WOMEN AND CHANGING PUBLIC SERVICES IN OTTAWA

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Executive Summary

Changes to public service programs and policies in Canada deeply affect women as users and providers of public services. This report synthesizes findings from nine focus group discussions with 97 women-identified participants, 64 of whom also completed written, individual questionnaires. The focus groups took place in Ottawa between February and June 2015. Women were recruited through a diverse cross-section of community organizations and trade unions. The Ottawa focus groups discussed four questions:

1. What are public services?

2. Which public services do you rely on most and why?

3. How have public services changed over time? What changes (if any) have you noticed in which public services are available, how good they are, how much they cost?

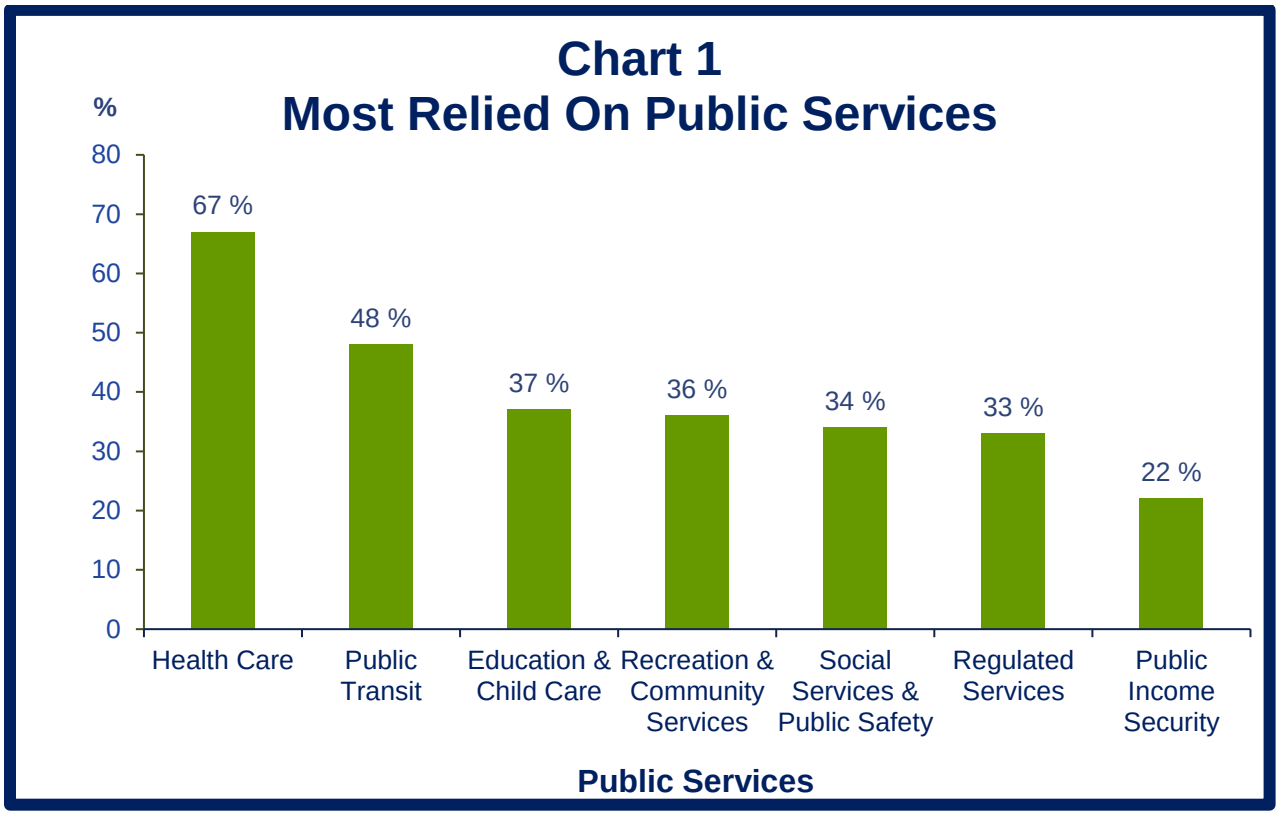
4. What (if any) public services are missing or inadequate?

Women identified a broad range public services as crucial to their daily lives. Sixty-four women in Ottawa identified 223 public services offered by federal, provincial, and municipal governments that they rely on regularly. On average, this means that each of these women relies on 3-4 public services. In reality, many women identified several public services as ones on which they relied most. The summary of their discussions highlight the centrality of public services to all of the women's lives - women of all ages, from different racial and language groups, those living with disabilities or not, employed or unemployed.

Because women identified so many public services, we grouped them into seven categories:

- **Health Care** (hospitals, clinics, mental health, dental, and eye coverage/services)
- **Public Transit** (Ottawa's municipal public transportation service called OC Transpo, - and Para Transpo – for those unable to take conventional transit due to a disability)
- **Education** (elementary school, post-secondary, government student loans) **and Child Care**
- **Recreation and Community Services** (libraries, parks, green space, community centers)
- **Social Services and Public Safety** (food banks, subsidized housing, elder care, community support centers, citizenship services, and police services)
- **Regulated Services** (hydro, compost, recycling, water, roads)
- **Public Income Security** (Ontario Works, child tax benefit or baby bonus, welfare, ODSP Ontario Disability Support Program (ODSP), Employment Insurance, Old Age Security)

Chart 1 below, **Most Relied On Public Services**, illustrates what categories of public services the 64 participants said they relied on the most. The percentages reflect how many of the women who had answered this question had mentioned at least one service within the category.



Women most frequently identified health services as the public service they relied on most (67%). The second most common was public transit, including Para Transpo (for people living with disabilities) (48%). Reliance on Education & Child Care, Recreation & Community Services, Social Services and Public Safety were about at all about the same level, with approximately a third of the women saying they relied on these services most. Public Income Security was relied on by almost one quarter of the women who responded.

The women participating in our study were not a statistically random sample, therefore these results cannot be generalized for the population at large. Nonetheless, the findings do provide insights into how heavily women rely on public services, which public services they rely on most, how the services are changing, and what is missing or needs improvement. A summary of the women's experiences with public services is presented below.

Women's Experiences with Public Services: Reliance and Change

Health care

- 67% of the women listed health centres and health services as their most relied on public service.
- 43% of the women noted changes to health services.
- Participants identified inequality within the health care system (i.e., a "two-tier system of health care").
- Participants voiced concern about gaps in health care access in the case of refugees, transgender individuals, and rurally-located individuals.
- Participants identified three positive changes in health care services: increased access to sexual health services, sex reassignment surgery coverage (covered under OHIP (the Ontario Health Insurance Plan) in Ontario since 2008), and a new birthing center in Ottawa.

Public transit

- 48% of the women indicated that OC Tranpo or Para Transpo is the public service they relied on most.
- 18% of the women noted changes in public transit.
- Affordability was a clear concern; women's comments on OC Transpo and Para Transpo were most often cost-related.
- Service reduction by OC Transpo and Para Transpo was also a major theme.
- Reported problems included: lack of priority seating, delays, infrequent service, inadequate route access, and confusion regarding accessing Para Transpo services.
- One positive reported change: OC Transpo's texting service for bus stop arrival times.

Education and child care services

- Of those who completed questionnaires, 37% of the women mentioned education (28%) and child care (9%) as their most relied on public service.
- Few of the participants were of the age to have pre-school children but child care was a concern to many who were.

- 14% of the women mentioned changes in child care services and 10% discussed changes in education.
- Women reported child care was unaffordable.
- Workers reported that three child care centres have been closed, resulting in a loss of 114 child care spaces.
- Expense of child care and education was an issue for participants.
- Some participants who wrote specifically about education indicated dissatisfaction with the quality and cost of education.

Recreation and community services in Ottawa

- 36% of the women said they relied most on recreation and community services.
- 10% of the women commented on changes in recreational and community services.
- Participants described highly positive experience with the public library system.
- Participants reported an increase in demand for some library services, concurrent with workers reporting changes to library workplace policies that interfere with workers' ability to deliver services.
- Participants identified the special importance of library services in the lives of "vulnerable groups".
- Women reported dissatisfaction with increased cost of recreational programming.
- Identified areas for improvement: more recreational programs for people over the age of 21 with living with disabilities, and for seniors; more women-only recreational programming.

Social services and public safety

- 34% of the women said they relied most on social services and public safety.
- 60% of the women noted changes in social services and public safety.
- Women listed food banks as an important service.
- Some identified the need for more diverse food bank options including halal food.
- Some women voiced distrust of police and the criminal justice system.
- Some women identified subsidized housing as their most relied on public service.

- Some identified a need for more women's shelters and some women reported the lack of access or inability to access women's shelters as a problem.
- Participants voiced concern for safety in the neighbourhoods of Vanier and Overbrook, and suggested improving public services - patrols, lighting - for increased safety.

Public service delivery – workers' experiences

- Participants reported an increase in workplace harassment, including racial discrimination.
- Increased risk of job loss, especially among workers occupying the lowest paid positions.
- Changes, especially staff cuts, reduced workers' ability to address complex needs of users and hindered workers' efforts to achieve acceptable service delivery standards.
- Problems stemming from insufficient staffing were a major source of stress for participants.
- Decreasing availability of face-to-face service delivery and the move towards virtual public service access negatively affected workers.
- Participants reported intensified monitoring and performance measurement.
- Changes to public services were negatively impacting the quality of women's working lives, with consequences for the quality of the service they provided.

