



# PUBLIC SERVICES

## ***WHO DOES WHAT?***

BY TAMMY FINDLAY AND MARY-DAN JOHNSTON



## Acknowledgements

CRIAW acknowledges its presence and work on Indigenous Territories. We respectfully recognize the legacy of colonization upon Indigenous Peoples.

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## Changing Public Services

Women and Intersectional Analysis (CPS) has been a four-year feminist research project funded by the Canadian Research institute for the Advancement of Women (CRIA W) and the Social Sciences and Humanities Research Council (SSHRC). A Canadian bilingual network of academics, members of labour unions, community groups and individuals worked together to:

- 1) Track changes to public services and public sector employment in Canada since the 2008 global economic recession
- 2) Develop tools to identify and understand the impacts of these changes on different groups of Canadian women over time
- 3) Learn about changes across municipal, provincial and federal government services
- 4) Determine important areas for more research and action

A feminist approach called intersectionality guided the research and helped researchers find ways of working together to learn about the changes in public services and how they affect different women's lives. This and other fact sheets share the findings of this work.

# PUBLIC SERVICES: *WHO DOES WHAT?*

Whether we realize it or not, most of us rely on public services every day. From the clean water you use to brush your teeth in the morning to the roads you travel to bring you home at the end of the day, you use public infrastructure on a daily basis. You might at some point need to draw on Employment Insurance or Social Assistance – programs you and your fellow citizens have been contributing to throughout your working lives. Maybe you go for a weekly swim at your local pool, or like to borrow books or use the computer at your local library. Canadians agree that things like health care and education should be publicly funded and operated. We invest collectively in social and physical infrastructure to make a healthy and engaged life possible for everyone.

However, when we put our public services under a microscope, we can see that broad service areas generally considered to be a public (and therefore social) responsibility are sometimes provided in full or in part by actors in the private and voluntary sectors. It can be difficult to determine exactly *who* does *what* when it comes to service provision. Moreover, even services that are publicly funded and operated involve different levels of government: while funding for a certain service might come from the federal government, it might be the responsibility of the province or the municipality to create and administer the service on the ground, where most people interact with it.

## Acronyms

CFS = Canadian Federation of Students  
ECEs = Early Childhood Educators  
IMW = Immigrant & Migrant Women  
IWG = Indigenous Women's Group  
NSGEU = Nova Scotia Government & General Employees Union  
NSNU = Nova Scotia Nurses Union  
WWDN = Women with Disabilities Network

When we understand *who* does *what*, we become better equipped to ensure accountability, equity, and quality in our public services. Confusion about *who* does *what* creates major barriers to citizen engagement with public services, which can ultimately erode their public character. This fact sheet explores how we define public services, how different levels of government share responsibility for their provision, and why these questions matter.

## Intersectionality and Cascading Effects

One of the objectives of the Changing Public Services (CPS) project is to learn about “cascading effects”, or the ways in which the actions of one level of government or system can spill over onto others, impacting their public services and causing “policy ripples.” This focus stems from a key principle of intersectionality: multi-level analysis.

As Hankivsky explains,

Intersectionality is concerned with understanding the effects between and across various levels in society, including macro (global and national-level institutions and policies), meso or intermediate (provincial and regional-level institutions and policies), and micro levels (community-level, grassroots institutions and policies as well as the individual or ‘self’).<sup>i</sup>

This multi-level analysis is especially important given the complex policy context in Canada. Services in Nova Scotia are provided by the public, private, and voluntary sectors. And in Canada, we have a system of federalism, where responsibilities for different public services are divided between more than one level of government. Even though they each have specific areas of responsibility, there is also a lot of overlap and need for cooperation. Therefore, it isn’t surprising that in our community-based discussions, there was a lot of confusion about *who* does *what*.

