

The State of Public Services in Manitoba - 2004



Canadian Centre for Policy Alternatives - Manitoba

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In 2004, Manitoba's economy looks to be relatively healthy. Unemployment is lower than the national average, as it has been for decades, and there is reasonable economic growth. No one would therefore be too surprised to see that government officials and others are confident and even complacent in dealing with the many social needs facing Manitobans.

However, as this report on the state of public services in Manitoba clearly shows, such an attitude is unwarranted. Many people in our towns and cities and in our rural areas do not have adequate access to good quality health, education, social and municipal services – the publicly-provided services that we have come to expect as part of the Canadian tradition. In our view, Manitoba is, in fact, facing a looming social deficit.

Our social deficit is accumulating because, as we will demonstrate, public services in Manitoba are, or are in danger of, degrading. This is evident in the overall levels of activity of governments.

For the City of Winnipeg, real spending per person has been steadily – and dangerously – dropping. In 2001 dollars, it has gone from a high of just over \$1450 in 1992 to just under \$1300 in 2001 (CCPA-MB, 2003). This is significantly less than in Edmonton and Calgary, for example.)

Provincially, program spending per capita has recovered somewhat from a steady decline to the mid 1990s – from just under \$4400 in the early '90s to a low of \$4000 in 1996 to \$4890 in 2003, in inflation adjusted 1992 dollars (CCPA-MB, 2003 and calculations from Manitoba, Department of Finance, 2004).

Moreover, government activity is becoming a smaller

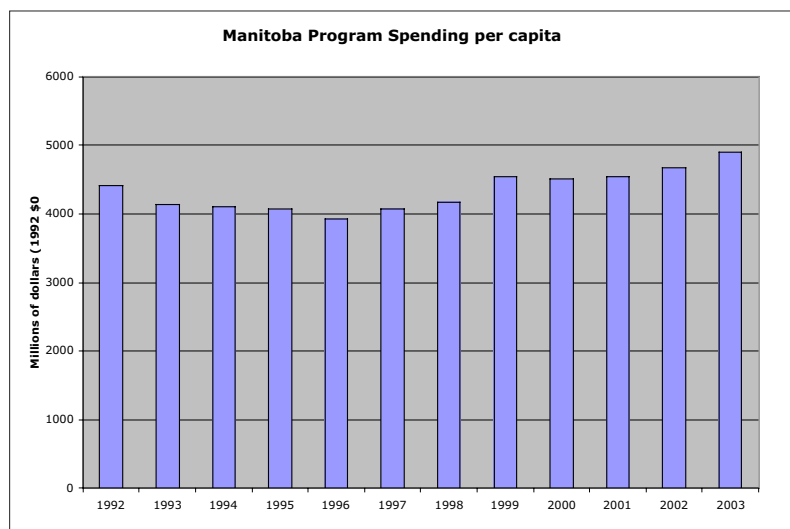
and smaller part of the overall economy. For the province, real spending, which will increase slightly to about \$6.7 billion in 2004, is actually a declining proportion of provincial GDP: from 18.9 percent in 1995/96 to 17.9 percent in 2002/03 (Manitoba, Department

funding public services. In so doing, the provinces and municipalities have been forced to pick up more of the costs. Particularly concerning in this regard is the 2019/20 federal surplus of \$78 billion projected by the Conference Board of Canada, while the provinces and territories will collectively

have a deficit of \$11 billion (Conference Board of Canada, 2004). Add municipal fiscal problems to this mix and the lack of connectedness in the structure of Canadian fiscal federalism is painfully clear. Tax revenues, which all come from the same people, are amassing at the federal level while the provincial and municipal levels are being severely squeezed.

This general trend is obvious in federal program spending. Between 1993/94 and 2002/03, federal spending is down from 15.7 percent of GDP to 11.5 percent, a level not seen in Canada since 1949/50 (CCPA, 2004). Moreover, despite 1997 and 2000 election promises of a “balanced approach” to budget surpluses (50 percent to social programs and 50 percent to tax cuts/debt reduction), in the first five years after the elimination of annual deficits, 44 percent of the “fiscal dividend” went to debt reduction, 46 percent to tax cuts and a measly 10 percent to genuine enhancements to federal public services. The latest CCPA *Alternative Federal Budget* estimates 2004/05 federal spending at 11.4 percent of GDP, meaning there will be federal underspending of its own EFU of \$2.9 billion.