Reported Areas for Improving Access to and Quality of Public Services

56 women identified at least one gap in public services and/or something that was missing (as a public service) or could be improved. The responses are summarized below:

PUBLIC SERVICE	% of those women who identified gaps	What is Missing or Could be Improved?
Social services and public safety	43%	More halal food in food banks; more affordable and subsidized housing (long term housing, low-income housing, and women's shelters); elder care; safety and security measures in social housing, and housing loss prevention programs[1]

[1] Housing loss prevention programs 'assist households at risk of losing their housing, Issues addressed include: eviction notices, landlord–tenant disputes, tenant rights disputes and other situations'.

Health care	41%	Chiropractic care, dental care, better access to family doctors, counselling services, pharmacare
Child care & education	23% (Child care) 11% (Education)	National child care program, more resources to support children with learning disabilities, lower fees; free education for people living with disabilities after the age of 21 years
Public income security	11%	Better pensions; eliminating cutbacks in available services; more adequate funding
Recreation and community services	7%	Muslim women said they wanted more women-only recreational programs; increased programming for adults living with disabilities and seniors
Workers' employment conditions	n.a.	Less paperwork and top-down management; more time with public service users; improved quality of communication between service workers & public service users; less harassment; improved job security and wages
Cross-cutting themes	n.a.	Increased safety and cultural sensitivity in service

Overall, women in Ottawa voiced the following needs:

- Better access to and quality of public services through expanded programs, higher staffing and no user fees
- New or better programs to help women who cannot afford subsidized services
- Increased scope of health care coverage
- Improved quality of communication with public service providers
- Increased safety and inclusion when accessing public services - including freedom from prejudice, discrimination, and harassment
- Measures to halt public service staff reductions and limit workplace monitoring
- Staff to have the time, security and authority to provide needed services, to be free from prescriptive and restrictive systems, and provide face-to-face service rather than forcing the public to use technology that is not user-friendly
- End offloading service delivery to local government and community agencies without adequate resources.

http://ottawa.ca/calendar/ottawa/citycouncil/cpsc/2011/10-20/IPD%20A%20-%20ACS2011-COS-CSS-0011%20IPD%20Housing%20Allowance%20Benefit.htm

Introduction

Every day, Canadians depend on programs and services such as education, health care, employment services, transportation, and more that are offered by federal, provincial, and municipal governments, either directly, or through the organizations they fund. In recent years, Canadians have seen waves of changes in public services, including changes in employment, policies, and approaches to governance. Changes to public services affect Canadians' life quality. This is particularly true in the case of Canadian women because the public sector is a large employer of women; women tend to be over-represented in term positions and the lowest salary group in the public sector workforce; and because women tend to rely on public services more than men. Women who face unique challenges in their lives - for example, women living with disabilities, racialized women, Indigenous women, LGBTQ women, women living in rural areas - are most likely to experience the impact of changes to public services in their day-to-day lives.

The Canadian Research Institute for the Advancement of Women/Institut canadien de recherches sur les femmes (CRIAW-ICREF) began researching Changing Public Services-Évolution des services publics (CPS-ESP) in 2013.[2] It explores how changes to public services impact the lives of Canadian women as users of public services and as workers delivering them. The CPS project has completed the first phase of its research. In the project's first phase - an exploratory phase - researchers in Vancouver and BC's lower mainland, Saskatoon and Regina, Ottawa-Gatineau, and Halifax collaborated with individuals, union groups, and community organizations in their respective regions to gather information about the specific effects of changes to public services. The CPS project is exploring women's experiences from two vantage points: women as users of public services, and women as public service employees.

In the long term, the CPS project aspires to use community-driven research to increase all women's access to high-quality public services and provide women with helpful tools (e.g., information, communication tools, social networks) that they can use to influence the quality and availability of public services. One of the CPS network's goals is to listen to women tell their own stories about their experiences of accessing public services or working in the public sector. In this way, women can use their experiences to identify priority areas for researchers to explore, and shape the CPS project according to their own interests.

In Ottawa, a small research team contacted several local community groups and public sector trade unions that are knowledgeable and concerned about women's well-being, and invited women from these groups to participate in small group conversations about public services. In nine different focus groups, women discussed four open-ended questions: **What are public services?**; **Which public services do you rely on most and why?** *;* and **How have public**

[2] Throughout this (English language) report, only the English acronyms (CRIAW and CPS) are used, although all documents in the research process were made available in French for participants, and in some cases were completed in French.

services changed over time? When time allowed, they were also asked **What (if any) public services are missing or inadequate?** Workers could comment both as users and as providers of public services.

This report summarizes the outcome of focus group discussions between CRIAW researchers in Ottawa and almost 100 women from nine focus groups between the months of February and June, 2015, beginning with an overview of who had participated in the CPS project. It then outlines the seven categories into which the most relied on public services were grouped, and provides more detail about what women shared regarding their experiences with public services in the categories of health care, public transit, education and child care, recreation and community services, and social services and public safety. This is followed by a discussion of the experiences of workers delivering public services and their perspectives on how changes to public services impact both working conditions and the quality of the public services they deliver. The report concludes by identifying emerging themes in the Ottawa cluster and providing additional information about the Changing Public Services Project.

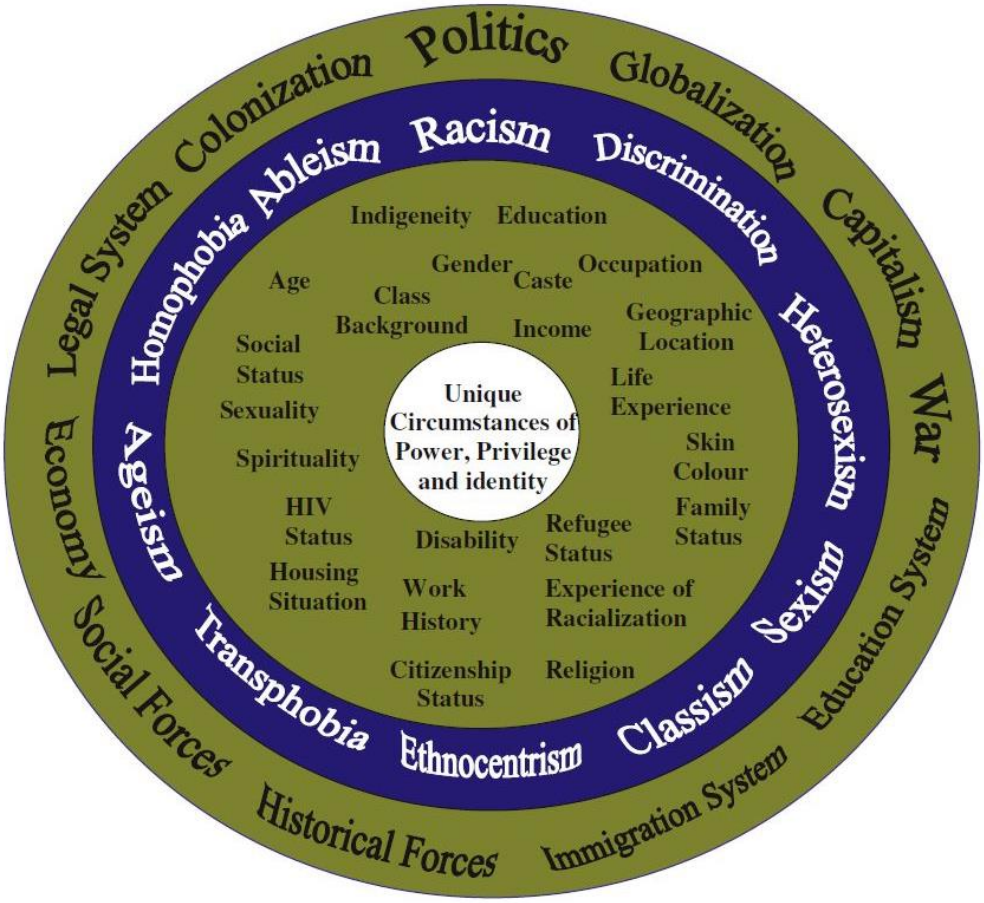
The main purpose of this report is to use intersectional feminist frameworks to share information and stimulate discussion about how diverse women in Ottawa, as public service employees and as users of public services, are experiencing changes to the public services that play an integral role in their day-to-day lives.

Who Contributed to the Focus Group Discussions?

In 2015, CRIAW-ICREF invited women who were involved in a number of non-profit organizations and public sector unions to share their experiences regarding changes in using public services and working in the public sector.[3] In total, 97 women-identified individuals participated by attending the discussions and of those 97 women, 64 voluntarily completed a two-page individual questionnaire. The purpose of the questionnaire was to enable the research team to compare demographic information with responses to identify correlations between particular groups of women and their experiences with changing public services. Ensuring diversity among participants was important for identifying how different groups of women are affected by changes in public services. Diversity is captured through a perspective called *intersectionality.* The CPS project uses intersectionality to guide its entire research process, including the process of inviting women's groups to participate in focus group discussions.

[3] In many cases, voluntary assistance from women leaders within Ottawa community organizations and union groups helped make these focus group discussions possible, and the Changing Public Services team gratefully acknowledges their assistance. In order to respect confidentiality, however, the specific organizations are not named. It is important to note that although Francophone community organizations in Gatineau, Québec expressed interest in participating, the funding cuts they were then experiencing prevented them from participating in this stage of the research. The whole research process has been conducted in accordance with the prior approval of the University of Ottawa (Human) Research Ethics Board.

