THE NATIONAL CHILDREN’S AGENDA: A NEOLIBERAL WOLF IN LAMB’S CLOTHING

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Introduction  One of the central debates in social policy analysis is how to interpret the current welfare state model in Canada. On one side of the debate are those who argue that the Canadian social policy regime is following a third way or social investment paradigm that breaks with the neoliberal paradigm in that it is concerned with social issues (for example, social cohesion) and involves new spending in carefully chosen areas with goals of building human capital, thereby ensuring equality of opportunity and economic progress. Children are seen as a particularly important target for investment and the preferred institutional approach favours partnerships between state and community or the volunteer sector. ¹ On the other side of the debate are those who present recent third-way developments as simply a new phase of neoliberalism, having gone from the roll-back (of government) phase in the 1980s to make way for competitive markets, to a roll-out phase since the 1990s. ² The latter is marked by an active state in which policymakers are preoccupied with finding ways to rationalize and normalize the neoliberal transition and its core and imposing state strategies, including, in the social policy realm, a more intrusive and intolerant approach to managing and regulating the poor.³

This paper focuses on changes in the federal role and outlook in Canada with respect to a policy area known as child and family benefits. More specifically, our interest is in changes in the federal orientation in this area under a new policy thrust called the National Children’s Agenda (NCA) — an umbrella concept that includes the Canada Child Tax Benefit/National Child Benefit (CCTB/NCB) and initiatives on early childhood development.
In Canada, the federal government has traditionally provided measures (such as the CCTB/NCB and a progressive tax system) that aim to redistribute income and wealth and that, therefore, reflect and reinforce collectivist concerns. This contrasts with a more casework-style orientation that aims to change individual behaviour and that has been the common approach under provincially run social assistance and social service programs. In this paper, I argue that, in recent years, federal actors have indeed shifted their orientation in this policy field in favour of a more residual and individualist or casework approach to supporting families. Evidence of this change can be found in both the federal level discourse surrounding the NCA and in new policy focus, federally, on narrowly conceptualized children-at-risk services with an emphasis on parenting, early childhood development, and risk reduction programs (albeit, the latter shift has occurred with the cooperative efforts of provincial- and territorial-level governments).

Such individual-oriented services might be considered positive and appropriate as a component of a broader social policy system that included a strong redistributiveollectivist foundation. Yet this paper argues that programs (or program areas) such as the current CCTB/NCB and childcare services do not, in fact, provide such a foundation. Indeed, these policy areas are somewhat ambivalent and contradictory as collectivist measures, and the combined effect of these weaknesses and the new interest, under the federal NCA, in programming for those deemed to be at risk is contributing to a policy milieu at the federal level (and possibly more broadly) that supports and legitimizes the narrower agenda of targeting and advancing individualized and privatized views on social problems and solutions.

The model of children-at-risk policy that is emerging under the NCA is also a concern, and I argue that it reflects a general turn in thinking in this field, at least at the federal level. Indeed, programs of this sort in some sense exemplify (and could be considered an extreme example of) the emerging thinking in this field. I examine one case in this program area to gain further insight into the substance and implications of the shift. I find that the new approach converges closely with pre-social security era social programs in the belief in individual responsibility, the way it rules out structural issues such as poverty and relations of inequality, and its more intrusive approach to
services in which the so-called community intervenes in the lives of families deemed to be risky. Tying the parts together (the greater relative weight being given to individualized programs and practices, the growing acceptance of risk-oriented approaches, and the growing acceptance of direct intervention in families’ lives within the latter realm of programming), I argue that federal-level actors are changing their approach and practices in this field in a way that further privileges the market over the social entity.

This paper begins with background on federal child and family benefits and its most recent iteration, the NCA. It then turns to a critical analysis of the NCA through two kinds of discussion. The first focuses on the direction of change in this field, especially regarding collectivism versus individualism. The second discussion is a critical focus on the content of the new programming oriented to at-risk populations that is emerging under the NCA, including its assumptions, ideals, practices, and discourses. The latter critique is based on the details of one particular program (a home-visiting program in Nova Scotia) that is typical of the type of program being privileged under NCA funding agreements. The conclusion summarizes the argument and draws out its implications for understanding the nature and direction of current welfare state change in Canada.

**Background on the National Children’s Agenda** The NCA is the latest thrust in the broader realm (that has a long history) of federal programs oriented to providing income support to families with children. For many years (1978 to 1992), this realm of federal policy was known as the child and family benefits system, and it consisted of the child tax exemption (1918), the family allowance (1944), and the refundable child tax credit (1978). To be clear, this system is separate and distinct from provincially run social assistance programs and social services that were funded under the 1966 Canada Assistance Plan (CAP). The family allowance was particularly significant because it was a universal benefit paid to all families with children no matter what their income. This feature gave credence to the view that raising children was an important social contribution made by parents, as opposed to it being defined solely in terms of the issue of poverty. From the late 1970s onward, the federal child and family benefits system
was cut and restructured to emphasize targetting over universality in keeping with a harsh neoliberal agenda of reducing social expenditures and dismantling the notion of social rights. Through various (stealthy) measures in the 1980s and early 1990s, the universal family allowance program was eliminated, and the remaining programs were rolled into a single child tax credit program (then-called the child tax benefit and now called the CCTB/NCB), which was targetted to low- and moderate-income families. Such restructuring was part of a more general reorientation of social policy over the 1990s towards a third way, human resources, or human capital investment, rationale.