## What are Public Services?

One of our first conversations in the project involved trying to figure out what exactly we mean by a “public service”. What makes it “public”? This might seem like a straightforward question, but it is quite complicated because the programs and services that we use in Canada are funded and delivered by a mixture of the public, private and voluntary sectors. Some things are provided directly by government. Some are funded by government, but delivered by the private (for-profit) or voluntary (not-for-profit) sector.<sup>ii</sup> Some services that used to be public have been privatized so that they are now provided by a for-profit company, a voluntary sector organization, and/or unpaid individuals and families (usually women).

We held discussion groups with 73 women from a diversity of backgrounds, communities and organizations.<sup>iii</sup> The conversations included those who self-identify as: Indigenous, non-Indigenous/settler, Canadian citizen, permanent resident immigrant, from a racialized group, from a non-racialized group, heterosexual, LGBT, female, transgender, with a disability, and without a disability. The participants spanned all age groups and were from low to high income levels. Some had children. They were primarily from the Halifax Regional Municipality (HRM), with some from other regions around the province. Some were employed, some were students, and some were unemployed. There were both public service workers and users.<sup>iv</sup>

These participants often spoke about the confusing landscape of services:

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“Well, it’s government funded. Usually when you’re doing these things it’s a lot of private funding but also municipality, provincial and federal funding for that. But you still pay a fee to use those services for the most part” (NSNU).

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“Child Care’s not a public service: it’s private, at least here ... Especially Nova Scotia, it’s very private” (IMWA).

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“It’s different between each province. We are really fortunate in Nova Scotia to have that [post-secondary disabled students department], but eligibility requirements across provinces are really different, so if I lived in New Brunswick for example, I actually wouldn’t qualify for that program. It’s really terrible” (WWDN).

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“the federal government has the largest capacity to be able to tax the people, but then the provinces are the ones made to create the legislation and give out these services with funds that are being given to them by the federal government and then have rules on that, it’s just the whole thing to me just doesn’t make sense a lot of the time” (NSGEU).

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“we have our public health system, immunizations for the past 2 years haven’t been done by our public health nurses, it’s pharmacies, the private for-profit pharmacies...” (NSNU).

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“The part of my intersectionality that’s been affected by the medical system is being out-of-province and being Indigenous. I have two insurances, when it comes to anything medical I have to sit and wait while they make a million calls just to start the process” (CFS).

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This telling exchange took place between a group of students:<sup>v</sup>

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“From what I understand Nova Scotia has added gender reassignment surgery to their list of public health services, and from an outsider view that’s very exciting, do you know how well that’s been working?

From what I know the wait list is about 7 years long, and that there’s one and only one entire clinic in the country that does it so every other province sends everyone there....

In the whole country?

...in the whole country, even if you’re approved...

