this frame. An editorial in the *Globe and Mail* urges thinking beyond the "mindless shuffle of money between jurisdictions ... The reason Ottawa transfers money to the provinces in the first place ... is to ensure some semblance of equity coast-to-coast-to-coast. But there are areas, such as catastrophic drug coverage and homecare, where there are gross regional disparities" (Picard 2012).

Another related element of the scale frame is accountability. Critics are pointing to the lack of conditions attached to the CST and child care transfers, and the weak enforcement of existing standards under the Canada Health Act, amounting to "an accountability crisis" (Canadian Health Coalition 2011; van Draanen and Lacombe-Duncan 2012). Increased federal transfers to individuals and provinces in early learning and child care⁵ have not resulted in significant policy results and advocates conclude that "Canada's human rights commitments on child care to both children and women remain largely unfulfilled" (Dallaire and Anderson 2009 31).

A key facet of this accountability discourse is that it is coupled with an anti-privatization message (CUPE 2012; Canadian Health Coalition 2011; NSNU 2012; Stechyson 2012). The Canadian Health Coalition (2011) says that

[w]eak accountability mechanisms facilitate privatization. It is no coincidence that the governments with the most resistance to meaningful accountability are the ones leading the way in transferring the delivery of insured services to commercial, private for-profit corporations. Proponents of privatization in health care delivery do not want public funds accounted for or traced, but this is what public administration and real accountability requires.

Barlow takes an even stronger tack, saying

Stephen Harper has never liked public health care; he's always said it belongs to the provinces, it's their responsibility. He would go totally private, I'm convinced, if he could. But he can't, because 94 per cent of us think the private system is not the one for us. He can't do it through the front door – he has to do it by pulling the rug out from under the provinces and letting them do the dirty work (Ball 2012 8).

In the absence of public accountability, community advocates represent one of the only mechanisms left for holding governments to account (Findlay and Anderson 2010).

Symbols and metaphors have always been used to make fiscal federalism more relatable. The patchwork is a longstanding visual that has been used in health care, post-secondary education, social welfare, and child care advocacy (Canadian Health Coalition 2011). Other tactics seek to conjure similar imagery. The Canadian Health Coalition refers to federal leadership as "the glue that keeps Medicare together" (Canadian Health Coalition 2011). The predominant symbol of the 2014

⁵ Federal transfers in ELCC are no longer increasing: "Federal transfers specifically designated for early learning and child care were reduced by almost 37% in 2007-2008" (Ballantyne 2008 343).

Health Accord campaign was the red umbrella, used in campaign materials and public events. The red umbrella signifies to Canadians that “[i]like an umbrella, medicare should cover all of us” (Buott and Silnicki 2012). The umbrella theme linked demonstrations held across the country on the National Day of Action for a 2014 Health Accord, including flash mobs in BC and “a giant umbrella human sculpture” in Toronto (Stechyson 2012).⁶ On behalf of the Council of Canadians, Silnicki imparts that,

[i]n the pro-medicare community we often talk about health care as an umbrella -- you may have noted the red umbrella in our materials. We use the slogan ‘medicare has got us covered.’ And when we talk about expanding the medicare umbrella we mean to make the umbrella bigger by adding more programs to medicare. We need programs like home and community care, mental health care, pharmacare, and vision and dental care. We need to make sure that everyone in Canada -- and I’m including refugees -- can access a full spectrum of care from cradle to grave (2012).

It is also significant that the strategy is not merely defensive, aimed at preserving the status quo. As seen in the above quotation, in the debate about the expiration of the Health Accord, groups injected new policy demands into public discourse (Canadian Health Coalition 2011).