The NCA was struck in 1999 under conditions of a federal budgetary surplus and a new climate of cooperative federalism. It represented a new commitment to social spending after years of cuts, and as such is seen as part of the new third way approach in Canadian social policy. From the outset, its focus was consistent with the broad agenda of targetting and employability that had become the guiding beacons for social policy reform from the mid-1990s onward. It adopted a human resources/supply side perspective that assumed that social problems were the outcome of individual weaknesses, and that solutions lay in social policies that helped “activate” citizens.\(^5\)

As an umbrella concept, the NCA embodies a range of program activities and benefits that are ostensibly geared towards the goal of ensuring that children are healthy. This focus grew out of several years of accumulating interest in the subject of population health, as well as new research on the science of child development and a growing belief in the third way approach of concentrating on building human capital in the subjects that matter most — children.\(^6\) The NCA agreement itself is a statement of intent, and a shared vision for the future that commits all levels of government to working together, and with the community, research sectors, and the public, to generate knowledge and share ideas to build a system to ensure healthy child development. Its more specific stated goals are to ensure that children achieve good physical and emotional health, that they are guaranteed safety and security, that they become successful learners, and that they become socially engaged and responsible citizens.\(^7\) In many ways, these goals echo those of programs established by the federal government in the early 1990s
The NCA has been further concretized through particular intergovernmental agreements struck over the past few years. These include the 1998 CCTB/NCB program (the so-called flagship program of the NCA), which provides income support, and two early childhood development (ECD) agreements. First, the Early Childhood Development Agreement (ECDA), announced in 2000, involved the transfer of federal funds (between $300 and $500 million dollars) to the provinces from 2001 to 2006, and targeted the areas of healthy pregnancy, birth, and infancy; parenting and family supports; early childhood development, learning, and care, and community supports. Second, under the Early Learning and Childhood Framework Agreement, announced in 2003, $935 million was pledged over a five-year period as matching federal funds to the provinces. Under these agreements, the federal government transfers funds to the provinces and territories who, in turn, fund community-based programs that provide ECD and childcare programs and services for families with young children. The NCB agreement also indirectly supports ECD programming through the requirement that provincial and territorial governments reinvest monies that would otherwise be spent on social assistance payments to families with children in areas deemed to complement the NCA (that is, child benefits, earned income supplements, child care, early childhood services and/or children-at-risk services, supplementary health benefits, and other initiatives). To be clear, while the concept of the NCA and the intergovernmental agreements were federally initiated and orchestrated, the programs themselves fall under provincial or territorial jurisdiction. The agreements establish general priorities and principles and leave the provinces free to decide (within limits) the kinds of programs to fund.

The Shift in Thinking and Policy at the Federal Level Our primary interest, however, is in the deeper logic of the activities under the NCA, in their assumptions, and their implications for shaping ideas about social problems and their solutions. A key issue is that while expertise in child
health and development provided the initial inspiration and knowledge base for the NCA and for the policy interest in early childhood development, it was front-line, community-based health and social services professionals or quasiprofessionals who influenced and shaped the policy debates on the NCA. The 1999 hearings of the Human Resources Development Canada Sub-Committee on Children and Youth at Risk were a key venue for the debates on the NCA, and it was here that health and social service professionals gained recognition as social policy experts within the context of this federal social policy community.\textsuperscript{11} Committee members viewed these sectors as having relevant, worthwhile solutions to the problems of families with children. Their perspectives fit nicely with the individualized standpoints of newly mobilized neoconservative actors who had also become active participants in the debate. The latter tended to agree that poverty and homelessness were serious problems, but attributed them to dysfunctional families and bad parenting practices.\textsuperscript{12} In contrast, antipoverty and social policy advocates found themselves marginalized in this discussion and on the defensive over key issues including, particularly, the legitimacy of the welfare system and the general need for universal child care. Through the give and take of these discussions, a certain level of agreement was reached, however, that marked a shift in understanding about the definition of the problems, their causes, and how to address them. In effect, these actors began to view the issues through the lens of health, within a framework that saw individual families and their parenting practices as an important and appropriate focus for policy. Participants tended to gravitate towards the view that individual shortcomings and incapacities — including psychological or emotional disturbances, lack of parenting skills, lack of training or poor academic achievement, alcohol and drug abuse, and so on — were the real source of the problems. Poverty was not framed as a social issue, but rather as a complex one relating to various factors (such as stress and workplace problems, dysfunctionalities within the family, generational patterns, and so on).\textsuperscript{13} In effect, broader social and economic conditions were defined as part of the stresses of modern life with which families must contend. There was also little or no interest in the situations of childless people.