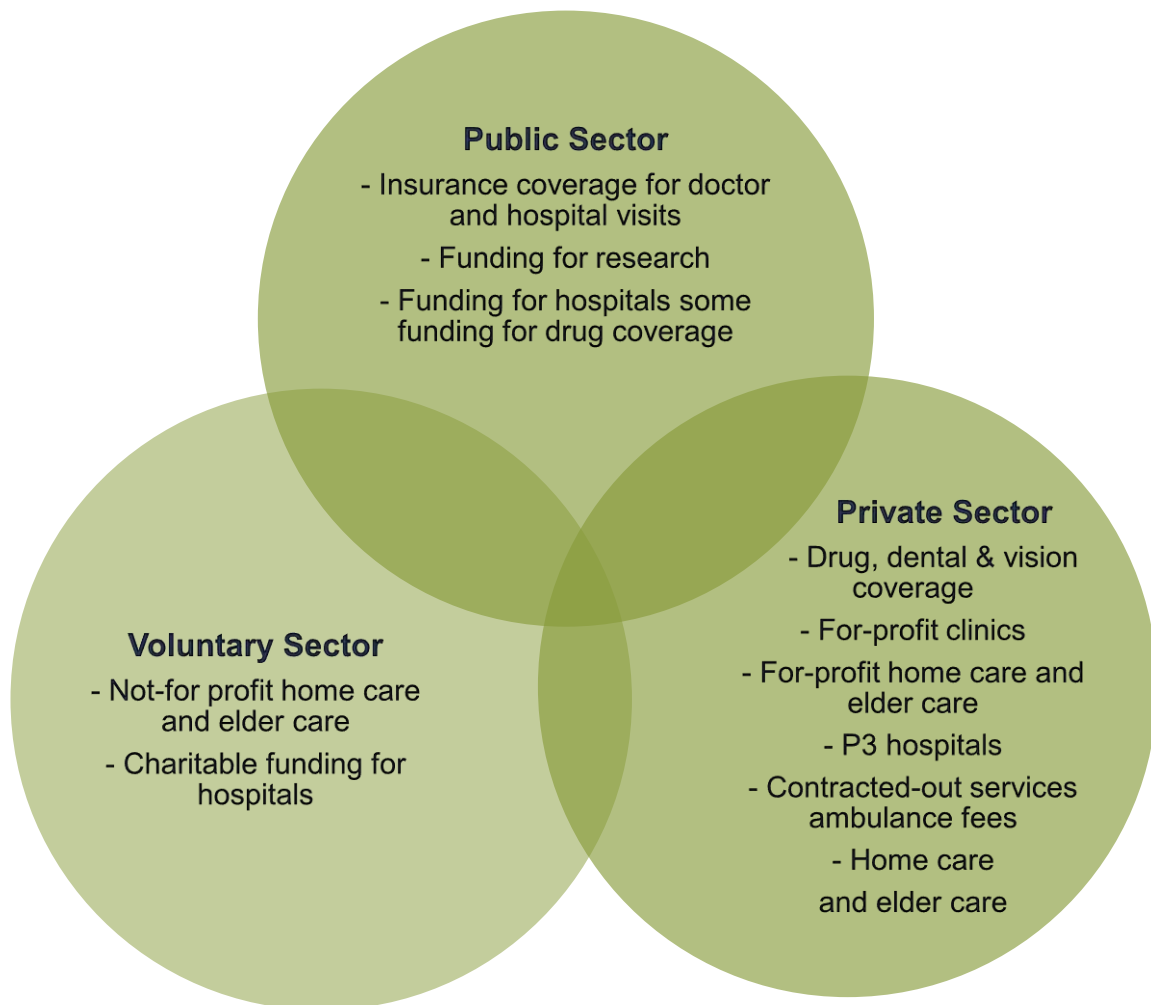
Is travel covered?

...nope, travel’s not covered. You can apply for assistance, it’s going to give you about a grand. But that’s just with Nova Scotia, every province has their own ... it depends on insurance and then everywhere else doesn’t, it’s not federally guaranteed yet. Heck, even having ... protections on the basis of gender identity is still not a federal right because they still keep on weeding that bill out in the Senate. Thank you federal government. It’s still on a provincial by provincial level, your rights to specific protections. But I know people who have taken that step to go through that process, and they’ve paid for their travel and they’ve been happy with the results. But I still know more people have simply gone to the Philippines and gotten it done there” (CFS).

