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**The Contribution of the Social Economy  
Toward Healthy Social Policy Reforms in Canada:  
A Quebec Viewpoint**

**by**

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## Preface

The authors are members of the Laboratoire de recherche sur les pratiques et les politiques sociales (LAREPS) directed by Yves Vaillancourt at Université du Québec à Montréal (UQAM). This paper is a new version of a presentation made by Yves Vaillancourt at the conference on Social Determinants of Health Across the Life Span, held at York University, in Toronto, November 29<sup>th</sup> to December 1<sup>st</sup> 2002. It is also the chapter 8 of the book, edited by Dennis Raphael, *Social Determinants of Health. Canadian Perspectives*, University of Toronto Press, 2004.

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## **Introduction**

This chapter is largely inspired by various studies conducted at the *Laboratoire de recherche sur les pratiques et les politiques sociales* and at the Community-University Research Alliance on the Social Economy (*Université du Québec à Montréal*), as well as in Saskatchewan at Social Policy Research Unit (University of Regina). It has two aims. The first is to highlight how the changing social policies in Canada are a major determinant of the health and well-being of the population. The second is to explain that social economy initiatives (or “third sector” initiatives) can contribute to make social policy reforms, in a context of transformation of the welfare state, more apt at ameliorating the health and quality of life of individuals, families, and communities in Québec and in the rest of Canada.

For us, these two aims are very closely linked. In fact, in the current context of a transformation of the social policies inherited from the welfare state, it seems both from a theoretical and practical viewpoint that a partnership arrangement between the State and social economy stakeholders can contribute to the creation of reforms that will improve social policies and, in turn, enable these policies to have a more positive impact on the health and well-being of the population. To put forward this vision of things, we have analysed some European and Québec examples of social policy initiatives during the last ten years. We know that these experiences are still frail and that they emerged in a global and continental context marked by the enormous influence of neo-liberalism, which encourages all public authorities to transform downward the social programs that emerged during the golden era of the welfare state in Canada (i.e., 1950-1980). These experiences deserve our attention, nevertheless, because the nostalgia for the golden era of the welfare state will not suffice to block neo-liberal proposals in favour of the privatization and commodification of human services. To use the terminology of the Caledon Institute of Social Policy, we can say that the improvement of tomorrow’s social policy requires a “new policy architecture” (Battle and Torjman, 2002). As says Ken Battle: “We need a new ‘architecture’ for social policy [...] to invigorate both the redistributive and human capital development capacities of Canadian social policy” (Battle in Battle, Torjman and Mendelson, 2002: 2).

However, contrary to the Caledon Institute and to the mainstream of social policy research in English-Canada, we are not content with analyzing the social policy initiatives of the federal

government. While we take these into account, of course, we place a much greater emphasis on the initiatives of the provincial and territorial governments, and in particular on the case of Québec. In fact, it is too frequent to forget that in the Canadian federal system social policies are the responsibility of both *orders* (not *levels*) of government: the federal government on one side and the provincial and territorial governments on the other. Also often forgotten is that the latter have, according to the Constitution, stringent duties regarding social policy. Another oversight is that social policy innovations often originate in the provinces rather than in Ottawa (Noël, 2003; Vaillancourt, 2003b; Bach, in Puttee, 2002).

The chapter is comprised of three parts. The first part offers a theoretical examination of the links between social policy, the social economy and the determinants of health. The second part looks at the re-engineering of federal social policy conducted during the 1990's with a focus on the impact of this process on provincial policies. In the third part, we look at the specific contribution of social economy organizations and enterprises in some recent Québec social policy reforms. We then focus on four particular areas of social policy: occupational integration, early childhood/day-care services, social housing, and home care services.

## **Part 1      Social Policy, Social Economy and Social Determinants of Health**

The argument we are making is to suggest that the improvement of social policy at this time can and should be made via a new alliance between the State and the stakeholders from the social economy (or third sector). To clarify this argument, it is important to look back at the definitions of *social policy* and the *social economy* within a theoretical framework that goes beyond the bipolar “market vs. State” approach.

### **A Multipolar Versus a Bipolar Model**

The mainstream trend in Canadian and Québec literature (be it progressive or conservative) on social policy and on Health reform is caught up in this bipolar framework. Despite the fact that the third sector is now referred to in the literature with genuine interest and often in a positive fashion, we do not observe a real recognition of the sector as a significant capacity builder to be taken into account in health and well-being policy making. In Canada as in Québec, the important work of community organizations is still too timidly acknowledged (Gouvernement du Québec, 1992; Forum national sur la santé, 1997a et 1997b; Commission Clair, 2000; Groupe Arpin, 1999; CSBE, 2002).

Many actors in the public health sector in Québec, although convinced of the importance of the social determinants of health and well-being such as poverty, housing, education and employment are, to this day, unable to comprehend fully that the actors of the social economy are key allies especially when non-medical determinants of health and well-being must be taken into account. Consequently, the social economy is still far from full recognition as a potential partner in a new development model.

With a growing number of analysts we find that this dual State/Market framework is old fashion for it ignores important parts of our social and economic reality such as the social economy, but also the domestic sphere where women, unfortunately, still play the major role in the area of health and social care.

In our work, we regularly put forward the idea that the social economy is one pillar of a plural economic development model. As does Polanyi (2001), we consider that the economy

must be envisioned as plural and must be articulated around three major poles (the market economy, the non-market economy and the non-monetary economy) and four governing principles that interact with each other and whose relative importance varies in time and place. These economic principles are efficiency, territorial redistribution, reciprocity, and household management (i.e., home economics). Four sectors of economic activity, each dominated by one of the three poles specified earlier, can thus be identified: the market, the State, the social economy and the domestic sector.

### **A Definition of Social Policy**

Social policy can be viewed as State and government interventions that contribute to the well-being of individuals and communities and foster full citizenship. Social policy programs are permitting, through State interventions, to redistribute income, to offer collective human services and develop individual and collective citizenship.

