Out of Place: Mediating Health and Social Care at the State - Nonprofit Divide

Tamara Daly

The (nation) state – nonprofit literature is divided on the question of whether processes of state retrenchment (Salamon 1995) or increased state involvement (Wolch 1990; Rekart 1993; Milligan 1998) define its boundary with nonprofits. In some sectors, such as the home support sector in Ontario, both processes are simultaneously occurring (Daly 2003). This sector has undergone dramatic transformations since 1990, when changes to the province’s administration, funding, and regulation of nonprofits occurred. As a result, nonprofits’ position and identity relative to the state has changed. This poster focuses specifically on nonprofit organizations that provide home support to care for community-dwelling frail elderly individuals. The focus is sector-specific since broad characterizations of the state – nonprofit relationship focused only at a national level can miss the important shifts that define inter-sectoral relationship boundaries. The study analyses 48 key informant interviews, state policy and planning documents, and administrative data extracted from Ontario’s Community Support Services database.

What are missing from existing analyses of the state-nonprofit relationship are considerations of how divergent processes of state retrenchment and increased involvement regulating and funding, shifts nonprofit organizations’ and their staffs’ sense of “place” as they mediate health and social care for their (elderly) clients. This study draws upon some of the pioneering insights of a “reinvented medical geography”, which “put[s] health into place” (Kearns and Gesler 1998). The idea is that health and social care policy are viewed through the lens of place, understood as a social construction where human interactions are mediated and moderated. Place is, as John Eyles (1985) articulates, an interactive relationship between daily experience of a local place and perceptions of one’s place-in-the-world. In other words, place is a dialogue between position and identity.

The central thesis is that the flux in the home support sector has shifted nonprofit organizations’ and their staffs’ sense of identity, and their position relative to the state. Nonprofits’ place as providers of health and social care are affected by three key state level changes. First, the state has changed how and for what services organizations are funded. Prior to 1990, state funding was “global”, in other words, organizations were free to use the funding to support all their activities, including core activities such as fundraising and marketing. New rules disallow state payment to cover core activities, meaning fundraising must be self-sustaining, and the amount of fundraised dollars allocated to service provision must be maintained. In other words, fundraising must pay for staff time to fundraise and market the organization to donors, clients, and volunteers; to maintain consistent levels of “other” funding to support state-sanctioned services; and to cover costs for any additional programs or services provided to elderly clients that fall outside of state-sanctioned services. The state no longer funds core activities, or any activities not directly related to providing stipulated services.

Second, with state funding tied to the provision of certain services, nonprofits increasingly provide only state-sanctioned, mandated and funded services. This shift stands in contrast to the idiosyncrasies and uniqueness of service provision prior to 1990, the year when new rules and regulations began to be instituted. Prior to 1990, local organizations received state
funding for activities and services organizations identified as necessary in their communities. Today, nonprofits are funded to provide only those services that are deemed necessary, a decision made centrally within the Ministry of Health and Long Term Care. This removes a great deal of geographic specificity. The activities of nonprofit organizations are thus constrained, in favour of defined services, procedures and formats that are consistent across regions. New rules have forced a standardized logic on nonprofits, with the outcome that they are less different and heterogeneous than before. Given state conditions on their funding, nonprofits increasingly see their place as state contractors, providing services for a specified price.

Third, state accountability, as currently practiced, measures and counts the number of services provided, and accounts for how dollars are spent. Client outcomes are not currently measured by the state. In tying funding to standard measurement and regulation, organizations’ sense of “place” has been diminished. Local ingenuity and insight – previously hallmarks of organizational success and connection with their communities – are superseded with the logics, norms, rules and measurement of a distant bureaucracy. Across the province, common terminology, program focus, definitions and measurement requirements are used to enforce accountability and contract compliance. Accountability is measured in terms of contract compliance and the provision of state-sanctioned services, not responsiveness to multiple, specific community needs. Some services that were previously “common”, in function if not form, are no longer funded. Individual programs and activities that were unique to organizations have also been cast aside. The services that remain publicly funded have been pared back to include only those considered most palatable to being “publicly funded”. What are lost are the intangible aspects of unique local services that helped keep organizations regularly in touch with their elderly clients. In order to ensure accountability, Ontario has linked its funding and assessment of the quality of organizations to quantitative measures of service provision, such as the number of meals delivered and rides to doctor’s appointments. This is important since none of the nonprofits’ studied, nor the staff interviewed chose to define their identity in narrow service provider terms.

Place, an amalgam of identity and position, is an important construct for understanding the shifting relationship between the state and nonprofits. By focusing on home support organizations in Ontario, this research highlights how the ebb and flow of the state, in terms of its funding and regulatory retrenchment and increased involvement, has impacts on the identity and position on nonprofit service providers under contract with the state. Place, as dialogue, helps frame and contextualize the ways in which staff of nonprofits view their experience as dislocated, their own decision-making power as less autonomous and more constrained in their local role advocating on behalf of the elderly in their communities, and in criticizing the policies of the state. What results is organizations’ and staffs’ sense of dislocation from their local communities; they lack the power and authority of fully publicly funded services --even though they are increasingly agents of the state -- and the autonomy, creativity and flexibility that they previously enjoyed in this sector.
References