Seen earlier, one of the obstacles to pan-Canadian social citizenship is the exaggeration of regional difference – snowflake syndrome federalism. Sometimes regional uniqueness is a legitimate policy issue (i.e. health care and Atlantic Canada’s aging population and chronic disease rates) (New Brunswick 2011). Nevertheless, it is often used to stall social policy progress. Advocates are working to displace this frame by counter-posing it with their own. From the child care movement, Dallaire and Anderson state that

system building is best achieved with strong federal leadership on policy (national legislation), funding (dedicated federal transfers) and accountability (annual reporting to legislatures on results achieved). In recent years provincial governments have resisted this federalist approach on a wide range of issues. They argue that, since they have primary responsibility for service delivery, federal transfers should be unconditional as — or because — provincial and territorial governments are responsive and accountable to the unique needs of their own populations (2009 31).

In this way, their signature at the end of their public education piece is telling: “Jody Dallaire of New Brunswick and Lynell Anderson of BC may be separated geographically, but they are joined by common threads of motherhood and voluntary work for the Child Care Advocacy Association of Canada” (Dallaire and Anderson 2009 36). Their identities and their politics cross scales.

Alongside these rhetorical strategies, activists are process-oriented, underscoring the importance of governments working together, collaborating and cooperating (CUPE 2012; Stechyson 2012; Brodsky and Day 2007; Brodie and Bakker 2007; CUPE 2013; NSNU 2012; NUPGEb; van Draanen and Lacombe-Duncan 2012). Without a collaborative approach in health care, for instance, CUPE warns that “13 different health care systems and more privatization” are likely (2012). There is concern that the precedent of unilateralism set with the CHT will determine the fate of the CST as well (van Draanen and Lacombe-Duncan 2012), which is at odds with community desires for participatory governance discussed earlier.

This language aligns with that of the Premiers:

Ongoing, stable and predictable federal transfers are necessary to sustain economic growth. Premiers support the federal government’s commitment to protect major transfers to other

⁶ Also at a Toronto rally, there was “a float with a paper mache patient all bandaged up on a hospital bed, which played voicemail messages of those who wanted to attend the rally but were unable to” (Council of Canadians 2012).

levels of government in support of health care, social services and equalization. Premiers encourage the federal government to work with the provinces and territories in renewing these arrangements which are due to expire in 2014 (Council of the Federation 2010, quoted in van Draanen and Lacombe-Duncan 2012 22).

The Premiers have also sought to model this collaborative approach through their Premiers' Health-Care Innovation Working Group and the PT Finance Ministers' Working Group on Fiscal Arrangements (Grinspun 2012; Stechyson 2012; Working Group on Fiscal Arrangements 2012). These groups have taken up similar procedural and substantive critiques of fiscal federalism as the advocacy community has, expressing dissatisfaction with the lack of consultation by the federal government, and the regional inequity that will result from the changing funding formula (Working Group on Fiscal Arrangements 2012).

Activists have built on this shared discourse by inviting provinces and territories to join them as allies in the struggle for better social policy. After the cancellation of the Bilateral Agreements on ELCC, the 2006 Code Blue for Child Care campaign was launched to restore the agreements and the nearly \$4B of federal funding being cut (CCAAC 2006). Warning their provincial governments that they will be expected to move ahead on ELCC with or without federal participation, the coalition encouraged provincial leaders to team up with them in demanding that the federal government live up to its obligations (Code Blue n.d.; CCAAC 2006; CCCABC 2007; Findlay 2013). Code Blue appealed to citizens to "help send a message to the premiers that we want them to fight for early learning and child care" (Code Blue n.d.). It was a deliberate strategy by Code Blue to focus on the cancellation of the FPT agreements rather than on Harper's Universal Child Care Benefit because it offered the opportunity to build relationships with PT governments (Ballantyne 2008).

Premiers were also urged to "get the federal government back to the health accord negotiating table" (Stechyson 2012). Health care organizers Kyle Buott and Adrienne Silnicki declared that

Canadians need the premiers to stand up and force the federal government back to the negotiating table. Some, like Nova Scotia Premier Darrell Dexter and Ontario Premier Dalton McGuinty, are standing up to Stephen Harper. Others, like British Columbia Premier Christy Clark and Alberta Premier Alison Redford, seem to support Harper's cuts. The premiers are now in Halifax at the Council of the Federation. The future of health care is on their agenda. This is the opportunity to protect, strengthen and expand health care. Premiers, Canadians are watching. Stand up to Stephen Harper. Protect public health care (Buott and Silnicki 2012).