Intersectionality is a way of viewing information that "takes into account that social identities such as race, class, gender, ability, geography, and age interact to form unique meanings and complex experiences within and between groups in society."[4] This perspective considers how multiple aspects of women's complex identities and positions in society might simultaneously combine to create both advantages and disadvantages. We apply intersectionality to explore women's experiences with public services, acknowledging that some women may face barriers to accessing public services which other women do not. The Ottawa research team strove to be as inclusive as possible of women of diverse ages, education levels, gender identities, disabilities, and cultural or racial backgrounds in order to gain information that can be used for the improvement or creation of public services that enhance the benefits of public services for all. The image below (from Simpson, 2009: 5) illustrates intersectionality.



[4] Hankivsky and Cormier, 2011: 217.

Of the 97 women who participated in the focus groups, 64 voluntarily completed an anonymous questionnaire[5]. Most of the 97 women identified as heterosexual (90%). Thirty-one percent of the 97 women were aged 26 to 44, 40% were aged 45 to 64, and 25% were seniors aged 65 or older. Just over half of the women (53%) were born in Canada and almost half were born in other countries (47%). Most of the women were Ontario residents (86%); however, 7% were residents of Quebec, 3% were from British Columbia, and 3% were from Saskatchewan, because a number of out-of -province participants were included in one of the consultations held in Ottawa.

The questionnaire provided women with the option of describing their cultural or racial group identity.[6] Most of the women (84%) described the racial or cultural group with which they identified, giving a total of 39 different responses including (alphabetically) Aboriginal (6%), Arab-Muslim (4%), Black Canadian (3%), English (16%), English Canadian (3%), Filipino (3%), Québécoise (2%), Rwandan (4%), Somali (4%), Syrian (3%), and many others. Some participants identified themselves as disabled or as having a disability (22.6%) but rarely specified their disability. Whereas slightly less than half of the women reported being employed, full-time (39%) or part-time (5%), on the questionnaires, 24% said they were pensioned or retired, 15% said they were unemployed, 7% were full time homemakers, 4% were students, and 11% said they were volunteers. The questionnaires showed that a few women reported holding several positions simultaneously: for example, some were both students and unemployed, or both employed full time and volunteers. Slightly over half of the employed women worked within the public sector, and 40% worked for not-for-profit organizations. About 60% of the employed women said they belonged to a union. Most of the participants had completed a high school education (71%) and many had also completed post-secondary education: 25% had a community college diploma, 36% had a bachelor's degree from university, and 17% had a post graduate degree.[7]

Data Collection Methods and Research Limitations

Methods

This report relies primarily on the analysis of the focus group discussions and individual questionnaires to identify the key themes in women's experiences with public services. Focus

[5] A group of older immigrant women will limited skills in written English were not asked to complete the individual questionnaires, but we obtained global socio-demographic information about them from their group leader and incorporated this information into the data we analysed.
[6] N.B. these categories are women's own written responses to an open-ended question on racial and ethnic identity.
[7] Some women reported having completed both a community college diploma and a university degree. Others reported completion of more than one bachelor's degree. All those with post-graduate degrees had also completed high school and a bachelor's degree. Some women reported incomplete studies, or other types of study or certification (e.g. a certificate after high school or union education).

group discussions were audio-recorded, summarized on flip charts, and transcribed electronically during or after the discussions. The option of filling out the questionnaire enabled women to provide information that they may not have had a chance to share or may not have been comfortable sharing with the group. The questionnaires were anonymous and confidential, allowing participants to contribute to the project and remain free of any consequences that might result from the personal information they shared. The purpose of the questionnaire was to make it possible for the research team to compare demographic information with responses to find correlations between particular groups of women and their experiences with changing public services.

Limitations

There are several limitations to the research, two of which are discussed here. First, the researchers found that it was not possible to connect what was said in focus groups with the individual who said it because the questionnaires and discussions had been designed to prioritize confidentiality and anonymity. The result of the choice to maximize confidentiality and anonymity is that this report cannot provide a detailed intersectional analysis regarding how changes impact some women more than others, depending on their particular challenges and privileges. Another limitation to the analysis is that, as already explained, about a third of the women (all in one group), who faced particular challenges – specifically, racialized women with limited English and French language skills – were not asked to complete the questionnaires. Only summarized socio-demographic information, and not responses to the questions about public services, were recorded for them on the questionnaires. This means that in this report, some information about women's experiences with public services reflects the recorded discussions rather than the information in the questionnaires. It also means that it is most meaningful to consider the information from the questionnaires and the discussion groups at the same time. The research does, however, provide considerable insight into how changes to public services have impacted some women's quality of life and is a useful starting point for discussion, collaboration, and future research.

Women & Public Services in Ottawa

"What is the public sector?" and "What are public services?"

There are many perspectives on the "public sector," and the concept is evolving. Ross and Savage (2013) define the public sector as the sector of the political system concerned with the provision, production, distribution and allocation of public goods and services. The public sector,

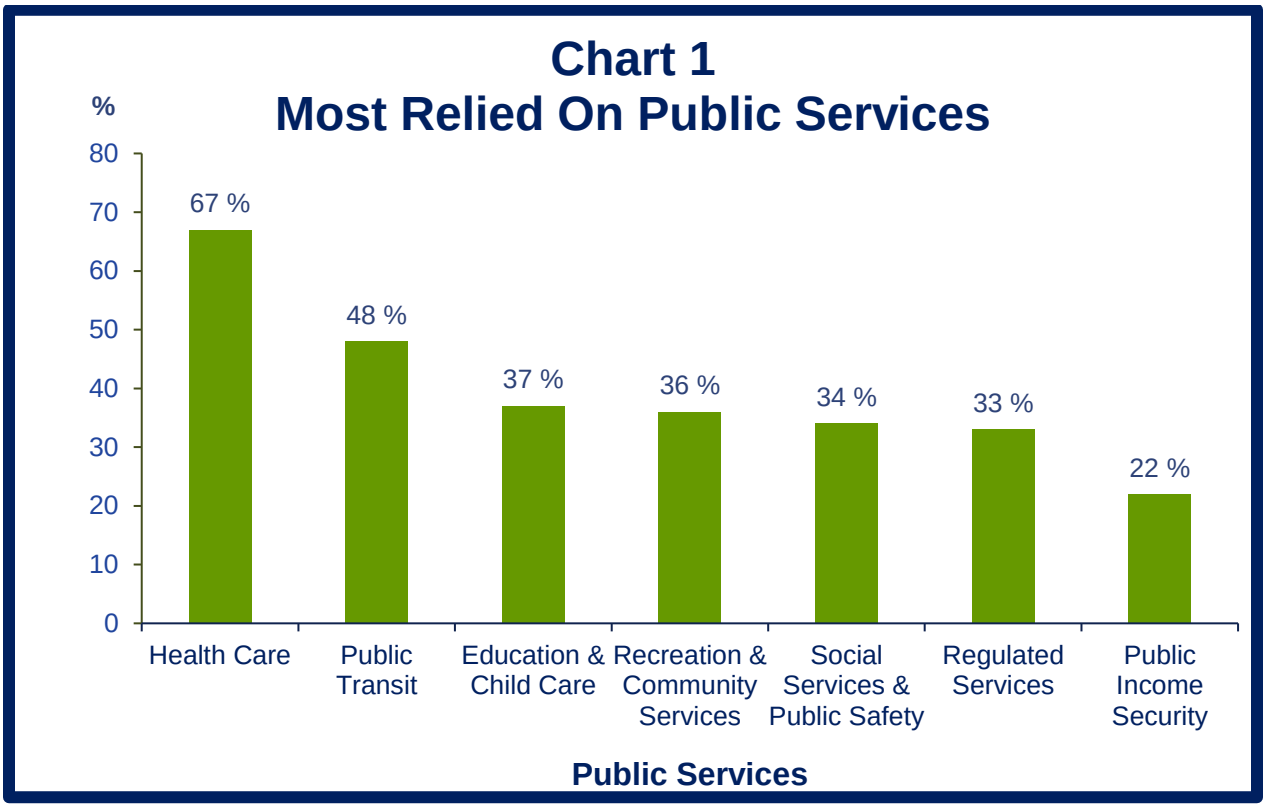
from this perspective, includes public (direct provision by government) and para-public (publicly-funded) services. Public sector workers in this model are those working directly or indirectly for federal, provincial/territorial, municipal and Aboriginal governments; workers in organizations such as schools, hospitals, universities, and Crown corporations that are primarily funded by government; and workers in non-profit agencies like child care centres that provide public services but may be primarily funded by parents. In this paper we have not distinguished between public and para-public services given the importance of the latter in the delivery of public services. "Public services" therefore are services provided to the public by the government or services that are publicly funded.

The CPS Project uses the concept of "public sector" in a broad and general way because it is precisely at the blurred borderline between the public and private sectors that precarity is growing fastest, and the CPS project is concerned about precarity. For more information about precarity and the public sector, please see Levac and Cowper-Smith (2016).

Which Public Services Matter Most to Women in Ottawa?