With Esping-Andersen (1999, 2000), we insist upon the fact that these State and governments interventions are aiming to counterbalance the negative effects of the market economy rules (hence these policies are working toward “de-commodification”) and to avoid the possibility of transferring too many responsibilities on the shoulders of the domestic sphere which are mainly on women’s shoulders. In that respect, social policy have are also working toward “de-familiarization.” In other words: “Social policy begins where the laws of the market and the virtues of family and domestic solidarity cannot guarantee to individuals and communities the quality of life to which every citizen has a right” (Vaillancourt, Caillouette and Dumais, 2002: 30; Vaillancourt, 2003a).

Social policy is a question of well-being and citizenship, of financial resources and dignity, of income distribution and access to services and, most importantly, of participation or empowerment of people and communities. In a post-welfare State period, it is important to insist on this “support to full citizenship” aspect in a definition of social policy. Of course, social policies are about income support and services that the State should provide to citizens, especially the most socially and economically vulnerable ones, but they must be about more than that. Otherwise, the citizens being served will remain only at “the receiving end,” as recipients or beneficiaries (Beresford and Holden, 2002). In our definition of social policy, we would like to break the wall that separates the producers and the users of social policy in

the welfarist model. We aim at a new architecture that enable the citizen-users to participate in the production, management and evaluation of social policy and, in so doing, to develop as citizens capable of self-determination and empowerment (Roehrer Institute, 1993; OPHQ, 1984; Fuchs, 1983; Jetté et al., 2000; Vaillancourt et al., 2000; Jetté, Lévesque and Vaillancourt, 2001). It is precisely because full citizenship is at stake that social policy cannot solely rely on State intervention and need that an alliance be struck with the initiatives of the social economy. To visualise this link between the social economy and social policy we have to remember that policy reforms can produce system configurations in which the State assumes key responsibilities in terms of setting standards and funding, without always having to be directly involved in the management and provision of services. In other words, having social economy organization as service providers does not mean that the State has to abandon its regulation and funding roles. This model is found, for instance, in the reform of early childhood day care centres (CPE) in Québec.

Therefore social policy is about State and government intervention, but not exclusively. While the theoretical approach of Esping-Andersen takes the State, the market and the family into account, it unfortunately neglects to consider the contribution of the social economy (or third sector), that is to say the initiatives of the civil society that can collaborate with State intervention for the common good. It is in Jean-Louis Laville and Marthe Nyssens (2001) recent book on social services for the elderly that we find an interesting theoretical contribution explaining that social policy are increasingly in interaction with social (or solidarity-based) economy initiatives. These authors emphasize that the history of the Welfare State and that of the non-profit sector are closely intertwined, the two having contributed to the “de-commodification” of social services, including services to senior citizens.

This fact is important if one wants to understand the evolution of social policy. The decrease of the importance of the market and of the family in the sphere of social services and social policy cannot be attributed only to the increase in the role of the public sector. It also stems from an increasing presence of the non-profit sector and a growing recognition of its contribution by the State that manifests itself by a growing cooperation between the State and the third. Historically the interaction of the State with the social economy has contributed

widely to the development of social policy. Our particular interest with the social economy lies in its capacity to democratize social policy through the double empowerment of workers and users of personal services.

### **A Definition of Social Economy**

In this chapter, we used the terms *social economy* and *third sector* as more or less synonymous even though we are aware (see Vaillancourt, 1999) that we can find in the literature some fine distinctions between the notion of social economy and other concepts like *voluntary sector* or *non-profit sector* that are probably more familiar to English-Canadian readers (see CCP, 2003; Jolin, Lévesque and Vaillancourt, in CCP, 2003: Appendix D).

In Québec, the term *social economy* is now widely used and refers to a vast array of enterprises and initiatives, mostly from the non-profit sector, including advocacy groups, voluntary organizations, other community-based organizations (CBOs), as well as cooperatives. The definition of the social economy that has been adopted in Québec since 1996 is broad, with an emphasis on values, and is inspired from Belgium. This definition encompass older form of social economy realities dating back to the 19<sup>th</sup> century as well as new forms of initiatives that emerged in the 1970s, often referred to as the “new social economy” (Lévesque, Girard and Malo, 1999; Lévesque and Ninacs, 1997).

Since the middle of the 1990s, the term *social economy* has thus been widely used in Québec. At the Economic and Employment Summit of 1996, attended by representatives of the government, business, labour, the women’s movement and community-based organizations, consensus was achieved over a five-element definition of the social economy (Chantier de l’économie sociale, 1996 and 2001).

### **BOX 1: Defining Features of Social Economy Organizations**

Social economy organizations produce goods and services with a clear social mission and have these ideal-type characteristics and objectives:

- The mission is services to members and communities and non-profit oriented;
- Management is independent of government;
- Democratic decision making by workers and/or users;
- People have priority over capital;
- Participation, empowerment, individual and collective responsibility.

*Source: Chantier de l'économie sociale, 1996 and 2001*

This definition is appealing because it makes room for both community-based organizations and social enterprises that sell some goods and services on the market (D'Amours, 2002). The term *social economy* is not widely used in the English-speaking countries. Until recently, it was rarely used in English Canada although some literature acknowledges the term (Quarter, 1992; Quarter, Mook and Richmond, 2003; Shragge and Fontan, 2000). More often used concepts in Canada are that of third, voluntary or non-profit sectors. A major problem with these concepts is that they exclude cooperatives, as it has been the case in the prestigious international research program led by Lester Salamon (Salamon et al., 1999). If we were to choose an expression used in the English language literature that better befits our definition, we would, with Taylor (1995: 214) and some Irish authors (Donnelly-Cox, Donoghue and Taylor, 2001), prefer the term "Voluntary and Community Sector" to the expressions voluntary sector used in English-Canada, or non-profit sector frequently used south of the border. In our view these terms are too limited in their scope, the first one insisting on organizations relying mostly on voluntary or unpaid work, while the second term exclude social enterprises such as cooperatives.