Creative tactics were used to convey this proposal:

The Nova Scotia Citizen's Health Care Network and the Council of Canadians will be showing a tug-of-war themed piece of street theatre to get the message across ... The performance will pit Stephen Harper against Canada's premiers in a tug-of-war. The Prime Minister is trying to drag each premier into Medicare's graveyard, while the premiers are trying to pull Stephen Harper to the negotiating table that will lead to phase two of medicare. *Spoiler Alert* Only when the premiers all pull together can they win against Stephen Harper (Nova Scotia Citizen's Health Care Network 2012).

In addition, the Nova Scotia Citizen's Health Care Network encouraged the provincial government to undertake an advertising and education campaign for the Health Accord akin to the Ships Start Here campaign.⁷ Although the province did not do so, this could be a useful model in the future. In their analysis of the CST for the Canadian Association of Social Workers (CASW), van Draanen and Lacombe-Duncan (2012) present a similar idea, recommending that the "provinces should take a leadership role in educating Canadian citizens about the CST and the shared responsibility of federal and provincial governments in ensuring that social rights are realized in Canada" (10). The idea is

⁷ Ships Start Here is a campaign by the Government of Nova Scotia aimed at the Government of Canada's National Shipbuilding Procurement Strategy. In 2011, the Halifax Shipyard was awarded the contract to build naval warships.

that the provinces and territories need to be more vocal advocates around fiscal federalism and can help to educate and mobilize citizens (van Draanen and Lacombe-Duncan 2012),⁸ building a sense of solidarity between activists and subnational governments.

In the end, advocates were not able in child care or health care, to bring PT governments fully on side. In Code Blue, five provinces (Manitoba, Ontario, Saskatchewan, Quebec, and Nova Scotia) initially denounced the federal cuts to ELCC transfers, but the response was short-lived (Ballantyne 2008). With health care, while not successful in all jurisdictions, the Atlantic premiers did present a united front, demanding that federal transfers cover 25 percent of health care costs (New Brunswick 2011; Ball 2012). The finance ministers of Manitoba, Ontario, Quebec, Prince Edward Island, Nova Scotia and Newfoundland and Labrador also spoke out publicly in unison against Minister Flaherty's health care plan (Bailey and Currey 2012), and "even B.C.'s Premier, Christy Clark, who had initially praised the federal Conservatives, changed course and announced the premiers were unanimously opposed to federal Finance Minister Jim Flaherty's unilateral decision to change Canada's health funding formula" (Ball 2012 8). Provinces and Territories are also collaborating on purchasing generic drugs (Health Care Innovation Working Group 2012). However, this cooperation has not kept up momentum.

More important than the immediate result though, is the relationship-building, not only between governments and activists, but within the advocacy community itself. The 2014 Health Accord campaign was a broad-based coalition of community-based groups, bringing together the Council of Canadians, Canadian Doctors for Medicare, provincial health coalitions, labour unions and advocacy groups (Stechyson 2012). Maude Barlow's timeline reaches beyond the 2014 Accord, as "her group is working towards making health care the primary election issue in 2015" (Ball 2012 8). The CST also unites organizations such as the Canadian Federation of Students, the Canadian Association of University Teachers, the Canadian Alliance of Student Associations, Canadian Federation for the Humanities and Social Sciences, the Association of Canadian Community Colleges, CCPA, CCAAC, NUPGE and the CASW (Wood 2013). Code Blue for Child Care forged new alliances between child care organizations, the women's movement, labour unions, social justice and anti-poverty groups (CRRU 2011). Many of the partners had not been closely involved in child care in the past (Ballantyne 2008). There were over 80 groups in the coalition that was able to gather more than 100, 000 signatures on its petition (Ballantyne 2008) ranging from grandparents to chiefs of police. Such mobilization, as well as experiments like that of the Canada Policy Research Networks with citizen engagement and fiscal federalism indicates that "new approaches to deliberative federalism" are possible (Wood 2013 23).