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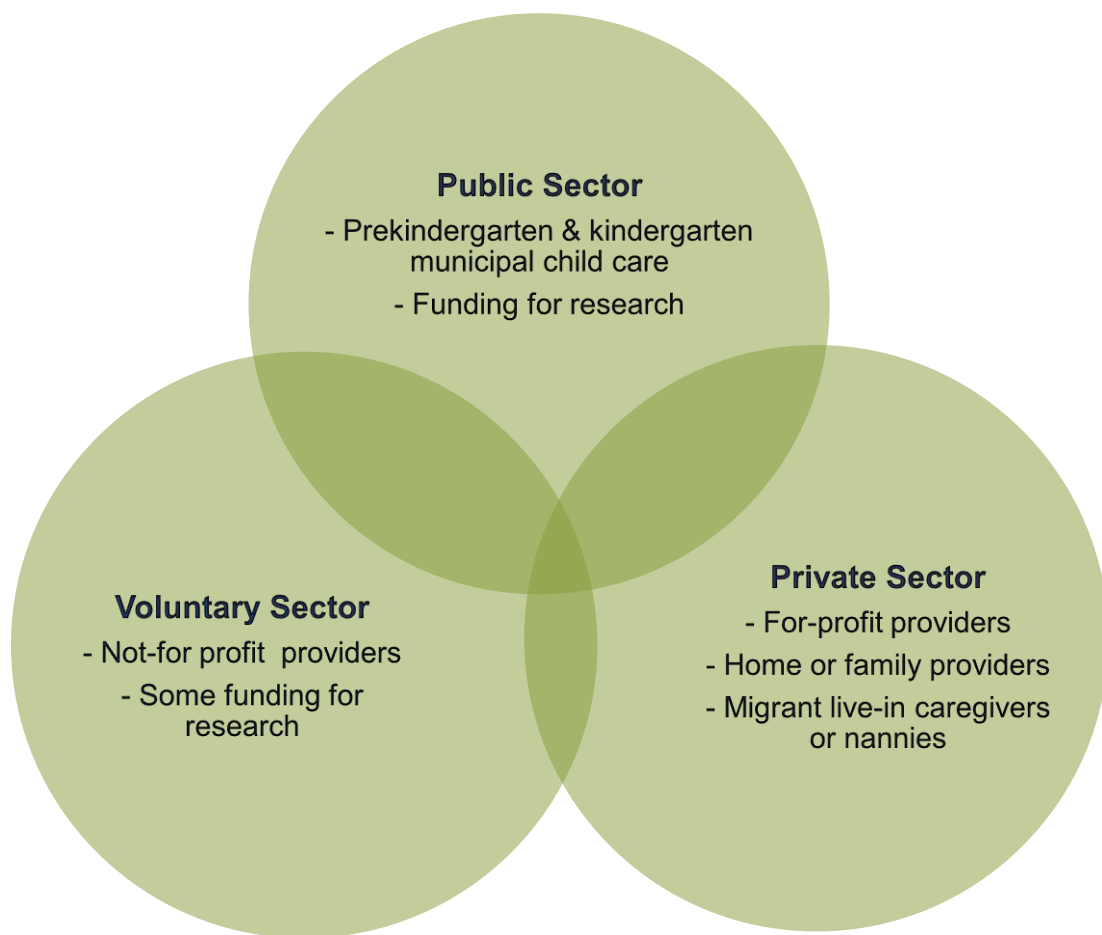
If we consider some of the services that came up in our conversations, the picture looks something like this:

## Health Care\*



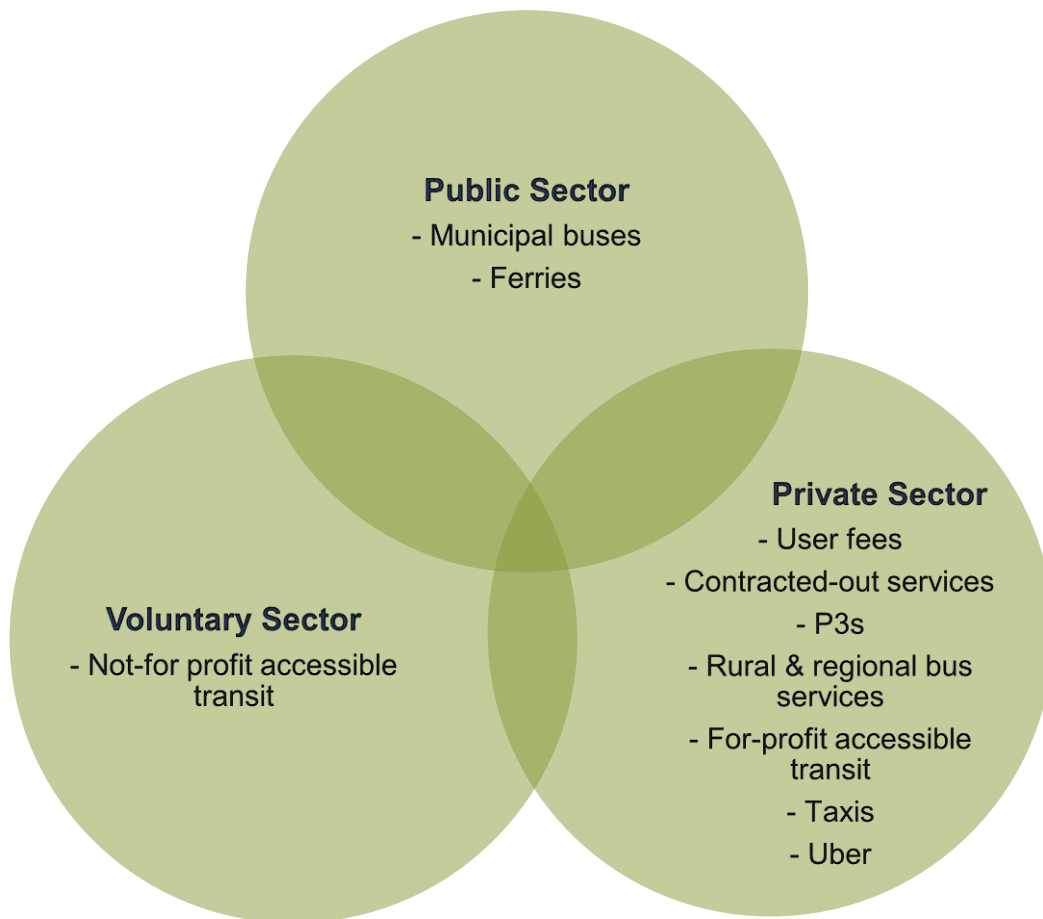
\*There is overlap in many cases where services are provided jointly by the private, voluntary, and/or public sectors. For instance, some services are provided by private companies or non-profit organizations, but funded or subsidized by government.