Social economy organizations are distinctive because of their values and rules. Their approach to social policy issues can be of great interest to policy makers as partners in service delivery and as a model of user, worker and community empowerment. Be it through the democratic rules that govern them (one person, one vote), through the values of solidarity, autonomy, reciprocity and self-determination that inspire them, through the ends that they pursue, through their contribution to social and economic networking, through their capacity to create jobs (paid or voluntary) or through the empowerment of users and workers that they favour, social economy initiatives are capable of contributing positively to the health and well-being of individuals, families and communities<sup>1</sup>.

Whatever the terms used – *social economy*, non-profit sector, third sector, voluntary sector – the reality that is covered “is deeply rooted in the social, economic, political and cultural history of a society, the conditions in which it emerges and the role that it currently plays will necessarily vary from one province to another” (Vaillancourt and Tremblay, 2002: 164). Hence, we must focus on both quantitative aspects (e.g., the scope of the sector) and qualitative aspects (e.g., relationships with the State) when looking at the role of the social economy in social policy reforms.

Today’s social economy organizations play a major role in many spheres of economic and social life. Box 2 offers a list of activity areas in which the social economy is present. Table 1 suggests that the social economy family defined broadly in Québec is involving more than 11,151 enterprises and organizations and more than 159,000 jobs.

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<sup>1</sup> We insist here on the *capacity* of the social economy to contribute to progressive social policy reforms. We do, however, recognize that the social economy can also be used in neo-liberal or even neo-welfarist transformations (Vaillancourt and Favreau, 2001; Vaillancourt, 2003b : 162-168; Vaillancourt, Aubry and Jetté, 2003 : 30-31). The possibility to use the social economy in a neo-liberal fashion has been clearly demonstrated by the government of Mike Harris in Ontario (see Browne and Welch in Vaillancourt and Tremblay, 2002 : chap. 4). Alternatively, a neo-welfarist use of the social economy is emerging in the case of Saskatchewan (see Thériault and Gill in Vaillancourt and Tremblay, 2002: chap. 5).

**BOX 2 : Social Economy Areas of Activities**

- Health and social services
- Labour market integration
- Media and information technologies
- Popular education
- Sports and recreation
- Tourism
- Advocacy
- Cultural activities
- Land management
- Environment and recycling
- Local and regional development
- Fair trade
- Financial services (credit unions)

**Table 1 : The Social Economy in Québec – 2001**

<i>Type of Activity</i>	<b>No. of Organizations</b>			<b>No. of Employees</b>		
	<b>COOPs</b>	<b>NPOs</b>	<b>TOTAL</b>	<b>COOPs</b>	<b>NPOs</b>	<b>TOTAL</b>
<b>Commercial</b> <sup>1</sup>	3,210	3,941	<b>7,151</b>	79,222	45,080	<b>124,302</b>
<b>Non-commercial</b> <sup>2</sup>	---	4,000	<b>4,000</b>	---	35,000	<b>35,000</b>
<b>TOTAL</b>	3,210	7,941	<b>11,151</b>	79,222	80,080	<b>159,302</b>

1. Partly or wholly commercial. Chantier de l'économie sociale, *L'Économie sociale en mouvement*, novembre 2003, p. 6.

2. Wholly non-commercial. Estimates prepared by the Laboratoire de recherche sur les pratiques et les politiques sociales (LAREPPS).

## **Double Empowerment of Users and Workers**

What is particularly interesting in social economy organizations is the possibility offered by their legal attributes to empower users and to democratize work organization and the way services are organized in order to empower workers. We do not want to infer that for-profit and public sector organizations are by nature not able to empower workers and users or to put forth a democratic work organization, nor do we want to infer that such practices can be found, in a perfect form, in all community-based organizations. However, we believe that community-based organizations and other social economy organizations have a comparative advantage over public and for-profit organizations in this area since their rules and values are better adapted to and favour such practices. Hence the notion of double empowerment is key in our analysis.

## **Social Economy and Users' Empowerment**

Social economy encourages individual and collective empowerment of users of social policy and services. The case of disabled people is particularly enlightening in this area and the work of the Independent Living Movement is most conclusive in this regard. In fact, the empowerment of these people as consumers of services was developed through a trend that can substantiate reflection on social policy-making in general.

The Independent Living Movement that started in the U.S. in the late 1960s puts forward the rights of disabled people to live an "ordinary life" as do people without a handicap and insists on treating people with disabilities as citizens (Ramon, 1991). The movement aims at increasing the autonomy of disabled persons in order that they make the decisions that concern them. The philosophy of the Independent Living Movement rapidly became an example for other advocacy groups defending the rights of vulnerable segments of the population: native groups, women's groups, ex-offenders, drug addicts, gay/lesbian rights groups, welfare rights groups (Fuchs, 1987; Boucher in Vaillancourt, Caillouette and Dumais, 2002: chap. 2 and 3).

In Canada, the Roeher Institute and the network of Independent Living Resource Centres have contributed to put in place and popularize this approach which has been cited in different federal and Québec publications since the beginning of the 1980s (Office des

personnes handicapées du Québec, 1984; Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998). The Independent Living Movement encourages self-management. As Don Fuchs says:

Disabled people through their experience in being disabled, best know the needs of disabled person: support services should be based on consumer-controlled policies; the focus of services is to change the environment and not the individual; the goal of services is integration into the community; the disabled individual can help him/herself through helping other disabled people. (1987: 193).

When disabled persons take charge of the organization of services at the user end, the empowerment is individual and collective. Disabled persons that join and engage become social actors capable of developing and investing CBOs to defend their interests and influence social policy.