A key element of the federal desertion of its public services responsibilities has been the CHST. In health care alone, the federal contribution has dropped from 50 percent under the pre-CHST Established Programs Funding, to just 13.3 percent in 2000 (Black and Silver, 2004). Moreover, for Manitoba, the federal net fiscal balance (transfers to a province plus federal expenditures in a province minus revenues collected in a province) as a proportion of GDP has dropped by 22 percent between 1982 and 2001 (Black and Silver, 2004), a loss to Manitoba of \$100 million in 2001. The CCPA's *Alternative Federal Budget* shows that the federal government could easily increase spending by up to \$2 billion to health care, almost \$2 billion to a student grants program, \$5 billion to a 3-year infrastructure program and near \$2 billion for a training and adjustment program for laid off workers and still have a balanced budget. To put it bluntly, it appears the federal government is abandoning its commitment, embodied in section 32.2 of the *Constitution Act* (the ‘equalization clause’), to enable provinces to pro-



of Finance, 2004). The pattern at the City of Winnipeg is similar. Spending compared to the city’s overall economy has dropped by 22 percent between 1992 and 2001, going from 6.1 percent of GDP to 4.7 percent of GDP (Mayor Glen Murray, 2003).

A good part of this decline in spending on public services is, of course, the result of a deliberate set of political values and policy choices – cutting taxes, the source of revenue for needed and desired public services. As former mayor Glen Murray’s *State of the City Address* (January 2003) made so clear, only Winnipeg of the major western Canadian cities has shown negative revenue growth. In the four-year period, 1999 to 2002, Winnipeg has averaged a 2.1 percent decline while other cities had an average 3 percent revenue growth. The government of Manitoba has followed a similar course. Excluding federal government transfers, in 2004 provincial revenue will fall to 12.7 from 14.6 percent of GDP in 1995 (Manitoba, Department of Finance, 2004).

This last point is worth emphasizing. Our looming provincial and municipal social deficit is also the result of the overarching desire of the federal government to cut taxes and pay off debts. Over the last two decades, the federal government has reduced both its transfer payments and its share of providing and/or

vide roughly equal levels of public services at roughly equal levels of taxation.

For a province like Manitoba, transfers from the federal government are a lifeblood. Nearly one third of our provincial revenue, for the past decade, has come from the federal government – between 26.5 percent (1998/99) and 33.1 percent (1995/96) . We are only now approaching the same level of federal transfer of 9 years ago, with 32.3 percent in 2003/04. In inflation-adjusted 1992 dollars, federal transfers to Manitoba in 2002 are almost exactly the same as in 1992 - \$1.812 billion and \$1.816 billion, respectively.

Put simply, we can afford, federally, to spend more on social needs. And, a very recent opinion poll shows, as has been the case for several years, that for Manitobans tax cuts are no where as high a priority as adequate serv-

Our looming social deficit is also the result of policy choices that disregard the growing inequalities and inequities in all of Canada. Poverty and inequality are fiscally dysfunctional – we have known for many years that poverty and inequality put tremendous pressures on government spending. Public services that assist the less well off, that combat poverty and other forms of inequality, over the long term actually reduce the need for spending in many areas. This relationship is most clear in health care, where ill health is strongly related to income levels.

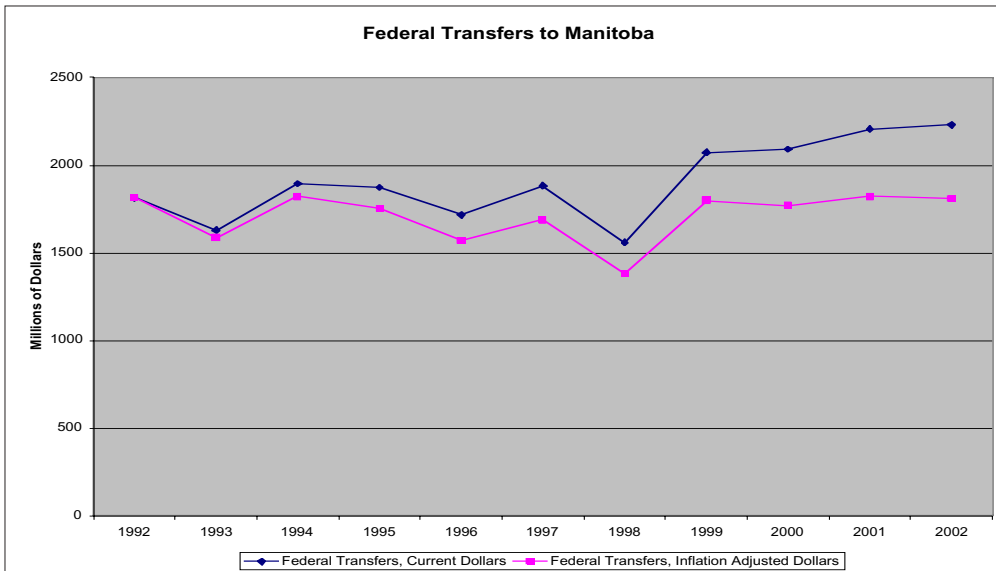
And, inequality is growing. According to a recent Statistics Canada report, median incomes for the 1990s grew by only 1 percent, while growing by 5 percent in the 1980s. More to the point though, income gaps in all of Canada have widened: in the 1990s, income for the