## Child Care





## Public Transit



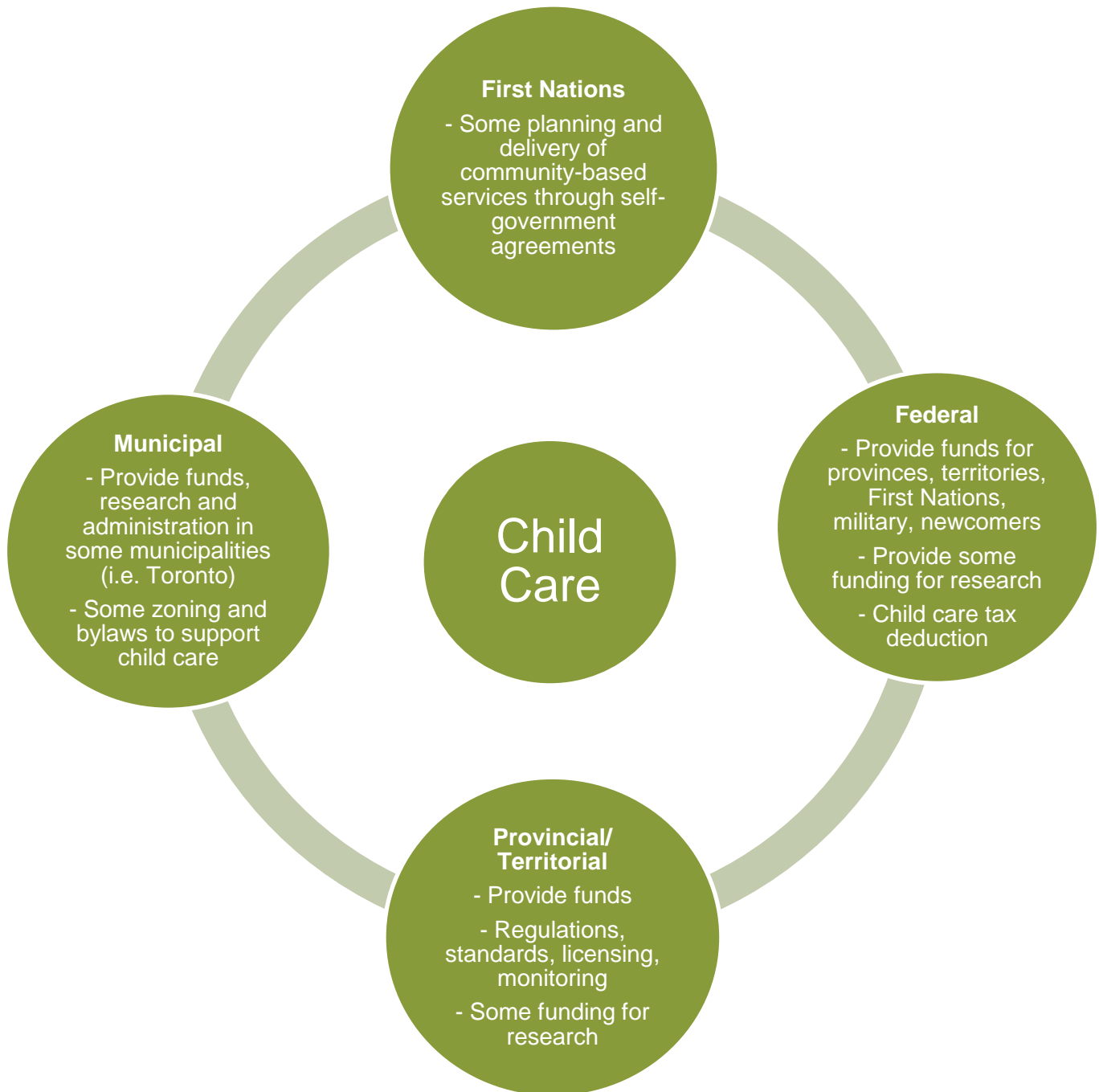
## Families

In addition, individuals and families provide a lot of services. Feminist research shows that women are more likely to be caring for children, the elderly, sick relatives, and people with disabilities. Their unpaid work often fills in for gaps in our public services.

## Federalism

Canada's constitution lists which things are under the powers of the federal government, and which are under the provincial government. For instance, the federal government is in charge of defence and international trade, and the provincial government covers health care and education. The picture is actually much fuzzier though. Let's look at the same services as above in terms of *who* does *what* and try to fit together some of the pieces of our public services puzzle.<sup>vi</sup>







Even though most social policies are technically the responsibility of the provincial/territorial governments, and are generally thought of as “public services,” the reality is a mishmash of federal, provincial/territorial, municipal, First Nations, public, private, and voluntary sector involvement. Communities struggle with making sense of, and engaging with, the often disconnected and unaccountable systems that directly affect their lives.

## Why does it matter *Who Does What?*

There are several reasons why we should think about *who* is doing *what* in our programs and services. We will briefly highlight three:

### 1. Quality

The quality of our services varies depending on who provides them. Much evidence points to the quality gap between public and private services. Research consistently shows the superior quality (and lower cost) of services such as health care, child care, elder care, pharmacare, criminal justice, snow removal, garbage collection, water treatment, and postal services, when they are **public** services and not treated as profit-making ventures.<sup>vii</sup>

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“from privatization which is all part of this, I work in community hospital and there are 2 operating rooms. And when I first went for work there in 1985, we ran both of those rooms every day, and with services that were cut back we only run one room and we just do day surgery now, but at the same time, they’re paying for private services at the Dartmouth clinic. The orthopedic clinic, or they do plastics, they do the same procedures that we’re doing in a hospital and the government is paying for that when that could be provided in the public institution” (NSNU).

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The **federal** government can ensure that funding levels are sufficient to support high quality, universal services and that there are strong national standards in place.<sup>viii</sup>

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“And of course we are hopeful with the new government that the plummeting Health Accord that’s been under the Harper government, with the new change of government maybe somebody is going to be listening and realize that every province has a different demographic and a different need and that ought to be recognized and funded accordingly” (NSNU).

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Many women in our discussion groups spoke about the challenges in their communities accessing good child care services. The federal government could do much more to build a public system of child care by providing funding and setting standards.