In the context of these debates, new interest was generated in direct inter-
vention strategies as a new suitable policy approach under the NCA, as opposed to programs to ensure a general level of social protection for the broader population of families. This approach was seen as especially relevant for helping families/parents make the transition to employment and so-called good parenting. The players in this debate saw this as a novel approach; they saw these as pragmatic approaches that work for families. Dominant voices framed the issue in terms of the weakness and outdated qualities of the existing one-size-fits-all or cookie-cutter approach to services, and suggested the new way forward was to have communities play much greater roles in designing and delivering programs. The chosen rationale was that this would provide the variety and flexibility necessary to meet the specific requirements or problems of the local community and its most vulnerable groups (in other words, the familiar notion of local solutions to local problems).

More importantly, these ideas have had an influence on policymakers. This is clear when we consider the kinds of measures that have been funded under the NCA, that is, under the 1998 NCB agreement and the two intergovernmental framework agreements on early childhood development. In focusing on this issue, it is important to recognize the distinction between child care, on the one hand, and early childhood services and children-at-risk services on the other. The former is relatively collective and redistributive in so far as it aims to support the broader population of families with children, sometimes regardless of income. The latter grouping of services reflects a more individualized philosophy based on a belief in targeting vulnerable families. While the terms of the intergovernmental agreements allowed provinces to fund child care, they did not directly specify that a certain proportion go to child care. Most provinces have (thus far) chosen to give greater preference to a more targeted range of services described as early childhood services and children-at-risk services, as opposed to more universalistic and collectivist approaches such as child care (and, as noted, this preference is often in accordance with the ideological cast of the provincial government in power). The Child Care Advocacy Association of Canada showed that in 2002/2003, for example, the province of British Columbia cut childcare funding by $22.3 million in order to help foot the
The bill of a $44.2 million increase to what the government calls priority ECD programs. Further evidence suggests that this has been a general trend across the country. The majority of provinces and territories have spent at least half, and in some cases more than half, of all new ECD money on programs that aim to address groups or populations deemed to be vulnerable or at risk. Deena White found this to be the pattern in her 2003 study of the province of Ontario:

Its policies imply that it is unwilling to support any financial credit to parents outside of the labour market, any collective solutions to families’ child care needs … any significant wage top-ups for families with children, or any direct intervention in early childhood development except with respect to children at risk.

According to Leah Vosko, there was a striking absence of quality, accessible childcare services offered in Ontario’s Early Years Centres between 2001 and 2005, relative to services in health promotion, parenting, and child development. Many of the early childhood development and at-risk programs are delivered through family resource centres or home visiting programs and often address particular health problems (physical or psychological) or parenting skills, based on supposed evidence that parenting style is important in influencing child well-being (even more than income). Frequently included are services that provide support, education, and referral to parents (that is, counselling, training in literacy, nutrition, parenting practices, knowledge and skills relating to birth and care of babies), and/or that address specific health concerns such as fetal alcohol syndrome, emotional and behavioural disorders, developmental delays, and autism.

To understand the broader significance of this development, it is important to position it in relation to changes in the federal child and family benefits field as a whole, and especially to the question of how the collectivist/redistributive components of the system are faring. The latter issue is whether there is a strong foundation of programs in the system that serves to level the playing field between families with and without children, and that thereby ameliorates poverty and inequality and provides an ideological counterbalance to the individualizing thrusts of the NCA. Below, I
consider these questions by focusing on two programs that potentially serve such a role, the CCTB/NCB and childcare services. In this discussion, I do not provide a full assessment of the impacts these programs have, but merely attempt to highlight some of the discrepancies of these program areas with respect to their collectivist character.

Child benefits have been at the forefront of reform in delivering income support, including the Canada Child Tax Benefit (CCTB) and National Child Benefit (NCB). The federal government increased initiatives under the CCTB by $14.4 billion between 1999/2000 and 2004/05. The CCTB/NCB provides benefits on an income-tested basis and on a sliding scale to families with children who qualify, with the result that both poor and moderate-income families receive benefits. For this reason, the program has been likened to a guaranteed minimum income for families with children. Yet, over the last few decades the child benefits program area as a whole has turned away from its collectivist roots. Since the late 1980s, this program area has been restructured in ways that have seen the elimination of the universal component (the family allowance) and the embrace of a targetted approach that provides for the working poor. While the earlier system was mainly concerned with ensuring equity between families with and without children, and implicitly recognized the social value of raising children and the fairness of giving compensation to families with children, the newer system (as of the 1990s) focuses on poverty and takes a narrower supply-side perspective that constructs parenting as a private issue and occupation. The implicit message is that it is parents, as individuals, who are responsible for making the right choices to keep themselves and their children out of poverty, and therefore those who receive benefits have somehow failed to do their jobs properly.