The first question the research team asked women was: "what comes to mind when you hear the term, 'public services'?" The responses were diverse, from commonly talked about services such as transportation and health care to less immediately obvious services such as water, sidewalks, roads, and prisons. Some women identified programs and services that they thought might be public services, but are technically not public services in Canada; for example, dental care, telecommunications services, and banking services. This raised important questions regarding the limitations and scope of public services in Canada. After a brief discussion about what services the term "public services" includes, women were asked to identify which public services they felt were most important or that they relied on the most. On their individual questionnaires, 64 answered this question and their answers were grouped into seven categories. The chart below displays all the categories of services that were identified by individual women during nine different focus groups when they were asked: "what public services do you rely on the most?"[8] Many identified several categories of public services as being very important to them, so the percentages of the 64 participants mentioning each category of public service, which is shown in Chart 1 – **Most Relied On Public Services**, total more than 100%. The percentages reflect how many of the women who had answered this question had mentioned at least one service within the category.

[8] A number of women identified more than one public service in response to this and subsequent questions. Each answer is included in the report. Percentages indicate how many of the 64 women who had answered this question had mentioned at least one service within the category in their individual questionnaires. This report also refers to the group discussions.



The type of services included in each category are:

- **Health Care** (hospitals, clinics, mental health, dental, and eye coverage/services)
- **Public Transit** (OC Transpo and Para Transpo, which serves those living with disabilities)
- **Education** (elementary school, post-secondary, government student loans) **and Child Care**
- **Recreation and Community Services** (libraries, parks, green space, community centers)
- **Social Services and Public Safety** (food banks, subsidized housing, elder care, community support centres, citizenship services, and police services)
- **Regulated Services** (hydro, compost, recycling, water, roads)
- **Public Income Security** (Ontario Works, child tax benefit or baby bonus, welfare, Ontario Disability Support Program known as ODSP, Employment Insurance, and Old Age Security)

The following sections outline what women in Ottawa had to say about their experiences with public services in these categories, including their perception of how these services are changing and what could be improved, and provide general background information about these public services.

Most Discussed Public Services and Recent Changes

1. Health Care

Over half of all the women (67%) listed health centres and health services as one of their most relied-on public services. This included hospitals, clinics, and family doctors, which are publicly funded. This is not surprising given the largely universal nature of these services and that women, on average, use health care services more than men, partly because of child-bearing. However local women also identified their reliance on such services as physiotherapy, dental centres, and chiropractic care, which are not often covered by public funds and vision care, where coverage is restricted. In Canada, health care is a shared responsibility between the federal and provincial governments. Health Canada states: “Canada's publicly funded health care system is best described as an interlocking set of ten provincial and three territorial health insurance plans.”[9] Ottawa has four main hospitals, six community health centres, and a number of specialized hospitals and clinics. Municipalities play a crucial role in meeting health needs, and multiple participants spoke of changes regarding the levels at which health care is delivered in Ottawa. In the words of one participant who works in the health field: “there is downloading onto community agencies.”

Women who contributed to the discussion as workers raised two important points: first, that health care is a female-dominated field of employment, and second, that the burden of unpaid care - tending to the needs of children, spouses, aging parents - continues to rest on women rather than men (a persistent, well-documented trend). Further, participants raised the concern that economic changes are having an impact on labour policies and are preventing workers from delivering quality health care services. As one worker stated: “workload is a huge issue...as funding gets tighter, there’s less staff employed.” Details about worker’s experiences are provided below in Section 6, “Worker’s Experiences with Changing Public Services.”

Some women offered positive feedback specific to health care on questionnaires in response to the question of changes, such as improved access to sexual health services. However, the majority of women who commented said that changes were negatively affecting their lives.

[9] Health Canada, n.d.. “How Health Care Services Are Delivered.” http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2011-hcs-sss/index-eng.php

The negative comments related particularly to the absence of or gaps in the affordability of and/or in access to:

- universal health care
- prescription coverage
- physiotherapy coverage
- dental care
- vision care

Participants also mentioned long wait times to see medical professionals, and difficulty locating or gaining access to family physicians. In total, on their questionnaires, 29% of all participants described dissatisfaction with the coverage and health care that they are currently receiving.

Many participants' unmet health needs surfaced during the group discussions. For example, one woman needed but could not afford to have her wisdom teeth removed, and multiple women spoke of pain that they could not receive treatment for because chiropractic care and physiotherapy are not covered under OHIP (and were unaffordable without coverage). Several participants said that physiotherapy ought to be fully covered. Vision care was flagged as an important health service, yet, according to women who work in the health care field, "vision care is something that most people can't afford on their own." Often, when discussing unmet health needs, the theme of inequality emerged. Some participants made reference to "the creation of, in the past 10 years, a two-tier system of people who can access health care…" Several diabetic patients said that health care policy changes had a disproportionately negative effect on their lives through policies such as vision care. Diabetics perceived an unfair disadvantage due to their vision care needs: "for some people [getting social assistance or disability benefits] it's fine to get new glasses every five years but when you're diabetic, your eyes deteriorate faster." Another participant, a health care worker, drew attention to inequality in health care by describing how health care access depends on citizenship status:

> Refugees have no health care coverage. Only for emergencies, like life and death, but nothing else. People end up in emergency [rooms] with a stroke. Even things like, for example, a kid can't afford eyeglasses or tubes in their ears - they can't get it, so it just won't happen….we're [government] clearly saying we don't value refugees.

Another gap in health service access that women identified was transgender individuals' access to health care. As one woman described: "many people in smaller or rural communities can't even find a thing like a family doctor. Even if there is family doctor available, lots of doctors won't take on a transgender patient." Participants also shared personal experiences of discrimination when accessing crucial medications and services: "you have prejudice, and you have to fight to be treated like a human being. Especially as a woman." Many women expressed frustration in discussions about accessing health-related services. For one participant: "I feel like

they treat us like bottom feeders. Just because I make [low salary figure] a year doesn't mean I should be treated like trash. This is the City of Ottawa."

Women identified three positive changes in health care: increased access to sexual health services, OHIP's coverage of sex reassignment surgery,[10] and the opening of a new birthing centre in Ottawa. One woman who works in health care delivery expressed gratitude for the satisfactory health care she received herself throughout her pregnancy.

Overall themes on the subject of changes to health care included: a lack of accessibility depending on circumstance, intersectional impacts of health care policy changes (which impact women differently according to their unique needs), discrimination, women workers facing burnout, and the lack of affordability of non-covered services. As one woman stated: "universal health care, when you get down to the nitty gritty of it, is not full coverage."

2. Public Transit

Public transportation was important to women who participated in the discussion groups: 48% wrote that OC Tranpo and/or Para Transpo is one of their most relied on public services. According to Ottawa's OC Transpo website, 375,000 people use its transit services daily. Women rely on safe and efficient bus transportation in order to access employment, child care, food, recreation and other social services. OC Transpo's mandate is to "deliver safe, reliable, and courteous service at a reasonable price."[11] This includes limited 'courtesy seating' for wheelchairs, strollers, individuals with walkers or service dogs, which complements Para Transpo services. Ottawa offers accessible buses under its Para Transpo program, which is "door-to-door transportation service for people living with disabilities."[12]

During the focus groups, participants indicated that OC Transpo and Para Transpo are neither especially affordable nor efficient for their needs. Every woman who commented on how public transit has changed over the past decade indicated that, in their experiences, the changes were negative. This is significant because public transit is a crucial service for many. While some may consider bus service to be an affordable alternative to a personal vehicle, a number of these women commented that they could not afford a car, and not all women consider public transit to be affordable: "When it comes to buses, the fares go up, always more expensive. And [what] we received [as income support] from government is not enough. So the income is not enough to pay for bus. The prices have gone higher; we've lost money."

OC Transpo public transit fares are increased each year. In Ottawa (2015-16), one bus ride costs between $2.84 and $3.55 for adults and between $2.14 and $3.20 for seniors, depending on whether payment is with a Presto card, tickets or cash. Women in one focus group were

[10] Ontario Ministry of Health, 2008. "Relisting of Sex Reassignment Surgery under OHIP." www.health.gov.on.ca/en/pro/programs/ohip/bulletins/.../bul4480.pdf.
[11] OCTranpo, n.d.."About OCTranspo." http://www.octranspo1.com/about-octranspo.
[12] Ibid.

dissatisfied with the discounted, monthly "community bus pass."[13] available for $41.90 a month to Ottawa citizens who receive Ontario Disability Support Program (ODSP) benefits or are registered Para Transpo customers[14]. Non-disabled persons are not, however, eligible. In 2015, the City of Ottawa reportedly began to explore the idea of a "new discounted rate for Ottawa residents living below the low-income cut-off."[15] Regarding affordability, another participant flagged the issue for those who depend on public transit the most: "if you're unemployed [and] using bus a lot to go to workshops, interviews, meetings, the bus gets unaffordable." On the whole, women's comments on OC Transpo and Para Transpo were most often cost-related. Most of those who commented considered transit to be too expensive or unaffordable.

In addition to cost, participants expressed frustration with the quality of transit services in Ottawa in terms of delays, frequency, and route access. Women reported that some OC Transpo routes have been eliminated, making it harder to access transit. Many of the women who offered comments on OC Transpo and Para Transpo mentioned a reduction in services.

Women also made the point that when transit services are inadequate, individuals may be prevented from accessing other crucial public services, such as health care: "Rural areas don't have public transportation, so as [seniors] age and are no longer driving, they have to rely on different ways of getting [to health services] and it's costly." Another woman shared the extent to which the elimination of bus routes affected her life: "Everyone needs to get around...and they cut routes now...I can't go to the Food Bank any more. Now it's too much work to go from point A to point B...and in the winter, forget it." For these women, the intersections of age (especially being young and caring for an infant, or being a senior), low income, disability (and/or health service needs), and where they lived contributed to difficulties with public transport.