Van Draanen and Lacombe-Duncan (2012) want to see advocacy organizations "take a leadership role in educating Canadian citizens about the CST and the shared responsibility of the federal and provincial governments in ensuring that social rights are realized in Canada" (10). Evidently, activists are taking on this task across fiscal federalism more generally. Notwithstanding their efforts, there is only so much capacity in the movement. Organizations, such as the CCAAC are regionally representative, but advocacy is still uneven across Canada (Mahon and Collier 2010), and the latest changes to federal funding have seriously hurt already struggling national social policy organizations like the CCAAC, the Canadian Council on Social Development (CCSD), and the Canadian Feminist Alliance for International Action (FAFIA) (Ballantyne 2008; Wood 2013). New rules about union finance disclosure will destabilize the only substantial source of funding left to the advocacy community, the labour movement.

Hopefully with a realistic view of this movement's capacity in mind, I will proceed to examine the ways in which advocacy would be strengthened with greater attention to the intersections within policy communities and between policies.

⁸ The fickle nature of the federal spending power can leave provinces and territories vulnerable to fluctuations in transfers. Cameron (2009) cites Stephen McBride's concept of the 'negative spending power' (137) to refer to the massive withdrawal of federal transfers during the 1990s. Unpredictable federal transfers make long-term planning very difficult for PT governments. Therefore, advocates have made it known that they are well aware of this challenge and identify with the need for PT governments for stable funding.

Gender-Based and Intersectional Analysis

Feminist scholars have been tracking the erasure or disappearance of gender from policy analysis and public discourse (Brodie and Bakker 2007; Jenson 2009), and in certain ways, the advocacy community has contributed to the problem (McKeen 2007). In fiscal federalism activism, gender-based analysis is sporadic and intersectional analysis nearly non-existent.

Two comprehensive reports on the CST were recently produced by advocacy groups, the CASW and Vibrant Communities Calgary. Considering the way that the CST has been sidelined (discussed in the next section), it is commendable that these organizations undertook such sustained public education work on this transfer. But it is striking that the differential impact of the CST and social policy more generally on diverse groups is not well explored in these reports. Van Draanen and Lacombe-Duncan (2012), for the CASW, make no mention of women's particular relationship to social policy, even though their report extensively cites several feminist scholars and activists, one of them being Shelagh Day who co-wrote a major piece on the CST and women's human rights (Day and Brodsky 2007). Wood's (2013) study does refer to Day and Brodsky, and covers FAFIA's activities related to the CST. It also addresses disability issues. In this case, the gaps are found in terms of race, ethnicity, and sexuality. Neither report provides much analysis of the social policy context for Aboriginal peoples. In Brodie and Bakker's (2007) review of Canada's social policy regime, they submit that

most Canadians are not well informed about the minimum levels of support afforded to Canada's poor, the patchwork of conditions and constraints across the provinces that make it more or less difficult for social assistance recipients to provide for their families, or the gendered, racial and ability biases that these programs both aggravate and perpetuate (60).

Seeing as these were efforts to popularize research on the CST, a valuable opportunity to enlighten citizens on the ways social policy is failing marginalized people was missed.

In child care, Code Blue explicitly references women's equality in its public communications (Code Blue and CCAAC 2011), and is closely aligned with the women's movement. Where the child care movement has been less active is in connecting to the anti-racism and multiculturalism community. A paper for the Child Care Resource and Research Unit (CRRU), "Can Early Childhood Education and Care Help Us Keep Canada's Promise of Respect for Diversity?" begins to explore questions of social inclusion and diversity in child care services, and the ways in which uncoordinated governance acutely affects Aboriginal peoples (Friendly and Prabhu 2010). There have also been discussions about the need for more dialogue between child care advocates and foreign domestic workers' groups. These sorts of links need development for further relationship building.