This individualized perspective has been reinforced through the addition of a work incentive supplement for parents with earned income, and through a preoccupation with the issue of the welfare wall (the concern that people are not financially penalized when they move from social assistance to paid employment). While the program does not make an explicit distinction between so-called working parents and parents whose only source of income is social assistance, this distinction is reinforced all the same through the
strong focus on work incentives and the welfare wall. One of the major
criteria for judging the effectiveness of the NCB is, in fact, its apparent
success in encouraging parents to go off social assistance and into paid work — with single mothers being a particular focus.\(^2\)

Moreover, considering the structural impact of the program, various
political analysts have suggested that the federal NCB program plays a
crucial role in setting the agenda for provincial social assistance programs.
It can be seen as steering provinces to pursue reforms that prioritize work
incentives and that, effectively, encourage provincial governments to reduce
welfare benefits or keep them from increasing.\(^2\) Indeed, provincial social
assistance rates have decreased over the years in tandem with increases to the
NCB supplement.\(^3\)

Finally, with respect to the structural impact of the NCB on the labour
market, while empirical evidence is difficult to obtain, there is reason to
believe that it encourages the emergence and growth of low-waged labour.\(^4\)
John Myles, for example, has argued that the logic of policies like the NCB
is one of “modernizing the periphery,” or building bridges between low-
wage jobs and the world of social assistance.\(^5\) As he put it, such guaranteed
annual income-type policies are, in effect, a liberal labour market strategy
designed to expand the pool of labour willing to work for low wages; in
doing so, these policies encourage the development of a low-wage economy.\(^6\)
Certainly, poverty and inequality have grown significantly in the past few
decades in Canada. Child poverty rates are worse now (17.6 percent) than
in 1989, despite the job growth,\(^7\) with the major cause thought to be the
prevalence of low-paid jobs, or jobs that provide insufficient hours of work,
lack benefits, and so on.\(^8\) The level of poverty has been exacerbated by low
and declining rates of social assistance,\(^9\) increases in the cost of housing, and
the consistently high costs for daycare services (relative to incomes).\(^10\) While
a complete analysis of the effects of the NCB on jobs is beyond the scope
of this paper (to the extent that the program assumes the inevitability of
low-paid jobs and expects individuals to adapt to these conditions), the
program certainly serves to normalize the current situation.

With respect to child care, the issue is not changes to the childcare system
but the failure to establish a broad-based system. Many groups and govern-
mental commissions over the years have recommended that childcare services be delivered through a universal, public, accessible, pan-Canadian system. Such a system would be redistributive, create a more level playing field, and construct child care as a public and social good. It would be concerned with achieving equality, both in children’s access to high quality child care and in enhancing gender equality by relieving women of the undue responsibility for this work. Federal governments have often made reference to or promised this sort of system, moving on from the subsidy-based one provided under CAP, and now the Canada Health and Social Transfer (CHST). Within the current struggle, however, framed as early childhood development, such ideas and such a model have been relatively marginalized. While the bilateral agreements on child care that were negotiated between the Liberal federal government and the provinces/territories in 2005 (and cancelled by the Harper government) increased funding for childcare services, and were viewed by many as a breakthrough in the advance of such a system, the agreements gave provinces/territories considerable leeway to choose between the principles of universality and targeting, as well as between public and for-profit. In most cases, a very weak, market-oriented approach to services has been taken up. While there is some provincial variation that reflects provincial politics, the idea of child care as a targetted program — as a service to enhance the employability of needy families or to give families so-called choice in child care — has been increasingly accepted and adopted across the country. This is consistent with the fact that most governments have accepted the presence of for-profit or commercial operations in the field.

The result is that, in most jurisdictions in Canada (Quebec being the possible exception), families continue to pay a large proportion of their monthly income on childcare costs. The issue of quality also continues to be important, and relates directly to the kind of low-waged social service-type employment being encouraged in this field. Evidence suggests that the social service sector generally relies strongly on a low-paid, part-time, contingent, and mostly female labour force. For example, Nova Scotia’s Healthy Beginnings program deploys a workforce of what are viewed as peer home visitors, and this job sector has all of the features of a low-paid, female job
ghetto, including low status, poor working conditions (long hours, the use of a car, being on-call, the level of emotional demands, and so on).\textsuperscript{36}

The overall argument, then, is that the CCTB/NCB and childcare services have developed in ways that have veered away from a collectivist/redistributive model and are ambiguous and somewhat contradictory in providing a collectivist foundation for this policy field. These trends suggest a growing receptivity among key federal social policy actors to a more individualized analysis of the issues, and to a belief that at-risk programming itself is a positive (and possibly innovative) approach in this field.

The next section of this paper presents further insight into the nature of these ideas through an analysis of one particular case of at-risk programming — a home visiting program. Home visiting is just one approach that has flourished under the NCA, and, to be clear, neither home visiting nor casework approaches are particularly novel in Canada. They have a long history under provincial mothers’ allowance programs from the early to middle part of the century, and within social assistance and child welfare programs.\textsuperscript{37} Nevertheless, the ideas underpinning this program area are having a broad impact on the federal outlook and role in this policy field, and it is therefore crucial to explore the nature of these ideas and their possible effect on social relations in Canada.