Participants also reported serious problems with Ottawa's public transit services, such as a lack of priority seating. One woman, a mother, shared her experience of waiting for the bus in dangerously low winter temperatures with her child, only to be turned away when the bus arrived because there was not enough space for her child's stroller on the bus due to overcrowding. Another woman described an instance where she attempted to board an OC Transpo bus, but was prevented from doing so by the bus driver, who told her that she must take Para Transpo instead due to her disability. In fact, OC Transpo has kneeling buses and bus ramps, both of which should increase the accessibility of regular OC Transpo buses so that fewer people need to use Para Transpo services. Women shared many negative Para Transpo experiences with researchers, reporting that they found the service to be confusing, unreliable, and burdensome for scheduling pick-ups. One community group leader told researchers that

[13] OC Transpo. "Community Pass." Ottawa, 016. **http://www.octranspo1.com/tickets-and-passes/community_pass**
[14] OC Transpo, n.d. "Fares, pass and ticket enquiries." **http://www.octranspo1.com/about-octranspo/fares**

[15] Sholey, 2015. "Low-income transit fees may come to pass in Ottawa." Ottawa: *Metro News*. **http://www.metronews.ca/news/ottawa/2015/10/21/ottawa-explores-discount-transit-fares.html**

her group members "don't get how [Para Transpo] works, it's kind of complicated. They need help."

In some participants' opinions, Para Transpo ought to be a fully-funded government service. Currently, Para Transpo users must pay to use Para Transpo in addition to their regular bus ticket.While most women reported on the negative aspects of public transportation, some did flag one positive change regarding public transit in Ottawa, and that is OC Transpo's new texting service, which makes "real-time bus schedules available through text-messages."[16]

3. Education & Child Care

3.1 Education

Education and Child Care were identified as the most relied on public services by over a third of the women who completed the questionnaire. About one fifth of the participants identified education as one of their most relied on public services. About one third (32%) of the participants had children under the age of 18 living with them, some of whom are enrolled in the public school system, while some of the young mothers were themselves enrolled in school. In Canada, most elementary schools and high schools are funded primarily by provincial and municipal governments and municipal property taxes, and assisted by corporate sponsorship and fundraising. In Ontario, 4000 elementary and 920 secondary schools are publicly funded.[17] In Ottawa, the Ottawa-Carleton District School Board[18] oversees 116 elementary schools, 26 secondary schools, and five secondary alternate sites.[19] Every woman who shared her views on how education is changing shared negative rather than positive comments.

The cost of education was an issue for participants. Even though primary and secondary education is a public service, legal guardians are responsible for minors' school supplies and other education-related expenses. One woman indicated that school supplies alone cost her family $750.00 a year per child, and she questioned whether such fees are truly "affordable" for most families. Another participant pointed out that some expenses (school bus services, for example) differ according to whether one's child is enrolled in a French or English school. Some participants, who were young mothers enrolled in a program which enabled them to continue their secondary education with supportive child care, saw their education as a means to achieve financial stability in the future.

In Canada, post-secondary education is only partially funded by government. In 2014, on average, annual full-time tuition fees for undergraduate university students in Canada cost

[16] OC Transpo, n.d. "Go Mobile." http://www.octranspo1.com/mobile
[17] Ontario Ministry of Education, 2015. "Capital Investments – Improving Ontario's Schools." http://www.edu.gov.on.ca/eng/parents/capital.html
[18] The English language, non-Catholic, state supported school board.
[19] Ottawa-Carleton District School Board, n.d. "Facts and Figures." http://www.ocdsb.ca/ab-ocdsb/f-n-f-qs/Pages/default.aspx

students $5,959. That year, Ontario students paid the highest average tuition fees in Canada at $7,539 per year.[20] The expense of education at the postsecondary level impacted some participants' life and career decisions. As one woman explained, "Costs [have] affected my decisions. I was looking at photography, but when I looked at all the costs, I was like, no never mind." Another stated: "OSAP [Ontario Student Assistance Program] is scary because you're taking up a big loan for something you might hate and drop out and then you're swimming in debt without anything to show for it."

In response to the question of what is changing, some participants who wrote specifically about education said they were dissatisfied with the quality and cost of education due to lack of resources, funding cuts, increased fees, or a combination thereof. One participant responded to the question of what is changing in education by reflecting on labour and economic changes:

> I hear that the younger generation coming out of university don't have the same kinds of opportunity [as compared with my generation] and along with all the services being cut, it's a lot of work that's being cut. I feel sorry for them, all the education that they get, and they come out and they're being told [at the beginning] that there are jobs, and there are none. And it's hard to even get an entry level job…When I got out of university, I took and entry level job and worked my way up but now, you can't even get a McJob.

Overall, in response to the question of what is missing or could be improved with education in Ottawa, women wanted free (or at least lower cost) access to post-secondary education, increased funding for education, and more specialized programs for children living with with disabilities.

3.2 Child care

Many women identified child care as an important public service. In response to the question of why, one participant, speaking from a worker's perspective, explained: "It's good for the kids first of all and it allows the parents to be able to engage in [the] workforce or education." In Ontario, there are at least five types of child care: licensed home child care, licensed child care centres, kindergarten, kindergarten before-and-after-school care (which are all government-regulated), and unlicensed care (which is unregulated). A 2012 *Fact Sheet* from the Ontario government identifies 4,922 licensed child care centres in Ontario, 132 licensed private-home day care agencies, and 275,900 spaces in licensed child care centres. Additionally, 17,000 children were enrolled in home-based care associated with licensed private-home daycare agencies.[21] The

[20] Statistics Canada, 2014. "University Tuition Fees, 2014/2015." **http://www.statcan.gc.ca/daily-quotidien/140911/dq140911b-eng.htm**

[21] Ontario Ministry of Education, 2012. "Licensed Childcare in Ontario: Key Facts." **http://www.edu.gov.on.ca/kindergarten/LicensedChildCare_KeyFacts.pdf**

Canadian Union for Public Employees (CUPE) explains the funding structure of this public service:

> Child care continues to be a patchwork of programs. Funding comes from the federal government through a notional allocation of the Canada Social Transfer (CST) to provinces and territories. Although there has generally been growth in provincial and territorial public funding for child care over the years, public expenditure on child care is low. Parent fees remain the main source of revenue for most child care centres outside of Quebec. Ontario's municipally operated child care sector has decreased substantially – down from 11 per cent of total spaces in 1998 to 2.6 per cent of total spaces in 2012.[22]

For decades, many women, families, researchers, and advocates across Canada have reported that quality child care is expensive and often unavailable. A 2014 report by the Canadian Center for Policy Alternatives researched parent fees for child care in cities across the country, and found that in Ottawa, on average, women spend 26% of their income on child care.[23] The report also found that in Ottawa, average fees for preschoolers (which the report identifies as "the largest full-day group for child care") are above $900 a month.[24] Regarding the universal child care benefit (UCCB), the Parliamentary Budget Office has calculated that more than half of the new UCCB is paid to families who not only have no child care expenses, but whose teenage children are highly unlikely to require any type of child care at all.[25] Effective July 2016 the universal child care benefit will be replaced by the Canada Child Benefit, payable until children are 18, but which will be 'phased out starting when adjusted family net income (AFNI) exceeds $30,000.[26]

Many women expressed dissatisfaction with child care services. On the individual questionnaires, 9% of all women said that child care was one of their most relied on public services. At the same time, many women reported that they found child care to be unaffordable. In response to the general question "what is missing?", 23% mentioned child care, particularly "universal child care", while another 4% said "affordable child care." During focus group discussions, workers spoke of a multitude of changes to child care. When prompted, one participant verbally listed changes:

> The removal of wage grants for workers, wages, increased part-time precarious employment, more temporary assignments rather than FT or permanent assignments, driving to [the] lowest common denominator when it comes to ratios and quality of care…ratios are being adjusted to allow for more children and less supervision...the marketization of childcare…[and] more and more home-based childcares without restrictions is accelerating the shifting issue of wages.

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[22] Canadian Union of Public Employees, 2015. "Sector Profile: Childcare." **http://cupe.ca/sector-profile-child-care.**
[23] Macdonald and Friendly, 2014:2.
[24] Ibid.:12.
[25] Canadian Centre for Policy Alternatives, 2015a: 45.
[26] Canada Revenue Agency. 2016. "Canada Child Benefit." **http://www.cra-arc.gc.ca/gncy/bdgt/2016/qa01-eng.html**

Another significant change identified by workers was a loss of child care spaces in Ottawa: three child care centres have been closed, resulting in a loss of 114 child care spaces. The effects of these changes were not discussed in detail during the focus groups, yet one participant made the point that the impacts of unaffordable child care are not felt solely by mothers and children: "child care issues [impact] not just women but all persons in society. It's not just a female parent, but [other parenting structures] like co-parents and grandparents. Now, more often, grandparents are depended on for child care." As the Canadian Centre for Policy Alternatives has shown, although there are a million Canadian families with young children, there are only half as many regulated child care spaces available, "leaving parents with long wait times and an increased reliance on the unregulated sector."[27]

While many responses to the subject of child care were negative, some women shared positive comments. Some women in a focus group of young mothers, enrolled in a program that combines secondary education with supportive child care, saw their program as a means to a more financially stable future. Some of the participants expressed gratitude that the school they attended offered subsidized child care. One participant who is a mother expressed optimism about child care benefits: "I think the universal child care benefit is going to go up by another $60 per month." It should be noted, however, that the universal child care benefit has been widely critiqued by child care advocates, particularly in contrast to a universal child care program.[28] The Canada Child Benefit which replaces the universal child care benefit in July 2016 does not address the issue of a universal child care program: instead child care remains an individual responsibility. Overall, it became clear from the focus group discussions and from the individual questionnaires that women perceive child care to be crucially important for all, yet unaffordable or unavailable for most, and perceived a decline in the quality of child care in Ottawa.