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“We have parents that are paying for private therapy for their children because the waitlists are too long. They’re the lucky ones to me, they are the ones who can afford it. People who are single parents can’t ... And then they say, ‘Well, I move to Calgary and it’s all covered’. But then I have no job. My job is here” (ECEs).

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“in the past 3 years I haven’t seen very much wifi being provided. Isn’t Halifax a city? Shouldn’t we have wifi? Yeah, data bills right? All over BC there’s free wifi” (CFS).

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“When HRM amalgamated and included us all [in rural areas]... all it did was spread out the cost for those people in the city who now didn’t have to pay so high. We didn’t get much out of it... that’s just a point to add, that we don’t get what we’re paying for and it’s not equitable. That’s a bit of a human right” (IWG).

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## 2. Equity

**Public** services are available to everyone, not just those who can afford to pay fees to access them. Strong public services advance women’s equality, because women rely more on the public sector for supports as primary caregivers. If there is a strong **federal** presence in public services, it is more likely that we will all have equal access to well-funded services, regardless of region, gender, sexuality, race, class, and ability.

Well-funded, **public**, **universal** programs advance equity and reduce stigma. <sup>ix</sup>

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“Yeah ... I’ve used food banks and the whole process of that just sucks. You’ve got to be desperate before you’re willing to go, before you go to line up. Because there’s a whole stigma about lining up at a food bank. We’ve actually lined up on the street, lined up for a freaking hour waiting for that door to open and if you’re not there early you’ll be waiting a long time” (IWG).

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The public sector has also offered some of the best jobs for women. Strong public services can ensure good working conditions and less precarity for employees.

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**“Those [for-profit] centres are built on hard earned money on the backs of women. All of those staff would love to be in a union but they’re scared to death because they’ll lose their job. They’re making money on the backs of those children, and those ECEs, because they can pocket it ... I still feel very strongly... Why are they getting government money?” (ECEs)**

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**“Most non-profit [child care] centres, three quarters of their money goes to salary. Especially if their members get better benefits” (ECEs).**

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**“And then a private company comes in and provides the bottom line profit margin.**

**Yeah, and low income wages for the home-care workers ... who are predominantly women” (NSNU).**

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### 3. Accountability

Accountability for public services means that we know who should get credit for successes and who should be blamed for failures. We need clear standards that lay out *who* does *what*. In other words, the responsibilities of the federal, provincial/territorial, First Nations and municipal governments in funding, planning, regulating, delivering, and evaluating services need to be clear, and there needs to be independent monitoring of these relationships. Governments should not use jurisdictional disagreements as excuses for inaction. This is precisely the rationale of Jordan’s Principle – that access to public services for First Nations peoples should not be denied or delayed because of disputes between governments.<sup>x</sup>

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**“we own that Friendship Centre, it’s owned by the Friendship Centre, not the city. But it doesn’t mean that just because it’s a Friendship Centre that the only funding support should be from the Federal government in Ottawa. It seems to me that a service to the Friendship Centre would be a huge amount of capital funds. I don’t know if they’ve gotten that before but I know that should be something that the City and the Province as well, should think ‘That would be really helpful for the wellbeing of the people!’ and maybe they should consider Dartmouth as well” (IWG).**

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Public officials, not citizens, should bear the burden of navigating the complexity of the system.

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**“With my constant battle with public services as a trans woman it’s an everyday thing, it’s if I want to change my birth certificate I have to go through the province of Nova Scotia and the province of Ontario because I was born there. And they have to deal with each other, it has to go through the justice system it has to go through the courts and by the time it’s over and done with it’s 2 years down the road and I’m getting refused processes and such, I even have trouble flying because my IDs don’t match. It’s a constant battle with public services when you’re trying to shift your identification” (CFS).**

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Public services are unique because they are democratically accountable to citizens. The cost, quality, location, accessibility and comprehensiveness of services are determined through political processes, not by the whims of the market. And overburdened communities and non-profit organizations cannot be expected to take on the responsibilities of governments.