**Nova Scotia’s Healthy Beginnings Program: At-Risk Services as Social Policy?** Nova Scotia’s Healthy Beginnings program is typical of the home visiting programs that exist across the country and that have received a boost through the various ECD framework agreements. Under this program, vulnerable families are provided with up to three years of weekly or bi-weekly home visiting services for the purposes of receiving education, information, referral, emotional support, practical help, goal setting and parent role modelling, and the supposed early identification of problems. The program’s goals are to improve the “physical, cognitive, emotional and social development of Nova Scotian children.”\textsuperscript{38} It is said to operate from a strength- or asset-based approach that aims to enable individuals to see and build upon their strengths. I argue that while these goals may sound progressive, in daily practice they reflect a step back to the earlier days of social
policy in which clients were routinely judged, blamed, and labelled by community-based program staff, who are the supposed experts in proper living. In this respect, they raise serious concerns from the standpoint of social justice and equality.

There are three main areas of concern. The first is the concept of risk that underpins the program, and the way this concept plays out in daily reality. Healthy Beginnings relies on population health research (with a focus on so-called determinants of health) to define risk in early childhood development. A main source of knowledge has been the National Longitudinal Study on Children at Risk, and the findings of this study are often cited by program materials. This body of work makes a series of claims about the relevance of various factors (family income, age of mother, family structure, education of primary caregiver, mental health history, family violence history, history of alcohol and drug use, and so on) in producing children who are maladaptive or have behavioural problems. It claims, for example, that risk factors are higher within certain populations — single-parent families, teen-mother families, low-income families, families with lower educational achievement, and so on. Under the program’s screening process, parents are scored as high risk if they are teenagers: “Teenagers tend to be self-centred, and as a result, … often have difficulty separating their child’s needs from their own and interpreting their child’s cues.” Single mothers are automatically scored as high risk based on the assumption that they lack social support, and those on social assistance are automatically assumed to present a risk as parents: “Physical and mental health, cognitive and social development, and academic achievement can all be negatively affected by low income.”

In reality, however, this research and these claims are grounded in, and prescribe, a set of norms and ideals that reflect specific cultural norms, namely mainstream, white, middle-class views and aspirations with respect to family and parenting. When applied to individual cases, poor and racial or ethnic minority families are disproportionately identified as the problem, and described in program materials as the hard to reach or as facing challenges, with the possible implication that they are seen as bad parents. Thus, the groups named most often by local programs as priority popula-
tions are single mothers, teen mothers, First Nations mothers, families of
ethnic or racial minorities, and so on.\textsuperscript{43} Indeed, in the Nova Scotia context,
parenting resource centres are often located in the impoverished commu-
nities or adjacent to marginalized populations, such as Aboriginal
communities.

A second concern relates to the limited nature of the kind of support
available under the program. The kind of help available is entirely contained
within culturally specific notions of healthy family life and parenting, and
fails to acknowledge or address the structural conditions that shape people’s
everyday realities. To illustrate, once a family is participating in the Healthy
Beginnings program, the staff are said to work with them to help them
formulate what are referred to as family goals. These goals, however, are not
of the family’s own choosing, but reflect the narrow interests of population
health theory or expertise relating to parenting and role-modelling for
children (for instance, to achieve “increased duration of breast feeding, age-
appropriate infant and child feeding, enhanced parent-child interaction, reduced exposure to tobacco smoke, age-appropriate discipline, increased
home literacy activities, and preventive health practices and services.”)\textsuperscript{44}
While home visitors offer some practical day-to-day assistance (such as
driving and delivering goods; driving mothers to appointments, food banks,
and grocery stores; and looking after the children during appointments),
this activity stops short of meaningful action to address the root problems
that limit the life options of families and cause their vulnerability in the
first place — including lack of sufficient income, good employment, racial
and gender prejudices, and so on. Indeed, the program actively redefines
the issue of poverty: it perceives it not as a cause of the problems and vulner-
ability, but as a symptom or warning sign of the vulnerability or risk that
is affecting the family.\textsuperscript{45} Eating habits and smoking are, likewise, defined
solely as matters of individual choice.\textsuperscript{46}

The main emphasis of the program seems to be to provide emotional
support to help families (mothers) cope with their everyday difficulties.
One of the supposedly unique aspects of the Healthy Beginnings program
is that it uses a workforce of peer home visitors who, because they share
much in common with the women they are visiting (that is, they are mothers,
are living or have lived on low income or social assistance, have experienced other negative life challenges), are considered best able to nurture mothers and families. Evaluations of the program suggest that emotional support is perhaps the most important benefit the program provides:

Our program really makes a difference in people’s lives …. It’s reaffirming to have someone that will come to your house every week and be a good support … having someone who is there, supportive, reliable and non-judgmental and gives a boost to the mother’s self-esteem, telling her she is a good mother and can get through it, that someone believes in her. That gives women energy and confidence to take the steps they need to take …

More than anything I am “ears.” That’s probably the most important thing I do …. For many of these women I am the sole support person …. They just need someone to vent to and someone who can sympathize with what they are going through …. And you can really see how replenished they are. They can be down and gloomy when you drop in and after a couple of hours just chatting they are alive and full of energy again.