4. Recreation and Community Services

In contrast to other public service themes, women's comments about services related to recreation, and community service programs were overwhelmingly positive. Four women said that programs related to recreation and community services were their most relied on public service, and all of their comments were positive; additionally, six women wrote that "community services" were most relied on as public services, and the vast majority of those comments were positive. In response to the questions of "what is changing" and "what is missing or could be improved," women did identify a few areas for improvement. They noted that the costs of recreational programming have increased, and they identified a need for more recreational programs for people over the age of 21 living with disabilities, and for seniors. In one focus group, Muslim women said they would like women-only recreational programming.

[27] Macdonald, 2015.

[28] Canadian Centre for Policy Alternatives, 2015b.

One service that stood out in terms of women's positive experiences was the public library system. There are 33 public libraries in the City of Ottawa[29] and it has recently been reported that the "Ottawa Public Library is exploring the idea of building a new central library in partnership with Library and Archives Canada."[30] The Ottawa Public Library states that it is "committed to providing basic services to every person in Ottawa, free of charge, and to providing barrier-free facilities, resources and services," and that it "believe[s] that Ottawa's future economic and social prosperity depends on ensuring that all citizens are well informed and supported in their aspirations to learn throughout their lifetimes."[31] The library's mandate seemed consistent with some participants' experiences. As one woman said: "a lot of services are offered for free. And now if you're looking for work, if you need help, there is computer lab in the library and it's better - they've centralized everything and it's more user friendly now." Another woman shared her appreciation of the library system in detail:

> A service...that enriches my life is the public library system. [When thinking of public services] I think of basic needs as something that is relied on - but libraries, I love it. The library is a public space for everyone….Beautiful heritage buildings, accessible to all. And it's books, a whole lot of infrastructure…[invested] in public goods for all. It's an example of one thing that we are doing very right [and] it feels good to be investing in it. It seems symbolic of higher goals - cultural, educational; a commitment to public good.

Women who contributed to the discussion from the position of public sector workers reported that library services are undergoing multiple changes. Participants noted that an increase in technology is affecting workplace policies, and voiced concerns about how changes to library services can impact "vulnerable groups." They related their concerns about changes to the observation that the public perceives libraries to be out-of-date or irrelevant in the Internet age:

> The services we offer include those for vulnerable people. A lot of vulnerable people come to libraries. They re-enter workplace by consulting with us…so there's lots of literacy services…Outlook from the public is that libraries aren't [relevant] because computers and Internet are available [to all] so we don't need as many people working, everyone can self-serve. So they've reduced our staffing and ability to assist people [.] But we do need to serve vulnerable people, increasingly [.] Things like ESL (English as a Second Language) are very common, very important [.] There's more and more people that just drop in for help because they can't afford to go and take classes. And there's the [added advantage that it is] a safe environment.

Workers were vocal about the wide range of services and activities available through libraries, citing homework help, job help, human libraries, recreation passes, daycare, and more, and they questioned whether the public is aware of how many programs, services, and activities are offered through public libraries.

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[29] Ottawa Public Library. 2015. "Hours and Locations." **http://biblioottawalibrary.ca/en/library**
[30] Laucius and Duffy, 2016. "City, Library and Archives in talks to team up for new central library." Ottawa Citizen. **http://ottawacitizen.com/news/local-news/city-and-lac-in-talks-to-team-up-for-a-new-central-library**.
[31] Ottawa Public Library, 2015. "Strategic Plan." **https://biblioottawalibrary.ca/en/stratplan**.

Workers also made an important point: while the demand for some library services is increasing, economic changes are influencing library workplace policies, which are simultaneously having an impact on workers' hours and interfering with workers' ability to deliver services. As one participant described:

> [Libraries/library services] are much more than what [they] used to be but at same time [they're] threatened by economic pressures. We have more part-time work, more deskilling [among librarians]…Now there's a tendency to say, "oh well, people can just do things on their own." This is a real failure, a failure to give people proper information [and] guidance. Senior management is denying the fact that people still need assistance from professionals because they don't want to pay people to do the work.

The impact of these changes is important to think about because, as some participants were quick to point out, libraries are female-dominated work spaces.

5. Social Services and Public Safety

In Ottawa and cities across Canada, some social services are accessed directly through government offices, such as public income assistance, while other services are provided through community health centres and social service non-governmental organizations (NGOs). Often, social service NGOs are partly funded by governments for specific programs, and partly funded by other grants and donations. This section of the report covers social services that do not fit in any of the six other categories of services and discusses food banks (4.1), general social service provision including police services (4.2), and subsidized housing (4.3).

5.1 Food banks

Food banks are not technically a public service, funded or provided by government, yet some participants identified food banks on questionnaires in response to the question "What public service do you rely on the most?" In Canada, it is the non-profit sector, not governments, which is primarily responsible for funding and administering food banks, making food banks independent organizations. Food Banks Canada, a Canada-wide association, directs the fundraising, sponsorship, and activities of 10 provincial food bank associations, and these 10 provincial food bank associations work with 450 affiliate food bank member associations in cities across Canada to provide food to those in need. Each city has myriad non-government member associations and volunteers that aid in the collection and/or distribution of food.

According to Food Banks Canada, 850,000 Canadians use food banks monthly.[32] In Ontario, food bank use increased 19.2% from 2008 to 2014, and 45.3% of all people who access food

[32] Foodbanks Canada, 2015. "About Hunger in Canada." **http://www.foodbankscanada.ca/Learn-About-Hunger/About-Hunger-in-Canada.aspx**

banks are women.[33] The Ottawa Food Bank's 2014 report does not tell readers how many women rely on food banks each month or year, but the number of Ottawans who use food banks is increasing: "the Ottawa Food Bank saw a sharp increase in the number of people who accessed emergency food programs during the past fiscal year, reaching over 51,000 people a month for the first time in its 30 year history."[34] One focus group participant pointed out that food banks were originally established as a temporary solution for a temporary economic need, yet over time, food banks have become permanent fixtures in our communities. The perception by some women that food banks, along with other NGOs and community organizations, are public services shows that not everyone shares the same idea about what is – and what should be – a publicly funded or publicly delivered service. It is also a reminder that ideas about what ought to be a public service have changed over time, and will continue to change.

5.2 Social service provision and public safety

The research team also heard feedback from women about their relationships with social service providers which fit under the theme of Social Services and Public Safety. The stories that women shared about social service delivery provide insight on how changes in the structure of service delivery – such as funding cuts and staff cuts – can reduce women's access to quality services, and how the same changes interfere with the well-being of women who work to deliver public services. Women reported, for example, that they were dissatisfied with cuts to discretionary funds, such as taxi chits for emergencies, which workers control.

From what women shared in focus group discussions, it seems that the relationship between case workers and their clients is sometimes tense and troubled. Both users and workers were frustrated and critical of their respective situations. Some women who reported from the position of users expressed frustration while describing communication with their case workers. For example, they reported waiting for a length of time they felt was unacceptable to meet with case workers either in person or by phone. Some women described service provider interactions that involved aggression and harassment. It seems that waiting times and reduced availability of face-to-face communication with case workers contributed to women's experiences of aggression and harassment.

Public safety emerged as a concern during focus groups. Many women shared personal experiences of discrimination and harassment. In some cases, these incidents occurred during women's attempts to access public services, and in other cases, incidents occurred due to a gap in service availability. One woman who self-identified as Aboriginal shared a personal experience of being followed by an unidentified male. She reported the incident to the police,

[33] Food Banks Canada, 2014. "Hungercount 2014: A Comprehensive Report on Hunger and Food Bank Use in Canada, and Recommendations for Change." Mississauga, ON: Food Banks Canada, 28. http://foodbankscanada.ca/getmedia/76907192-263c-4022-8561-73a16c06dd2f/HungerCount_2014_EN_HR.pdf.aspx

[34] McCooey, 2014. "Ottawa Food Bank hopes for cash deposits, too." *Ottawa Citizen*. December 18th, 2014. http://ottawacitizen.com/news/local-news/1217-foodbank

but found the response to be inadequate. When the man repeated the behaviour, she decided against reporting it. Using an intersectional lens to situate stalking and police services in the context of the epidemic of male violence against Aboriginal women, and missing and murdered Aboriginal women, what this Ottawa woman described was how a lack of quality and responsiveness of public services put her health, well-being, and ultimately her life at risk. Women in focus groups said that it was not enough to simply increase security; they needed to feel that they could trust the system and people responsible for security services.

As an example of the gap in public services, women who lived in neighbourhoods that some participants described as the most unsafe places in Ottawa (Vanier and Overbrook were named), identified missing or inadequate security-related services, such as street lighting and bicycle and/or foot patrols. Women also reported avoiding Rideau Street and Montreal Road due to their knowledge of higher levels of homelessness and drug addiction there.