The pattern in health care analysis is mixed. The Nova Scotia Nurses' Union (NSNU) (2012) points out that health care "cuts will disproportionately affect women, as women are the majority of patients and majority of health care workers, as well as being the primary care giver in many families," and seen earlier, there was a panel dedicated to Women's Health and the 2014 Health Accord (NSNU 2012). Nonetheless, other organizations are virtually silent on the gender implications of the Health Accord. The Canadian Health Coalition (CHC) (2011) identifies a series of clearly gendered issues including: the movement of long-term care and home care out of hospitals into households; the rise of user fees; declining wages and working conditions and lack of benefits for health care workers; the working poor in the health care sector; nursing retention; and the contracting out of services, without reference to women.

On the other hand, the CHC is unique in that it does a very good job of speaking to racialization in the health care system.⁹ The Coalition draws attention to the "significant overall health

⁹ One other commentary stated that "[a]s First Nations, refugees, rural and inner-city populations grapple with challenges to health equity, the federal government could be the leader in improving the health of society's most vulnerable" (Barlow and Martin 2012 25).

and economic disparities between the Aboriginal and the non-Aboriginal Canadian population,” noting the disproportionately longer distances to access basic health care, and the gaps in education, housing, and child and family services for Aboriginal peoples (Canadian Health Coalition 2011). They also consider language training, credential recognition, laddering programs, the role of migrant and temporary foreign workers in the health care system (Canadian Health Coalition 2011). Interestingly, by relating these social determinants to citizens, the Coalition also offers a more comprehensive vision of health than its allies.

Policy Silos – The Health/Social Dichotomy

The CHC (2011) promotes a “coordinated, holistic approach” that views poverty reduction and housing as essential to improved health. This social determinants of health discourse is ubiquitous in many policy circles. Strangely, it has not had much impact on fiscal federalism activism. Advocacy on fiscal transfers has isolated the CHT from the CST, maintaining a dichotomy of health and social policy. The CHC (2011) and the provinces’ Health Care Innovation Working Group (2012) sing the praises of interdisciplinary, team-based health care delivery without considering how a broad range of other social supports attached to the CST (i.e. child care, income assistance) are necessary for well-being.

The CHT has overshadowed the CST in government favour, media coverage and advocacy¹⁰ (van Draanen and Lacombe-Duncan 2012; Wood 2013). Critics are rightly troubled that under the new health transfers, the federal contribution will fall below the low-point of about 11.1% of costs (Matier 2012). Still, it fares better than the CST. According to the Parliamentary Budget Office, “between 2010/11 and 2025/26 federal contributions through the CST will cover only about 10 per cent of the cost provinces incur in running their postsecondary education, social assistance and social services programs” (Wood 2013 3), and “federal transfers for social services still lag behind 1992 levels” (NUPGEb). Increased transfers have overwhelmingly gone to the health over the social envelope (Wood 2013). Since the transfer cuts in the 1990s,

the task of developing and running Canada’s non-health social programs was basically vacated to the provinces – where it stood at the time of Confederation ... it is now every province for itself as far as social assistance is concerned, with the Government of Canada not even assuming a research, coordinating and information-facilitating role (Wood 2013 10, 13).

The CST is hardly on the radar screen of governments.¹¹ FPT Social Services Ministers are no longer meeting (Wood 2013; van Draanen and Lacombe-Duncan 2012 57). It is not a priority for the Council of the Federation, which never took up the 2004 invitation to “consult and work together to develop, through mutual consent, a set of shared principles and objectives for social programs that could underlie the Canada Social Transfer.” Indeed, Wood submits that “[a]t no meetings of the Council of the Federation has the Canada Social Transfer been addressed, other than in passing. All of the focus has been on the Canada Health Transfer” (Wood 2013 23). In his interview with van Draanen and Lacombe-Duncan (2012), Michael Mendelson, of the Caledon Institute of Social Policy recalls that: “Of all the time I was in government which is quite a bit of time I never once heard the amount of the federal transfer discussed when the budget was being set for social programs. It just doesn’t come up. I can’t describe the degree of irrelevancy other than to say it has no bearing” (53).