This vision and way of doing is totally different from the old progressive framework of “welfarist” policy reforms that consider users solely in positions recipients of social policy. The new approach shatters the traditional structure where the user “demands” and the provider “supplies” social policies. It convenes users and providers to cooperate in a mutual elaboration of supply and demand (Laville, 2000).

### **Social Economy and Workers’ Empowerment**

It is today recognized that a certain number of conditions that affect life and work, such as social and economic exclusion, unemployment and poverty, have a negative impact on the health and well-being of individuals and can lead to lower life expectancy. On the other hand, having a job, doing meaningful work, having a certain amount of autonomy in one’s work and benefiting from varied and rich social relations in the workplace and in the community generally have a positive impact on the health and well-being of individuals and families.

It is generally admitted that work has a complex influence on the health and well-being of men or women whether they have a job or are deprived of one. Although work may have downsides and contradictions, it is a fundamental activity that facilitates time structuring, and creates opportunity for social relations. It consolidates self-esteem, gives access to identity, security and human contact (Mercier et al., 1999; Lauzon and Charbonneau, 2001; Charbonneau, 2002, 2004). Even though it has been demonstrated that these factors play a very important role in the case of people suffering from mental illness, they can also

contribute positively to improve the health and well-being of individuals who do not suffer from any specific medical problems.

Moreover, the empowerment of workers is a factor that improves the quality of life in the workplace. Anti-democratic relations increase chances of burn out and undermotivated personnel. These relations are at the origin of a growing number of health and safety issues in the workplaces of modern societies. When, in a workplace, the organization of production relies on the intelligence and the responsibility of workers, these workers will tend to mobilize their imagination, their efforts and their know-how in order to meet production goals. In such a system, work is healthier, profitable and productive.

Evidence shows that stress at work plays an important role in contributing to the large differences in health, sickness absence and premature death that are related to social status. Several workplace studies in Europe show that health suffers when people have little opportunity to use their skills, and low authority over decisions. Having little control over one's work is particularly strongly related to an increased risk of low back pain, sickness absence and cardiovascular disease. (World Health Organization, 1998: 16).

On the other hand, when the organization of production is characterized by an increasing number of controls and regulations, by a reduction of workers' autonomy and freedom, by process fragmentation and standardization, there is a loosening of solidarity and identity ties within the workplace. In this context, the organizational culture of the social economy can form a basis that will help to democratize workplaces and, at the same time, make them safer and healthier for those who work in them.

## **Part 2      The Re-engineering of Federal Social Policy During the 1990s**

We are not going to attempt to draw a complete picture of federal social policy here. We will, however, identify a few characteristics in the transformation of these social policies during the 1990s in order to better understand their impacts in Canadian citizens and on the public finances of provincial and territorial governments. Taking into account federal initiatives is particularly important to get a sense of the margin of manoeuvre available to Québec and the other provinces in their own social policy reform during the 1996-2003 period. By looking broadly at some elements of the federal government's strategy to balance its budget, we can observe that a number of federal social programs underwent a significant overhaul.

The federal government's strategy to eliminate the deficit was announced unilaterally in Paul Martin's Budget speech of February 27, 1995. We say "unilaterally" because the announced decisions were not the result of any federal-provincial consultation process. To the contrary, they had been hidden during 1994 by official discussions on the Axworthy reform "for improving social security in Canada." This publicly debated reform, supported by the publication of official documents, had occupied the mind of citizens and advocacy groups while the real reform was being prepared, under wrap, in the Department of Finances.

In Lloyd Axworthy's Green Paper of the Fall of 1994, the federal government had identified programs that were not targeted for revisions: "[...] Old Age Security (OAS), the Guaranteed Income Supplement (GIS), the Canada Pension Plan (CPP) and federal support to health care which are outside the scope of this review (Axworthy, 1994: 12). The targeted programs included the Unemployment Insurance (UI), the Child Tax Benefit (introduced in 1993 with the end of universal family allowances), the Canada Student Loans Program, the Established Programs Financing (EPF), the Canada Assistance Plan (CAP), and the Vocational Rehabilitation of Disabled Persons (VRDP) program (Axworthy, 1994: 12). The Axworthy Green Paper was mute on the abolition, since 1993, of federal grants to share the cost of provincial programs aimed at establishing new social housing units. This federal abandonment in the field of social housing was going to be extremely painful for the provinces during the 1990s and be a major de-incentive for them to enter into new social housing initiatives (Vaillancourt et Ducharme, 2001).

We know now that the list of non-targeted programs was respected as far as the CPP and social security programs for the elderly (OAS, GIS and spousal benefit). These important direct intervention federal programs largely remained the same during the period. Accordingly, benefits provided to Canadians by the CPP reached \$20.5 billion, in 2003, and \$27 billion for the three other federal programs for the elderly. However, contrary to what had been announced by Axworthy in 1994, the federal support to health care was going to be affected by the Martin's reform. As for programs identified by Axworthy as targeted by his reform, there were in fact touched. But the *modus operandi* to be followed by the Department of Finance in social policy reform in 1995 was considerably different than that proposed in 1994 by Human Resource Development Canada (HRDC).

The deficit reduction strategy announced by Finance Minister Paul Martin in February 1995 was to take effect April 1<sup>st</sup>, 1996. The application of this very harsh medicine one year after its announcement, gave only a brief respite to Canadians. The aim of this strategy was to gradually reduce the deficit from \$42 billion in 1995 to zero within a four-year period (i.e., from April 1996 to March 2000). The goal was in fact reached as early as 1997-98 when the federal government posted a \$3.8 billion surplus. The strategy operated in three main ways:

- A reduction of the size of the federal public service.
- A drastic transformation of Unemployment Insurance (now Employment Insurance) that tended to increase the amount of premiums collected and to decrease the benefits paid. This permitted to the E.I fund to move away from its \$6 billion deficit position at the start of the 1990, to the accumulation of a \$40 billion surplus between 1996 and 2002! This transformation helped in balancing the budget two years earlier than expected and turned the E.I. into a revenue-generating machine to fight the deficit on the backs on the unemployed workers. The reform was to do much good to the finances of the federal government and create major aches for the Canadian workers most exposed to the risk of unemployment, such as women, youth, casual workers, and Maritimers (Vaillancourt, 1996; Vaillancourt, 2003b).
- A transformation of social transfer payments to the provinces and territories. In terms of scope, this transformation meant a reduction of cash transfers of about 30 % over two fiscal years (from April 1996 to April 1998) (Vaillancourt, 1996). It is only in 2003 that cash transfers got back to where they were in 1994! These transfers serve to co-finance provincial and territorial programs in the area of health, post-secondary education, income security, and social services. The end of CAP (a classic *cost-sharing* program funding income security and social services) and the EPF (a *block funding* program funding health services and post-secondary education) gave birth to the Canadian Health and Social Transfer. With the CHST, block funding (a type of demo-grant approach) has won the day over the cost-sharing method that was based on the real expenditures made by the provinces.

This federal strategy was tremendously effective, bringing a balanced budget early and easily. Surpluses have been realized during six consecutive years, from 1997-98 to 2002-03. However, the strategy adopted has caused major problems to the provinces and territories. Hence, the current debate on the fiscal imbalance when the federal government tries to hide large surpluses while the provinces experience great difficulties in balancing their own budgets (Noël, St-Hilaire and Fortin, 2003; Noël, 2003; Vaillancourt, 2003b).

Attending its own deficit objective while placing the provincial government in a difficult posture, the federal government has also maintain its image as the keeper of the national standards in discussions regarding health care and social services reforms. In time, the federal contribution to the health expenditures of the provinces has decreased to about 15 % according to estimates presented by Monique Jérôme-Forget (1998), formerly from the Institute for Research on Public Policy. The federal-provincial health funding agreements of September 2000 and February 2003 will ease the problem, without solving it (Noël, St-Hilaire and Fortin, 2003).

In this context, it is paradoxical to see the federal government multiply attempts since 1997 to launch (often unilaterally) new targeted social policy initiatives in high-visibility areas of provincial jurisdiction. These initiatives are sometimes indirect (as in the area of homelessness), but most often take the form of direct interventions (Millennium Scholarships program, Canada Research Chair, Canadian Institute for Health Research, Canadian Fondation for Innovation, compassionate leaves under E.I.).

It is in this context also that the federal government has, starting in 1997, transformed the Child Tax Benefit into the National Child Benefit and doubled (since 2000) the amount available to a maximum of \$2,422 per child in November 2002. The Caledon Institute has often saluted this reform “as the most promising social policy innovation” of the current period, while arguing that the amount should be increased to \$4,400 per child to offer an adequate answer to child poverty (Battle, Torjman and Mendelson, 2002: 2-3; Battle and Torjman, 2002; Mendelson and Battle, 2003).

To complete an overview on the transformation of federal social policy in the last decade, we would need to touch upon programs for First Nations people, veterans, and persons with

disabilities. We would also need to talk about SUFA as we have done elsewhere (Vaillancourt, 2003b) which would enable us to emphasize the innovative character of the federal discourse in the area of social policy of persons with disabilities. This originality is found, for instance, in the document *In Unison* (Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998). There, much attention is given to the issues of full citizenship and participation, as is the case in our definition of social policy presented in Part 1 of this chapter. Yet, it is difficult to implement this new vision both in federal and provincial social programs, as can be seen by the traditional approach taken in the Employability Assistance for People with Disabilities (EAPD) that has replaced the Vocational Rehabilitation of Disabled Persons (VRDP) since 1998.

In a general fashion, we can say that federal social policy has not been very innovative. Of course, some major programs for the elderly, the veterans, retired people and poor children have continued to offer an important social protection to individuals and families. But the architecture of these programs remained rather welfarist and characterized by central State planning and hierarchical management with little attention paid to the democratization process based on the double empowerment mentioned earlier in Part 1. In sum, the governance model for federal social policy remained impervious to the empowerment of users and employees directly concerned by the services offered. Moreover, the re-engineering of social transfer payment programs, of the E.I. system, and in the area of social housing is framed into a neo-liberal model. This tends to act as a negative determinant on the health of citizens and on the fiscal reality of the provinces.

### **Part 3      Contribution of the Social Economy to Québec's Social Policy Reforms**

In this part of the chapter, we are examining recent Québec social policy reforms with an emphasis on the contribution of the social economy. By so doing, we want to show that the federal re-engineering discussed in Part 2 has an influence on the social policy initiatives of the provinces and territories, but without controlling them totally.

This observation would be better empirically established if we had the space here to pay attention to contribution of the social economy to social policy reforms in many provinces, as we had done elsewhere (Vaillancourt et al., 2000; Vaillancourt and Tremblay, 2002). We could better see then the variations in the role of the social economy in social policy reforms across Canadian provinces.

Because we do not have the space required to use inter-provincial comparisons, we are limiting ourselves to the Québec case to demonstrate how social policy can be reformed outside a neo-liberal framework. While we recognize that neo-liberalism has been influential in Québec long before the arrival of the government of Jean Charest, our argument is that recent reforms in the province are indicative of the tentative emergence of a more democratic and solidarity-based model of social policy. Here are briefly four concrete examples of social policy innovations to which the social economy has contributed greatly.

#### **Occupational Integration**

We have stated previously that having a job is one of the most significant social determinants of health (World Health Organization, 1998). Work gives structure to one's life and enhances social relations. Following the economic crisis of the early 1980s, unemployment became a critical social and economic issue in Canada that devastated the more vulnerable groups of the population such as school drop-outs, single mothers, physically or mentally disabled persons and individuals dealing with mental health problems.