5.3 Housing

When women shared verbal accounts of their experiences with social housing in Ottawa, their stories were overwhelmingly negative. A large part of women's negative experiences with housing had to do with the issue of safety. As one woman stated: "OCH [Ottawa Community Housing] was the worst experience I have ever had." One woman described how her experience in OCH left her feeling vulnerable, and related her experience to the broader issue of how a lack of affordable housing leaves women trapped in violent relationships: "I was propositioned [,] there was a drug dealer...For women that are fleeing abuse that is one of the biggest problems now, that they're victimized more. It's systemic, and it's not being worked out." Women who worked in the social services field reiterated these concerns, and identified funding cuts to public services as an obstacle to the provision of social services, including housing and shelters: "you see a disinvestment in social housing...cuts to housing loss prevention affects our agency's ability to respond." Women who worked in service delivery pointed out that funding for women's shelters has been cut, and connected the issue of affordable housing to the issue of domestic violence.

The City of Ottawa acknowledges that hundreds of its residents are currently at risk of becoming homeless.[35] The City of Ottawa "subsidizes 900 clients in 29 domiciliary hostel care facilities" and has pledged to "increase the number of transitional and affordable housing units that include supports to help residents live as independently as possible."[36] In Ottawa, there are 40 landlords "who provide subsidized or rent-geared-to-income housing, including Ottawa Community Housing (OCH)."[37] OCH is Ottawa's largest social housing provider. It "provides

[35] City of Ottawa, 2015. "Addressing Homelessness." **http://ottawa.ca/en/residents/social-services/housing/addressing-homelessness**
[36] Ibid.
[37] Ottawa Community Housing, 2015. "10 Year Strategic Plan." **http://www.och-lco.ca/corporate-information/**

14,783 homes for about 32,000 seniors, parents, children, singles and persons with special needs."[38] Last year, Ottawa's Youth Services Bureau - which has 30 beds reserved specifically for young women - reported that "one thousand young people, mostly age 16 to 24, used emergency shelters in Ottawa."[39] The Ottawa Alliance to End Homelessness reported that in 2014, 914 Ottawa women used an emergency shelter; and estimated that there are 81 chronically or episodically homeless women in Ottawa.[40] And yet, as one participant shared from her own experience with homelessness, "There isn't enough housing. I was homeless for a while. I called the city and there was no room in any of the family shelters so they put us in a hotel." From the perspective of a worker, another participant noted that accessing subsidized housing has changed, citing long wait times: "The waiting lists are ridiculous. They are long, they could be 6-8 years waiting. And if you're a single person you're waiting even longer than that [for] subsidized housing." Another participant shared her thoughts: "community housing is empowering us, but getting worse at choosing residents. They 'throw everyone in there' and they don't think of the elderly, of women [...] and people with mental health [needs]." The same participant pointed out a systemic problem with social service delivery in housing: "workers are just left alone."

Participants also linked funding changes to the new "Housing First" approach to housing and homelessness in Canada,[41] which the City of Ottawa has incorporated into its ten year plan to end homelessness.[42] As one participant, a worker, described:

> Housing First [is] structured as a response for people who are chronically evicted, a wrap around response, for increasing the number of resources for those who have a hard time being housed, to keep them housed…But the other people, they didn't need the wrap around, they just needed those extra supports…and Housing First is intensive, resource intensive…This is going to have a big impact in Ottawa as well [.] There are no housing loss prevention workers any more… Rooming house outreach workers have been lost. Like, a whole range of services [are lost] because of the Housing First model.

Overall, women expressed concerns about funding cuts to housing and shelters. In response to the general question of "what public services are missing or could be improved?", some women identified social housing, affordable housing, and housing loss prevention programs, and mentioned insecure housing. Some also identified a need for more women's shelters and cited

[38] Ibid.
[39] Spears, 2014. "Housing First the Focus as Homelessness Experts Meet in Ottawa." Ottawa Citizen, November 17th **http://ottawacitizen.com/news/local-news/housing-first-the-focus-as-homelessness-experts-meet-in-ottawa**
[40] Ottawa Alliance to End Homelessness, 2013. *Annual Report*. Ottawa: Ottawa Alliance to End Homelessness **http://endhomelessnessottawa.ca/annual-report-card-2013/2013-progress-report/**
[41] Mental Health Commission of Canada. 2014. "Canadian Housing First Toolkit." **http://housingfirsttoolkit.ca/**
[42] City of Ottawa. 2015. "Our Ten Year Plan." **http://ottawa.ca/en/residents/social-services/housing/our-ten-year-plan**

either a lack of access or inability to access women's shelters as problems. Many women were either personally affected or knew of people who were affected by cuts to housing, which have reportedly reduced both the availability of housing and shelters, and perceived safety. Women identified the new "Housing First" approach to housing and homelessness as a significant change in the operation and delivery of housing-related services. Women also alluded to the difficult conditions under which social service workers operate.

6. Workers' Experiences with Changing Public Services

6.1 Overview

About half of all women who participated in discussions were employed, and, of these, 52% were employed by government (federal, provincial or municipal) (full and part time), with most of the others working in other (not-for-profit) public services. Overall, women workers expressed frustration with changes that prevented them from providing services and decreased the quality of the public services they provided. This included the loss of specific public services (for example, child care closures) and the loss of responsive, in-person services to the public through public government offices, which were closed in favour of online service delivery. Workers were greatly concerned about the change from physical to virtual public service access - "how are the elderly supposed to go online?" Further, workers reported that public service websites and 1-800 numbers are not user-friendly and force the public to endure unreasonably long wait times. They also reported that the delivery of certain public programs has become more prescribed and routinized. Women also shared their experiences of workplace harassment and discrimination.

6.2 Public service changes reduced accessibility

Public sector workers were frustrated by changes that restricted their ability to provide high quality service and made access to services more difficult for the public. Workers noted that individuals who faced the greatest obstacles often had the fewest options in accessing public services. Workers shared instances of employees who were restricted to communicating with people living with disabilities through faxes rather than talking over the phone, and veterans who were forced to travel long distances to talk to a person about their complex mental and physical needs that prevented them from using a website. One worker reported that her manager instructed her to hang up on a distraught veteran with brain damage who had called the wrong department rather than work with him to determine the correct government department. Other women reported that their departments had cut staff, based on the assumption that Internet and self-service are sufficient methods of public access to services. They explained that these changes reduced the staff's ability to assist people with complex needs, who continued to seek in-person assistance to access the service. Workers made the point that reducing access to

programs and services has put more pressure on other women, such as family members and friends, who must provide backup services themselves on a voluntary basis. Participants also described how women workers, with the perceived ability to multitask effectively, were taken advantage of, with increased workloads, as more of their co-workers were cut. Not being able to provide good quality public services in the way they know they could was a major source of frustration and distress for public sector workers.

6.3 Heavier workloads, more monitoring and a decrease in well-being

Most of the public sector workers reported more intense workloads and that ”women find a greater need to keep their nose[s] to [the] grindstone.” Changes to public services meant increased workloads, increased performance monitoring, and intensified work performance measurement. Some women reported that production quotas had increased to the point that experienced workers could no longer keep up, while phone call rate and accuracy were increasingly monitored, and the time to do up notes was meticulously measured. In some service delivery areas, users’ needs increased, yet staff were not increased to match the growing need. As workloads got harder and more stressful, public sector workers reported dealing with more anger and challenging situations from the users of their service.

In 2014, the federal government (Treasury Board Secretariat) released the results of its most recent Public Service Employee Survey (PSES), which asked 182,165 employees in 93 federal departments and agencies about their “opinions in relation to employee engagement, leadership, the workforce, and the workplace.” [43] The PSES asked employees “whether the quality of their work suffers as a result of certain factors.” The PSES showed that some factors that were negatively affecting the quality of employees’ work were increasing; for example, “Having to do the same or more work but with fewer resources” was reported by 48%, higher than in 2011 (44%) and 2008 (42%).[44] A similar trend was found with the question “Too many approval stages,” also reported by 48%, an increase from 2011 (45%) and 2008 (43%).[45] Researchers have studied the impacts of such changes to performance management systems, which have a negative impact on worker’s life quality. In “‘Whose Needs Are Being Served?’ Quantitative Metrics and the Reshaping of Social Services,” Donna Baines[46] wrote:

> Instead of promoting improved quality and public accountability, quantitative metrics in the social services expand bureaucracy and contribute to the standardization of work and the deskilling of the workforce, thus paving the way for increased reliance on low-wage, temporary, and unpaid workers.

[43] Government of Canada, 2015. “2014 Public Service Employee Survey.” Ottawa: Treasury Board Secretariat. http://www.tbs-sct.gc.ca/psm-fpfm/modernizing-modernisation/pses-saff/dr-rd-eng.asp#Toc410054862
[44] Ibid.
[45] Ibid.
[46] Baines, 2006: 207.

Banerjee et al. (2015) have shown that new monitoring and reporting systems in long-term care have led to an "avalanche of paperwork" that took time away from care, and in another report (2012), that rigid routines and added workload were aspects of the structural violence common in this sector. Empirical research on this trend by Anderson et al. (2003) concluded that relationship-oriented leadership (that generates trust and helps staff resolve conflicts) was associated with better health outcomes for residents, whereas surveillance of work performance was associated with immobility complications among residents. These are just a few examples of the academic research on work surveillance that show a decline in workers' life quality along with the quality of service delivery.