The program seems to go beyond the concept of support, however, by operating in ways that are often manipulative, paternalistic, and controlling. While participation in the program is technically voluntary, in reality vulnerable families are relatively disempowered in this decision context. Program staff members are trained to engage reluctant families through positive and persistent outreach. Indeed, one of the explicit goals of the program is to increase the number of families accepting home visiting support. Moreover, clients are subjected to various pressures designed to elicit their agreement on the need to focus on, and overcome, their supposed vulnerabilities in order to make themselves self-sufficient, resourceful, flexible, and so on. Such ideals are implicit but evident in various materials produced by the program. They are expressed, for example, in the government web-based promotion for the NCB called National Child Benefit Success Stories. The stories ostensibly recognize the various life successes of individual NCB recipients. It is the extent of self-sacrifice evident in these stories, however, that is the real focus of praise, such as always putting your children first; taking responsibility for teaching them the right values and attitudes;
providing a role model for them that consists of doing whatever it takes to stay off welfare or away from food banks, even if it means a life of combining paid work and taking courses, while also being a sole parent; being grateful for whatever assistance you might get from public sources; and then, when you do finally make it, giving back to the community as a volunteer.

A third area of concern relates to the gendered complexion of Healthy Beginnings. Like other ECD/parenting/risk reduction services, this program claims to operate from a gender-blind standpoint, and to address the gender-neutral categories of families and parents. In reality, however, most of its clients (and most of the clients of programs of this type) are female, and they are predominantly mothers. In the case of Healthy Beginnings, it is overwhelmingly mothers in vulnerable families who are its clients, and the program’s operational manuals accept this as the norm. Mothers are the ones most often screened in the hospital, where they are asked a series of intrusive questions that are meant to probe the history of their coping mechanisms and their history of mental illness, to assess their mother-child bonding, and so on. It is mothers who most often receive the home visitor at their door, and are drawn into such activities as being helped by home visitors to set and work on their family goals. They are also mainly the ones on the receiving end of the information, education, and referral services and are expected to follow up on the recommendations, by learning new skills in cooking, nutrition, shopping, budgeting, healthy life styles, reading, infant massage and childproofing the home; following up on any referrals that home visitors have deemed to be important, or evaluating their own achievements. Leah Vosko found the same gender bias underpinning the operations of Ontario Early Years Centres. One of the central assumptions of the Centres is that children live in two-parent families in which there is one parent in paid employment and a second at home caring for the children, and the latter parent is assumed to be responsible for early childhood development. This gendered picture also appears in the Success Stories, all of which feature poor single mothers as the recipients of the NCB, while fathers are barely mentioned.

Despite the intention and claims of serving vulnerable families and of doing so in a way that is supportive and nonjudgmental, the practical effect
of the focus on risk does not allow for an escape from moral judgment. Indeed, these practices resonate closely with notions that underpinned pre-social security-era programs, such as the mothers’ allowance programs (circa 1920s, 1930s, and 1940s). Under the latter programs, for example, the problems were seen as lying in the incompetence of individuals (especially mothers). Charity workers from the community were seen as having expertise, which was grounded in white Christian moral values, and their role was to guide clients towards a state of moral uplift. Their practice included the routine monitoring and scrutinizing of clients, and their familiarity with clients was seen as an advantage to the policy’s administration.\(^5^6\) Clients were expected to live up to standards of worthiness, and to be grateful for the help they received.

While the current approach of at-risk programming reflects a greater sense of professionalism and a modern appreciation of the importance of not appearing to be judgmental, the approach clearly harks back to this charity or residual model of social policy. Within the current practice, the focus on worthiness has been replaced with an apparently more scientific and objective set of criteria based on the concept of risk. Local program workers are assumed to have expert knowledge in such topics as health, child development, and parenting, and are empowered to intervene in the lives of certain vulnerable parents to provide guidance, emotional support, counselling, referral, and so on. Familiarity with the client is seen as an advantage to the administration of the program, and clients are ideally expected to be grateful for the assistance they receive. The practice of surveillance and monitoring of clients continues under the new programs, but the innovation is that clients themselves are expected to participate in self-monitoring. Program tools are designed and used to draw clients into practices wherein they are continually reminded of their need to address their supposed weaknesses, to achieve their personal goals, and to continually assess their own progress. The current optimal standards are defined in terms of being adaptable, flexible, and resilient. Ultimately, however, the individual client is expected to become self-sufficient and, therefore, to not need or make demands for state support. This approach to services contrasts in fundamental ways with the approach that operated under the CAP cost-sharing program circa
1970–75. While the new risk-focused programs define the problems and solutions in purely individualized terms, CAP-era programs were grounded in a basic recognition of the concept of client entitlement to benefits (albeit being severely limited in practice) and the understanding that inequitable social structures were implicated in perpetuating the problem of poverty.