In Québec, social policy in this area is operationalized through public agencies such as *Emploi-Québec* that offer programs to promote learning, occupational integration and

employment services. In reaction to the job crisis and echoing the State policies, many community-based organizations are involved in creating jobs and developing employment services targeted to victims of social exclusion. These new social economy organizations often offer products or deliver services at the local level and provide social services with a different set of skills, objectives and rules than those of the State or the private, for-profit sector (Larose et al., 2003). In this area, the contribution of community economic development is increasingly acknowledged. For example, the well-known federal-provincial paper *In Unison* explicitly underlines the contribution of community economic development (a component of social economy) to labour market integration of persons with disabilities.

Opportunities for enhancing the integration and employment of persons with disabilities also could be explored through support for community economic development (CED) and self-employment. CED is an approach to local economic development that combines economic and social goals.

(Federal/Provincial/Territorial Ministers Responsible for  
Social Services, 1998: 24)

In the area of job integration, the case of people with mental health problems in Québec is interesting. Since 1987, research by *Santé Québec* indicates that psychological despair and problems related to drug or alcohol addiction have increased. It is estimated that 500,000 people suffer from mental illness in the province – depression, manic depression, schizophrenia (CSMQ, 1997). These problems are critical for youth, and many of them face major obstacles integrating into the labour force.

For over a decade the Québec Health and Social Services Department has indicated in its policy objectives the crucial importance of work for people with mental health problems: “[...] integration to a socially productive activity such as work is, among other things, a process toward building an identity, a status, a role and finally a reconciliation with the social sphere that is identified as carrying certain determinants of health”. (Charbonneau, 2004).

*Accès-Cible (Santé Mentale et Travail)* is a good example of a new social economy organization that offers various job integration activities to individuals that have mental health problems. Over the last 14 years, *Accès-Cible (SMT)* welcomed over 800 persons in group workshops, office skill learning, employment services and professional training

practice. Some 60 % of participants found a job that helped them take better control of their life and health (Dumais, 2001).

As other organizations of the social economy, this innovative practice that stemmed from the community contributes to the well-being of citizens with a different approach than that of public institutions. However, their objectives are similar and a partnership between the State and the social economy appears natural and fundamentally constructive.

Despite the positive returns of their efforts, organizations like Accès-Cible often deplore the lack of recognition of their role in supporting social policy. To continue to work adequately they require a long-term financial contribution from the government. Social economy initiatives in the fields of health and welfare constitute part of the solution to the crisis of the Welfare State and of the labour market (Vaillancourt, 1999). However this innovative part of the solution cannot act alone. A plural social development model, in our view, is one where society is built upon all the components or pillars aforementioned.

### **Early Childhood Day-Care Services**

The social economy model has been determinant in the construction of Québec's day-care services for pre-school children. Today's universally subsidized program is the result of numerous experimentations and struggles conducted by social movements and community-based organizations since the end of the 1960s (Aubry, 2001). These grassroot groups argued that a locally-run, but centrally financed, day-care structure was the best approach to allow women to pursue professional activities and to ensure that all pre-school children evolve in a healthy and stimulating environment.

In the 1960s and 1970s, "subsidized day-care services were viewed as a social welfare measure and were restricted to underprivileged recipients, unrelated either to a woman's right to work or to educational planning for young children" (Vaillancourt et al., 2002: 38). As the number of women joining the labour force increased, the demand for day-care services also grew substantially. On one hand, the private for-profit sector was active in responding to the needs of parents who could pay for day-care services while, on the other hand, civil society established a number of affordable neighbourhood day-care centres based on the social economy model of non-profit and democratic rules.

In 1979, the Québec Government recognized the principle of collective responsibility for day-care and granted a two dollars per day subsidy for each authorized day-care space. This opened the door to further universalize day-care services.

In the 1980s and 1990s more institutionalization took place in Québec with the development of spaces and public funding. By then, most of the services were provided by independent non-profit organizations. The 1997 Québec Family Policy constituted a major reform in this field. At that time, the State confirmed its preference for non-profit day-care and announced that day-care services would become universally available for a minimal fee of five dollars per day per child to be paid by parents (Vaillancourt et al., 2002: 38). This innovative program stimulated an increase of day-care spaces from 58,000 in 1997 to 150,000 in 2003. Early childhood day-care centres employ 24,000 people in 2003 compared to 12,000 in 1997, making them the third largest employer in Québec outside of the public sector.

The non-profit orientation of these day-care centres is a distinguishing feature of Québec's program. Another distinctive feature of the system is the control of parents on the board of directors of each community day-care centre. Worker representatives are also present on these boards. The democratic participation of users ensures that the service corresponds to the needs of the children and remains independent from the State. In our view, this empowering environment is a positive determinant of well-being not only for children and parents but also for the entire community.

Concerning health and well-being, it appears that early involvement of pre-school children in day-care programs has a positive impact on their future. The World Health Organization (WHO) notes that: "important foundations of adult health are laid in early childhood" (WHO, 1998: 12). The WHO indicates that early-life policy should (among other things) aim to "introduce pre-school programmes not only to improve reading and stimulate cognitive development but also to reduce behaviour problems in childhood and promote educational attainment, occupational chances and healthy behaviour in adulthood" (WHO, 1998: 13). The importance of these programmes is particularly crucial in the case of vulnerable populations.

A consensus now exists that day-care and its costs are not a responsibility of parents alone but of society as a whole. The day-care system in Québec is made up mainly of non-profit

organizations providing services in the public interest that are controlled by local stakeholders and financed by the State (85 %) and by the contributions of the parents (15 %). This is an eloquent example of social economy principles that attain various social policy objectives.

### **Homecare Services**

The Québec Government recognizes that remaining in one's natural living environment constitutes a positive factor towards health and well-being (MSSS, 1992). For people experiencing temporary or permanent incapacities, staying at home implies numerous support services to ensure good living conditions. Generally these home support services are provided by public sector actors – *Centres locaux de services communautaires* (CLSC) – and private sector agencies. However, social economy agencies now play a growing role, particularly in dispensing homecare services such as home maintenance and meal preparation.