Increasingly high public sector workloads took a toll on the family life of some women: "they leave work and they're exhausted…and your kids are not going to get to any sports, unless your partner takes them…We need more people." Some women reported being psychologically traumatized in the face of job cuts and decreased service quality, and hurt and insulted by the message that they were "lazy, useless, uncaring, overpaid and use too many sick days." Workers also reported that the range of tasks that were considered to be "valuable" at work had been narrowed; for example, community service, the United Way campaign, bake sales, and caring for others at work used to be, but were no longer, considered to be valuable workplace contributions.

6.4 Harassment and discrimination in the workplace

Of the 178,618 people who responded to the question of "what is your gender?" in the 2014 PSES, 57.4% said "female". Of the 179,077 people who responded to the question, "Are you a member of a visible minority group?", 15.7% said "yes."[47] The PSES Survey *Report* does not use a gender-based or intersectional analysis[48], and therefore does not go into great detail about how working conditions are different for men than women or racialized women; however it does offer information about issues that disproportionately impact women. For example, 8% of all the workers who responded to the survey said they had experienced discrimination, with sex-based discrimination being the most reported type:

> Eight percent of employees indicated that they had experienced discrimination in the past two years. The most common types of discrimination among those who had indicated discrimination were Sex (24%), Age (23%), Race (20%). [49]

Additionally, 19% of the respondents said that they had experienced harassment on the job in the past two years.[50] The CUPE Equality branch (2014) reported that "marginalized workers…experience, on average, more workplace harassment than [other] workers" and that

[47] Q102, "What is your gender?" **http://www.tbs-sct.gc.ca/psm-fpfm/modernizing-modernisation/pses-saff/drdc-drcd-eng.asp**
[48] Another portion of the CPS study is analyzing the PSES data using an intersectional lens.
[49] Ibid.
[50] Ibid.

"the organizational factors that contribute to the development of harassment are amplified by privatization."[51]

In the Ottawa focus groups, workers reported workplace harassment and discrimination. Some public sector workers perceived an increase in workplace harassment, especially for minority women and older women. Others noted that their perceived racial identity or accent caused differential treatment. In one public service provided by predominantly racialized women, participants faced sexual harassment and complaints from clients because of their race. One federal employee described how taking calls from the public was sometimes a source of workplace abuse: callers would question where she was from and comment on her accent. She explained her strategies for managing these calls, saying that she sometimes responded with "I notice you have one too;" or, if callers became aggressive, she urged them to call back and speak to her manager. In one recent case, her strategy was effective: the caller stopped, and offered her an apology. These reports of harassment are consistent with the research literature, which links privatization and restructuring with higher levels of workplace harassment, both directly and through the mediating effects of heavier workloads, great insecurity and autocratic management.[52]

Women also shared their experiences of being gender stereotyped in the workplace. Women spoke about stereotypes – specifically, the stereotype that women are "natural multitaskers" and the stereotype that women are "naturally" better at taking care of others. The first stereotype assumes that an employee's skills are the result of their gender. For one woman, this meant that "women are taken advantage of because we are multitaskers so in the workplace adding more responsibilities on women." The stereotype of women as inherently superior at the work of care giving (and more willing to place family above career) surfaced in one woman's story about managing the work of caring for her aging parents. She reported that during a conversation with a colleague about the large amount of work it requires to care for her parents, her colleague asked whether she had a daughter to help her. This woman felt that her colleague's reaction indicated the assumption that if she had a daughter, her daughter should be helping her with the care giving task. Another woman shared her perspective on gender stereotypes and leadership: "Even if there are more women in leadership roles, the amount of power they have is less because of the regulations and the red tape. As women get higher not only is there red tape, these women also have to play the game as men."

6.5 Changes and job loss

Increased risk of job loss emerged as a theme of concern in consultations with federal public sector women. Women reported that other women and visible minority workers who occupied the lowest paid positions were most likely to lose or had already lost their jobs. For example,

[51] Canadian Union of Public Employees, 2014: 4 and 6.
[52] Ibid.

one woman reported that women in clerical positions were replaced by technology in her agency, and another said that at her workplace, it was mostly women and minorities (the lowest paid persons) who lost their jobs when their paper archives became privatized to an American company. A third woman observed that cuts had a significant impact on visible minorities in the lowest paid jobs, who were not deemed capable of taking on higher paid jobs; in her words, "…mostly, women, black men, Aboriginals (not the white people...they were given a chance), [were] deemed not suited to that job and dismissed." Another woman described federal jobs cuts as a triangle, where jobs were "never cut from the top, always from the bottom."

6.6 Summary

Overall, women employed in the public sector reported that changes to public services were negatively impacting their working lives. The cascading impacts of public service changes were notable in their reports of staffing cuts, which were at least partially due to the trend toward the elimination of face-to-face service delivery and its replacement by virtual public service access. Staff cuts - which disproportionately impacted women in low-waged clerical positions, who were also more likely to be racialized women or women living with disabilities - reduced worker numbers and increased workload. Increased workloads due to staff cuts were described as an obstacle that prevented workers from delivering services at acceptable standards, which was a source of stress and frustration both to their clients and themselves. This stress and frustration was compounded by reports of intensified monitoring and performance measurement. Further, women workers in Ottawa experienced racial discrimination and harassment, and racialized women were faced with the unique burden of strategically diverting racial discrimination and harassment in their workplace (i.e., unlike their non-racialized counterparts, they put effort into coping with racial discrimination). Changes to public services were negatively impacting the quality of these women's working lives, with consequences for the quality of life of the populations they served.

Conclusion

The Canadian Research Institute for the Advancement of Women (CRIAW-ICREF) and its partners aim to increase information about the impact of public services on women's lives in Ottawa, and across Canada. Public services are changing, and women in Ottawa reported that they were experiencing the largely negative impact of these changes in their daily lives in health care, transit, education, housing, child care, and recreation. By bringing together CRIAW-ICREF, its partners, and focus group participants to explore the questions of *what* is changing, and *how*, the discussion groups that took place in Ottawa are an important first step in what may become a long-term, collective effort to improve public service access and its impact on women's life quality. As one participant noted, without understanding what is changing, action is

difficult: "the public education piece isn't there...if you don't have and can't give the information around the deterioration of public services, then people aren't mobilizing around it."

A number of important conclusions can be drawn from this exploratory research:

- Women rely on many public services in the course of their days and lives. Over 60 women in Ottawa said they relied on over 200 public services.

- What is seen as a public service varied widely among women in Ottawa. Many women don't clearly distinguish between what is a public service, what is not a public service, and what *ought* to be a public service.

- Women pointed out many gaps and improvements needed in public services. Even the services that many perceived to be essential, such as health care, were found to have limitations, and heavily relied on public services such as transit, were not always meeting women's needs due to a lack of affordability, long waiting times and inconvenient routes.

- This research shows the importance of conducting an intersectional analysis. It is apparent that changes to public services impacted women in Ottawa differently depending on demographics such as race, gender, age, income level, and combinations thereof. Intersectionality is therefore a useful perspective for identifying the differential impacts of public service changes on different groups of women.

- Women in Ottawa were experiencing the cascading impacts of changes to public services. Changes to one service rarely resulted in isolated effects, but produced many interrelated effects on women's life quality. In the case of women's experiences with public transit, for example, increased fares or changed bus routes could reduce access to more affordable groceries, to medical appointments, or to participation in social activities, all of which have an impact physical and mental health and well-being. Public library services provide another example of the interrelatedness of public services. If governments offer fewer public services to those who need them, the public may have an increased interest in "free" public services provided at libraries - for example, ESL learning support or child programming. Increased demand for services could impact women who work in libraries part-time, as they must try to meet an increased demand for service delivery, while at the same time facing increased employment precarity (some women reported that fewer shifts were available or less consistently available). This example also shows interrelatedness between women who need access to public services and women who work to deliver public services.

Overall, women voiced the following needs for public services:

- Increased ease of access to public services such as transit;
- New or improved programs to help those women for whom it is difficult to afford even subsidized services;
- Increased scope of health care coverage;
- Improved quality of communication with service providers;
- Increased safety and inclusion when accessing public services - including the right to remain free from prejudice, discrimination, and harassment.

Women who shared their experiences from the perspective of public service providers voiced concerns about changes to the structure of service delivery. For example, they noted staff cuts and workplace policies that interfered with their ability to deliver services well. They also noted a "downloading" pattern in service delivery from higher levels of government onto the City of Ottawa, and from the municipal government onto community agencies:

> As our city steps out, we fill the gaps...It will be community resource centers that try to fill the gap with existing resources...We are so maxed out, trying to fill the gaps. We don't have the capacity, the resources.

The reported experiences of women as public service users and as providers of public services make up two sides of the same coin. Women reporting as public service users said that changes impeded users' ability to access services, and women reporting from the position of workers said that changes impeded their ability to provide access to services.

The focus groups in Ottawa are only one part of the Changing Public Services project. Regional consultations with women are also taking place in Vancouver, Saskatchewan and Halifax. An extensive literature review is underway as well as an intersectional analysis of national Canadian labour force data. Understanding women's experiences with public services and how the public services are changing is important for shaping future public service delivery to benefit diverse Canadian women. It is hoped that the CPS project will produce both relationships and resources that women can use to share perspectives on public services with each other, form new ideas about public services, make their needs known, and take action to improve how the services that they need the most are funded and delivered in Canada.

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