Conclusions: What Kind of Welfare State? This paper argues that there has been a transformation in the federal outlook and role with respect to child and family benefits policy. The nature of these changes gives us important insight into the path currently being taken under the Canadian welfare state. The new impulses can be seen clearly in the shifts, in both ideas and policies, that have occurred with and since the advent of the NCA. They were evident in the debates over the NCA wherein health and social service perspectives became critical in defining the issues. The range of solutions considered feasible and acceptable across the board of involved players were those directly related to helping so-called vulnerable families, as opposed to ensuring a general level of support and security for all families. The changes were especially evident in the switch in policy emphasis in this federal field, with federal actors increasingly advancing a policy framework that invites individualized/casework approaches and constructs these as positive strategies (and with provincial governments often being receptive to this emphasis, to be sure). This change might not be a concern if it were simply an addition to a social policy system that was already solidly grounded in a recognized need to address the broader population of families by ensuring income redistribution. As I have argued, however, the programs that could provide this redistributive foundation (such as a meaningful child benefit program and a universal childcare system) have also, over time, veered towards individualized constructions of the issues. Currently, they are highly ambiguous and limited as collectivist strategies with potential for addressing inequality and providing a sense of social solidarity. Indeed, the ideas underpinning at-risk services are not an addition to such a collectivist/redistributive foundation, but are in keeping with and emblematic of the overall shift in ideas and approach that has taken place in this federal policy field.
It is important to separate the claims of social investment from the actual manifestations that have occurred, and this can be seen by examining particular policy areas and particular programs and their practices. Programming for those at risk is, itself, a study in what has become the accepted approach for this field. These programs and those working within them have good intentions and advance more socially conscious discourses and humanistic approaches to intervention. Under them, individual clients are assessed and helped, often on the basis of knowledge relating to healthy child development and parenting practices. Yet, despite such progressive impulses, the resulting practices have a moralistic face that is reminiscent of the pre-social security welfare state days, and even the charity work of the turn of the last century. In this respect, the central focus on risk in connection with parenting practices appears as a modern social/scientific veneer on the old concepts of worthy and unworthy.

Clearly, we should be concerned about the potential such approaches have for reinforcing inequitable social relations. On the programmatic level, these ideas reflect the false notion that we are all isolated actors, and that we will succeed if only we try hard enough and adopt the right ideas and attitudes. They construct a version of the social that is harshly individualistic, and that can serve only to fuel a blame-the-victim mentality and legitimize new concepts of deserving and undeserving within the social policy community and society at large. For example, the deserving are those who try, who participate, and “embrace …[their] obligation to work longer and harder in order to become more self-reliant,” and the undeserving are those who refuse, resist or fail, and who end up being left to their own devices as the hard-to-reach or the hopeless cases. The approach does little to challenge the existing structures of inequality (reflecting class, race, gender, and so on), and has the potential effect of reinforcing and further instilling social prejudices.

As importantly, this approach ushers in a broader framework of thought that denies the existence of the social altogether. It undermines key concepts of the social-democratic enterprise, including social citizenship, social policy, and/or social responsibility. To the extent that this is the approach being
accepted and embraced, it is serving to deepen the neoliberal project. The
policy of the NCA, therefore, reflects the concept of roll-out neoliberalism.
It assumes and perpetuates a world view that solidifies and normalizes the
changes that neoliberalism has brought, while serving to govern the poor
from a distance and in ways that leave them completely open to the stric-
tures of the market. These orientations support a political agenda that
aims to bolster the market and maintain small government.

Many progressive social policy advocates saw promise in measures such
as the NCB and NCA because they saw them as a way to shift the balance
of Canadian social policy away from the residual model that underpinned
provincial social assistance, and that is so degrading and stigmatizing to
Canadians. Clearly, these are still important and worthwhile goals. In
pursuing them, one critical step is to challenge the current prevalent policy
focus on the concept of risk that seems to revitalize and relegate many
of the old moralistic notions and practices that were typical of the earlier
residual welfare state in Canada. We need to reassert the idea that the real
solutions lie in making sure that people have actual options in terms of
good employment and wages, and good future prospects. We also need to
build a model of social policy that recognizes and gives meaning to the
concept of social entitlement — one that includes meaningful redistribu-
tive policies (both income support and social services) that provide all citizens
with the means of surviving and living in dignity as individuals, and are
designed to encourage a healthy sense of social solidarity and caring about
the welfare of others.

Notes

Social Investment State,” Canadian Journal of Sociology 28/1 (2003), pp. 77–99; Alexandra
Dobrowolsky and Denis Saint-Martin, “Re-thinking Retrenchment: Ideas, Actors and the
Politics of ‘Investing in Children’ in Britain and Canada.” Paper prepared for the American
2. See Adam Tickell and Jamie Peck, “Making Global Rules — Globalization or Neoliberalism?”
in Jamie Peck and Henry Wai-chung Yeung, (eds.), Remaking the Global Economy — Economic-
Neoliberalism, and Urban Governance: A State-Theoretical Perspective,” Antipode 34/3
4. CAP was a cost-sharing agreement between the federal and provincial governments that provided guaranteed funding for social services. It was eliminated and replaced with the block funding program, the Canada Health and Social Transfer in 1995, which provided a much reduced level of funding (and has since been replaced with the Canada Social Transfer).