Community-based organizations that are active in domestic services have evolved significantly in recent years. Since 1997, social economy organizations account for a large part of home service provision. The sector now consists of 6,000 workers in 103 community-based organizations that offer services to 62,400 clients across the province. With a non-profit or a cooperative status, these entities operate according to the rules and principles of the social economy, namely democratic management, user and worker empowerment, and priority of people and work over capital. While they generate revenue through billing their clients, they depend largely on State funding. In this context, a 36 million dollar State financial assistance program for home services offers citizens a revenue-linked financial support to pay for domestic services offered by a recognized social economy organization (ministère de l'Industrie et du Commerce, 2002).

Social economy enterprises in this area provide specific domestic services (light and heavy cleaning and maintenance, non-diet meal preparation, etc.) to an aging population or people with temporary or permanent incapacities. Partnership relations are established with local public sector agencies (CLSCs) in all regions, which ensure exclusivity to social economy home services organizations on their territory. Moreover, the CLSC personnel refer clients that require such services.

However, social economy organizations providing domestic services, like many social economy organizations, must deal with a certain number of difficulties often related to inadequate funding: manpower shortage, low wages and high turn-over (Vaillancourt, Aubry and Jetté, 2003). Nevertheless, the services they offer respond to an increasing need.

For this reason, the State must ensure them an even greater role as partners in this social policy area. The segment of the population over 65 years of age will continue to increase significantly over the next years. Further considerations should be given to the financial commitment the State is ready to make in the domestic service area. If the government considers that the home environment is most adequate in view of its health and well-being policy, and if it believes that community-based organizations can ensure quality services in which users and producers have a say, then more resources must be allocated for them to do so.

### **Social Housing**

Housing is a major determinant of health and well-being (MSSS, 1992). As Pomeroy (1996: 42) noted: “Health and welfare are connected to the presence of support networks, opportunities to participate, controlling the elements that affect one's life and the ability to stay in a stable community. These elements are closely linked to the housing environment”.

Social housing policy is an element of any integrated social policy. In Québec, the social economy's input in the transformation of social housing policy and practices has been significant. In the field of housing, three types of actors are involved on the Québec scene (Vaillancourt and Ducharme, 2001). Firstly, there is the private sector comprised of the owners of rental properties, boarding houses and apartment buildings. Then, the actors related to public institutions such as the Canada Mortgage and Housing Corporation (CMHC), the Société d'habitation du Québec (SHQ), and the municipal housing offices. Finally, we find the actors of the social economy. There are community-based organizations such as advocacy groups, cooperatives and non-profit organizations that are responsible for a growing number of social housing units. There are also associated actors who provide services or community support to vulnerable residents in their own buildings. There are technical resource groups that offer services such as setting up a non-profit organization, helping residents form a cooperative, providing expert advice and skills, etc.

These social economy actors are very active in Québec in the construction of new social housing units and in redefining social practices in this area. Since the 1960s, 49,000 cooperative and non-profit housing units have been created in Québec, including 7,000 new units developed since 1996 thanks to the Accès-Logis program (Ducharme and Vaillancourt, forthcoming). In comparison, the public housing stock is made of 65,000 units. Of the 20,000 public housing units owned by the Montreal Municipal Housing organization, some 600 are administered by non-profit organizations and cooperatives, and provide community support services (Vaillancourt and Ducharme, 2001).

Innovative practices have expanded during the 1990s in Québec. It is the crisis of the Welfare State that has exposed the limits of the social security system and has forced public sector and third sector managers and practitioners to find new approaches to enhance the quality of life of their tenants and to develop, within public institutions, more democratic practices of governance (Ducharme and Vaillancourt, forthcoming).

Social housing with community support is a good example of innovative practices developed by actors of the social economy. Community organizations and cooperatives have been working with the Municipal Housing Office of Montreal to offer support, personal attention and services to their vulnerable groups of residents. These services are intended for semi-independent seniors, people with mental disabilities or psychiatric problems and victims of domestic violence, for example (Vaillancourt and Ducharme, 2001; Thériault et al., 2001).

Another interesting case is the supplier relation between the Municipal Housing Office of Montreal and the *Fédération des Organisations d'habitation sans but lucratif (OSBL) de Montréal*. In the first year of its creation in 1987, the Housing Office contracted the social economy actors to manage non-profit rooming houses. These housing organizations now administer 192 social housing complexes with community support, and five non-profit organizations offer services to nearly 2,000 housing units in Montreal (Jetté et al., 1998). The community support consists of on-site janitor-supervisors and follow-up visits by community service workers for individuals who have problems of housing instability, substance abuse, mental health, or are HIV-positive. This approach has an impact on the tenants' quality of life. According to Jetté, Thériault, Mathieu and Vaillancourt (1998) such social housing with community support can produce positive impacts for residents in terms of physical environment, safety, social relations, and self-esteem. Indeed, social housing with community

support represents “a viable alternative to institutionalization in a context of the redefinition of the Welfare State, provided that the people who are marginalized receive the support they need in order to be integrated into society (Jetté et al., 1998: 187).

## Conclusion

In this chapter we have taken as a given that social policies are an important social determinant of health. The point is not to ask whether social policies have an impact on health, but if this impact is positive or negative. Those who still doubts the link between social policy and health should study the Great Depression of the 1930s when very few, if any, social programs were in place. It is obvious that the quality of life of hundred of thousand individuals experiencing unemployment was very negatively affected by the absence of social policy.

Hence, the issue is how social policy impact the health of individuals and communities. This is why we focused on the architectural design of current social policy when the welfarist model is undergoing transformation. In Part 1, we touched upon the theoretical definition of social policy by making a large place for State intervention. We also asserted that leaving the State to do everything, like leaving everything to market forces, are two dead ends. Instead, we put forward a multi-polar perspective that argues that the emergence, within the civil society, of social economic activity mindful of citizens participation can contribute significantly to the satisfaction of needs that tend not to be satisfied by the market or the State.