Social policy advocates also seem less alarmed about the fate of the CST than the CHT. CUPE created a series of fact sheets on the health accord, with no equivalent tools on the CST, and

¹⁰ The difference can be seen just by googling the CST, where most of the results are actually about the CHT. However, this must also be kept in perspective. The CHT eclipses the CST, but is itself buried by other federal government priorities. For instance, the commemoration of the War of 1812 bicentennial took precedence over the 50th anniversary of medicare in 2012.

¹¹ The Government of New Brunswick does warn that increases in the CHT should not occur at the expense of the CST (New Brunswick 2011).

only a brief mention of it in its budget analyses (CUPE 2012, 2013). The CHC (2011) makes no connection between home care and child care, located on opposite sides of the CHT/CST dichotomy. Even the Quebec student strike did not raise the profile of the CST (Wood 2013) for activists or the media. The flurry of innovative mobilization on the Health Accord has no comparator in regards to the CST.

Activists on the CST 'side' are trying to strategically tie their claims to health. The health care imagery of the Code Blue for Child Care campaign does this subtly. In its fact sheet on the CST, NUPGE is more explicit, stressing that "[t]here is a clear link between poverty and poor health and convincing research has been done on the social determinates of mental and physical health" (NUPGEb). More can be done to encourage fiscal federalism activists to adopt frames that capture the interdependent relationship between income inequality, housing, ELCC, and health (van Draanen and Lacombe-Duncan 2012; Wood 2013). Otherwise, we will continue to have "one active social transfer instrument and ... [the CST] basically on life-support (van Draanen and Lacombe-Duncan 2012 26, quoting St-Hilaire).

The status of the CST leads Wood to conclude that we "appear to have fallen prey to 'collective forgetting' about the historic role that the Government of Canada used to play in transferring money to provinces to support social programs beyond health care" (Wood 2013 3). There are several reasons why this might be the case. Part of it has to do with the allotment of responsibilities between the CHT and CST. The CHT's policy domain is drawn with greater precision whereas the CST is "what's left over" (Wood 2013 3). Therefore, the CST policy community is more fragmented and isolated, representing distinct post-secondary education, social welfare and early years voices that could work together more effectively (Wood 2013; van Draanen and Lacombe-Duncan 2012). The CST also lacks the equivalent support institutions that exist for health, such as the Canadian Institute for Health Information (Wood 2013).¹² Certainly, the universality of health care is relevant to its positioning vis-à-vis the targeted 'others' (Wood 2013). And something that needs analysis is that while both the CHT and CST are deeply gendered, the social programs under the CST could threaten the gender order in profound ways.

Conclusion

I began by reviewing the relationship between gender, social policy, multilevel governance and activism in order to understand the multiscale tactics used to organize around federal transfers in the 2014 Health Accord, the CST, and child care. The paper is based on the premise that social policy advocates in Canada must traverse a complex landscape of fiscal federalism, within the boundaries of very real limits to their capacity.

It is perhaps unfair then, that I am asking them to further complicate their efforts with gender-based, intersectional, and cross-sectoral analyses. This is especially difficult given the gaps in scholarly research on federalism and intersectionality, where admittedly, this paper makes little progress. Still, it is necessary for building on the strengths of this activism and growing this promising coalition. There are important areas where more popular and academic research is needed. Future work should examine the interconnections between social policy, multilevel governance, gender, class, racialization, colonialism, sexuality and ability. It must also bridge the artificial split between health and social policy. These are essential to ensuring that fiscal federalism advances social citizenship for all.

¹² Wood (2013) offers another explanation, a generational one that I find less convincing, but is gaining traction among some in the social policy community. She says that the privileged position of the CHT reflects the priorities of aging baby boomers. While there is not space here to explore this proposition, I believe more thought should be given to the ways in which this CHT/CST divide reflects relations of gender over generation.

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