12. Ibid.


19. The goals of the NCB Initiative are “to help prevent and reduce the depth of child poverty; to promote attachment to the workforce by ensuring that families will always be better-off as a result of working; and to reduce overlap and duplication through closer harmonization of program objectives and benefits and through simplified administration” (Canada, Evaluation of the National Child Benefit Initiative, p. 7).

20. Armine Yalnizyan, Canada's Commitment to Equality: A Gender Analysis of the Last Ten Federal Budgets (1995–2004), Prepared for the Canadian Feminist Alliance for International Action (FAFIA), (2005), p. 80, <http://www.fafia-aaif.org>. Provincial governments have used some of the savings from the “offset” under the NCB (that is, the ability to deduct the NCB supplement from social assistance recipients) to provide supplemental amounts in child benefits (see Canada, Evaluation of the National Child Benefit Initiative).
21. See, for example, Canada, *Evaluation of the National Child Benefit Initiative*.
25. Myles, “Decline or Impasse?” p. 94.
29. The NCW reports that typical welfare incomes in 2004 were thousands of dollars below the poverty line and that benefits in many provinces and territories in that year were at their lowest levels since the 1980s (see National Council of Welfare, *Welfare Incomes 2004*).
30. Campaign 2000, *Decision Time for Canada* and *Oh Canada!*
31. See Prentice, “Manitoba’s Childcare Regime.” The Harper government introduced a “universal child care benefit” for families with children under age six, which was meant to help subsidize the cost of child care for these families and to stimulate the growth of child care in the private sector (or private/voluntary sector partnerships). Most critics agree that the plan does little to stimulate new childcare spaces or to cover the real costs of child care borne by families.
33. For example, while Manitoba’s fees for child care are among the lowest in Canada, a single mother in Winnipeg with two children, aged three and six, must still spend 26 percent of her budget on child care. If she earns more than $24,577 (net) per annum, she is not eligible for any assistance from Manitoba’s childcare subsidy program (Campaign 2000, *Diversity or Disparity*, p. 11).
34. According to Campaign 2000, the average wages of workers in the childcare sector are “abysmally” low and not consistent with the average wage (*Ibid.*, p. 13).
36. While the educational requirements for these jobs are set low (grade 12), most home visitors in Nova Scotia have post-secondary education or a university degree. The pay rate ranged from $10 to $15 per hour in NS in 2003. “Early interventionists” were paid $30,000 in NS in 2003. In PEI, the starting salary for home visitors is $8.50 per hour, going up after six months to $10 per hour (Susan Lilley and Phyllis Price, *Home Visiting to Support Young Families in Nova Scotia: Report of a Province-wide Program Scan* (Nova Scotia Department of Health and the Healthy Beginnings: Enhanced Home Visiting Initiative, Provincial Steering Committee, May 2003), p. 43.
37. See, for example, Margaret Little, “No Car, No Radio, No Liquor Permit”: The Moral Regulation of Single Mothers in Ontario, 1920–1997 (Toronto: Oxford University Press, 1998); Gerald Boychuk, *Patchworks of Purpose: The Development of Provincial Social Assistance Regimes in*


39. Low education of the primary caregiver is also a concern: “The National Longitudinal Survey of Children and Youth (NLSCY) found that education level of the person most knowledgeable about the child (most often the mother) was a significant predictor of children’s verbal ability …” (Ibid., p. 29).

40. Ibid., p. 23.
41. Ibid., p. 24. The program manual cites a Health Canada publication on the determinants of health on this question.
42. Ibid., p. 24.
43. Lilley and Price, Home Visiting.
44. These are described as “mid term outcomes” of the program; see Nova Scotia, Healthy Beginnings, p. 8.
46. Ibid.
47. Ibid., p. 15.
48. Ibid., p. 19.
49. Ibid., p. 16.
50. For example, “[p]rogram staff maintain contact with families who are believed to be candidates for the program yet refuse to participate, using a positive approach to encourage them, over time, to accept support.” (Susan Lilley and Phyllis Price, Healthy Beginnings: Enhanced Home Visiting Initiative – Evaluation Framework (Nova Scotia Dept. of Health and the Healthy Beginnings: Enhanced Home Visiting Initiative, Provincial Steering Committee, December 2004), p. 4. Also see, Nova Scotia, Healthy Beginnings ..., p. 33.
53. Mothers with newborn children are assessed in terms of their initial bonding with the child: “it is likely that the strongest single familial factor protecting the potential for resiliency is the establishment of a secure attachment to a primary caregiver” (Nova Scotia, Healthy Beginning, p. 27). Her behaviour with her child is observed and assessed, including any verbalizations, disappointment in the sex, negative comments on mothering abilities, and high levels of anxiety (Ibid., p. 28).
54. Lilley and Price, Home Visiting, pp. 20–21.
60. Yalnizyan, Canada’s Commitment, p. 100; Roelvink and Craig, “The Man in the Partnering State.”