Then, we hypothesized that the initiatives of the social economy, given their great potential for democratization, are capable of an alliance with public service initiatives to counter both the over *commodification* and *familiarization* of human services. This alliance would give a new dynamism to the development of full citizenship of women and men in society, starting by those that are more at-risk.

In Part 2, based on the theoretical foundations presented in Part 1, some key characteristics of the re-engineering of federal social policy were examined. This examination showed that some important program of direct federal government intervention were left mostly untouched. For instance, the income security programs for the elderly, retired persons, and veterans. On the other hand, social housing programs, employment insurance, and transfer payment in cash to the provinces were affected. These reforms produced a diminution of

social protection against risks for Canadian citizens and de-stabilized the budgets of the provinces by reducing their margins of manoeuvre to operate their own social policy reforms. In our analysis of federal social policy reforms, we skipped over the contributions of the social economy or third sector. We could have spoken, for instance, of the federal government's interest in the *Voluntary Sector Initiative* (VSI) since 1999. But, thus far, we cannot say that this new vision has translated itself in operational terms into the social policy reforms proposed by Ottawa.

Finally, in Part 3, we stood by our general view that more attention must be paid to the social policy initiatives of the provinces and territories by examining four recent examples of reforms in Québec. Some innovative characteristics were identified, notably the service delivery and administration roles played by the social economy in parallel to the program planning, funding, and regulating roles assumed by the State.

Of course, the many new provincial governments elected in 2003 will, along with the new leadership in Ottawa, initiate changes that will, again, affect both the directions taken by social policy and the health and well-being of individuals and communities.

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- Vaillancourt, Y., Aubry, F., Tremblay, L., Kearney, M. and Thériault, L. (2003). *Social Policy as a Determinant of Health and Well-Being: Lessons from Québec on the Contribution of the Social Economy*, SPR Occasional Paper, Social Policy Research Unit, University of Regina, Regina.
- Vaillancourt, Y., Aubry, F. and C. Jetté (Eds) (2003). *L'économie sociale dans les services à domicile*. Québec, Presses de l'Université du Québec.
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## **Annotated Readings**

Vaillancourt, Yves and Louise Tremblay (Eds) (2002). *Social Economy, Health and Welfare in four Canadian Provinces*. Montreal/Halifax: LAREPPS/Fernwood Publishings.

This is the first book to analyze the reality of some social economic practices in several provincial jurisdictions, with a focus on issues of health and well-being. It presents the results of a 3-year long collaboration between university researchers from Montréal, Moncton, Ottawa, and Regina.

Vaillancourt, Yves; Aubry, François and Christian Jetté (Eds) (2003). *L'économie sociale dans les services à domicile*. Québec: Presses de l'Université du Québec.

This new book analyzed in details the initiatives of the social economy in Québec in the area of home support services. Eleven experts contribute to an in-depth look at this emerging sector, which is providing services that are key for the quality-of-life of both the elderly and disabled populations.

Fortin, Sarah; Noël, Alain and France St-Hilaire (Eds). *Forging the Canadian Social Union : SUFA and Beyond*, Montréal: Institute for Research on Public Policy.

This book reminds us that the Social Union Framework Agreement (SUFA) and the much-touted health accords of 2000 and 2003 have not succeeded in establishing more constructive and co-operative intergovernmental relationships in Canadian social policy. Recommended particularly to Paul Martin.

Quarter, Jack, Mook, Laurie and Betty Jane Richmond (2003). *What counts: Social Accounting for Nonprofits and Cooperatives*. Upper Saddle River, NJ: Prentice Hall.

This is a groundbreaking contribution to the management of nonprofit and cooperative organizations. This book goes beyond traditional accounting and explains how performance can be measured with more accuracy. It is a must if you are on the board of a nonprofit organization providing human services and you would like to estimate the market value of the work done by the volunteers, or the contributions made by your organization to society.

Shragge, Eric and Jean-Marc Fontan (2000). *Social Economy : International Debates and Perspectives*. Montreal: Black Roses Books.

This book explains that the social economy is generally a local economy, and that local economic realities are worth paying attention to (in Canada and abroad) in an era of globalization. This is because social economy initiatives can help alleviate some negative impacts resulting from the downloading by government of their economic and social responsibilities.

## **Annotated Web sites**

Community-University Research Alliance (CURA) in Social Economy

[www.aruc-es.uqam.ca](http://www.aruc-es.uqam.ca)

The *ARUC en économie sociale* is the largest group of researchers and community partners active in social economy research in Québec. Based at UQAM, it is funded by the Social Sciences and Humanities Research Council of Canada.

Le Chantier de l'économie sociale

<http://www.chantier.qc.ca/>

The *Chantier* is the official voice of the social economy in Québec. This site offers many good links to specific social economy initiatives, and also provided information on the state of the political debates surrounding the social economy in the province.

Social Policy Research Unit (University of Regina)

[www.uregina.ca/spr](http://www.uregina.ca/spr)

The interest for the social economy has already spilled over in English-Canada. At the site from the University of Regina you will find publications and some information about projects on the social economy in Saskatchewan.

Laboratoire de recherche sur les pratiques et les politiques sociales (LAREPPS), Université du Québec à Montréal (UQAM)

[www.travailsocial.uqam.ca](http://www.travailsocial.uqam.ca)

The LAREPPS in the social policy research unit of the School of Social Work at UQAM. Many researchers associated with the LAREPPS are conducting research projects on the social economy, often with collaborators from other Canadian provinces, European countries, or Latin America.

Centre de recherche sur les politiques et le développement social (Université de Montréal).

[www.cpbs.umontreal.ca](http://www.cpbs.umontreal.ca).

The CRPD host an excellent website for those interested in the relationships between public policy and social development, not only in Québec and in Canada, but also in an international comparative perspective.