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**“I work as a teacher for 450 students and we do a morning -- we call it morning munch. We have a small breakfast. The students who don’t have a lunch, we cover for the lunch that is forgotten, and that costs \$8000.00 per school year to provide that, and that comes from donations and other folks and it’s just a given, that somehow, someday we will raise that money to support ... That’s something that the government should pay” (NSGEU).**

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**“There’s a lot of difficulty for places like the [Mi’kmaw Native] Friendship Centre to get the funding for outreach. It’s hard to get the funding to get the extra bodies at the Friendship Centre to try to do the things they’re trying to get out reach for” (IWG).**

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Through the Changing Public Services Project, we learned about the many ways that *Who Does What* affects the lives of women in a diversity of communities. The quality, equity, and accountability of our public services are at stake.



## References

<sup>i</sup> O. Hanvkivsky. (2014). *Intersectionality 101*. Institute for Intersectionality Research and Public Policy. April. p. 9.

[https://www.sfu.ca/iirp/documents/resources/101\\_Final.pdf](https://www.sfu.ca/iirp/documents/resources/101_Final.pdf)

<sup>ii</sup> L. Levac and Y. Cowper-Smith. (2016). *Women and Public Sector Precarity: Causes, Conditions and Consequences*. Canadian Research Institute for the Advancement of Women, Changing Public Services: Women and Intersectional Analysis, April 25.

[http://www.criaw-icref.ca/images/userfiles/files/Women%20and%20Public%20Sector%20Precarity%20FINAL\(1\).pdf](http://www.criaw-icref.ca/images/userfiles/files/Women%20and%20Public%20Sector%20Precarity%20FINAL(1).pdf)

<sup>iii</sup> One group included men. For a list of groups, see acronym list.

<sup>iv</sup> For more information about the participants, please see our project summary report at:

<http://www.criaw-icref.ca/en/page/changing-public-services--nova-scotia->

<sup>v</sup> In December, 2016, Bill C-16, An Act to amend the Canadian Human Rights Act and the Criminal Code, which would add gender identity and gender expression to the list of prohibited grounds of discrimination, was in second reading at the Senate.

<sup>vi</sup> These examples are for illustration and are not exhaustive of all of the ways a government is, or could be, involved.

<sup>vii</sup> I. Jansen and J. Murphy, *Residential Long-Term Care in Canada Our Vision for Better Seniors' Care*. October 2009. Canadian Union of Public Employees (CUPE).

<https://cupe.ca/sites/cupe/files/CUPE-long-term-care-seniors-care-vision.pdf>; L. Nyerere and D. Stienstra. (2009). *Literature Review: The Impacts of Privatization and Contracting Out on Workers with Disabilities*. Unpublished paper prepared for CUPE National; Devereaux, P.J., P.T. Choi, C. Lacchetti, B. Weaver et al. (2002). "A Systematic Review and Meta-Analysis of Studies Comparing Mortality Rates of Private For-Profit and Private Not-for-Profit Hospitals." *Canadian Medical Association Journal*. 166(11): 1399-406; M-A. Gagnon. 2010. *The Economic Case for Universal Pharmacare: Costs and Benefits of Publicly Funded Drug Coverage for all Canadians*. Canadian Centre for Policy Alternatives & Institut de recherche et d'informations socio économiques.

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[https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2015/11/Privatization%20Nation%20\(11-05-15\).pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2015/11/Privatization%20Nation%20(11-05-15).pdf)

<sup>viii</sup> National standards must respect the rights to self-determination for First Nations and Quebec.

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<sup>ix</sup> For more on the importance of universality in public services, see: Tammy Findlay and Charlotte Kiddell. (2016). “Ten Reasons Why Universality is Important in Public Services,” Canadian Research Institute for the Advancement of Women. <http://www.criaw-icref.ca/images/userfiles/files/UniversalityFINAL.pdf>

<sup>x</sup> First Nations Child & Family Caring Society of Canada, “Joint Declaration of Support for Jordan’s Principle to Resolving Jurisdictional Disputes Affecting Services to First Nations Children,” 2016. <https://fncaringsociety.com/jordans-principle>