top 10 percent of Canadians grew by 5 – 10 percent, while for the bottom 10 percent incomes did not change or dropped slightly (Statistics Canada, 2004a). For Winnipeg the widening gap is more pronounced. Between 1980 and 2000, income in the poorest 10 percent of neighbourhoods fell by 4.5 percent, while rising 16.8 percent in the richest 10 percent of neighbourhoods (Statistics Canada, 2004b). Moreover, public policy decisions that do not take these growing gaps into account, add to an escalating social inequity.

Tax cuts continue to benefit those at the top of the inequality ladder and services cuts penalize the poor.

In short, the state of public services in Manitoba is the result of all three levels of government failing to meet their responsibilities. At each level, decisions are being made to treat public services as budget obligations and burdens, rather than as cultural, social and economic assets.

We argue that we have – at all three levels – reached a tax-cut wall. Our governments cannot maintain commitment to accessible, high quality public services, which it is clear the majority of Manitobans want, and focus so single-mindedly on cutting taxes. If public serv-



ices (Manitoba Government News Release, 2004). Yet, provincial and municipal governments have followed the same course. For the City of Winnipeg, tax cuts since 1996 have reduced the City's revenue potential by \$57 million annually in 2003 (McKenzie and Scarth, 2004). This, and the decline in provincial revenue as a proportion of GDP, indicate clearly that there is a good deal more room to finance public services from tax revenue than we are often lead to believe. In this context, just maintaining health and education spending means huge cuts to other necessary public services including environmental protection, water quality monitoring, and social assistance, just to name a few.

ices were still seen as important – nay, essential – to Canada having a vibrant domestic economy and a strong social fabric, then more resources would be allocated to them and reports like this one would be very much more complimentary than critical.

This report evaluates the state of public services in Manitoba over the past ten years. While 1993-2003 is the time framework, we use the best data available so that the time periods in each section may vary slightly. We examine health care, education, social services and municipal services (mainly in Winnipeg). While there are many other public services and each section does not consider all aspects of the service being evaluated, we are confident that we are providing an accurate and useful picture of the quality of and accessibility to public services in Manitoba.

Manitoba's social deficit is most evident in the state of municipal services. Based mostly on our assessment of Winnipeg, there has been a continual and very worrying decline in both quality and accessibility. From street repairs and transit to grass cutting, libraries and swimming pools, the services provided by municipalities are less available and are becoming less affordable to most citizens as they are, more and more, subject to less-than-equitable user fees. Recent efforts by the former mayor and city council to craft a new deal demonstrate a concern for declining services and their link to inadequate revenue sources. However, getting more revenue from the provincial and federal governments is uncertain, and in the meantime services continue to suffer.

Health and education have not suffered to the same degree as municipal services. Manitobans are served reasonably well in both these areas. Since the mid-1990s quality and accessibility have not declined significantly. In health care, the commitment to a publically-funded and publically-delivered health care system is clearly evident and increased funding since the mid-90s has been targeted for maximum effect. Yet, key aspects of health and education still need to be addressed. School boards continue to have to raise taxes to maintain educational quality in the face of a provincial government that has not seen fit to contribute at historic levels. At the post-secondary level, the tuition freeze has been effective in keeping educational opportunities open, but the need to expand post-secondary facilities is hampered by underfunding. For our health care system, the serious and, admittedly, difficult challenges of access to primary care and controlling sky-rocketing drug demands and costs have not been squarely faced.

While health and education have occupied the public service centre stage, social services have come under pressures similar, but not as extensive, as municipal services. Some repair to the significant damage done to social services in the early to mid 1990s has occurred – child and family services and child care have seen important improvements. Other areas of social services, especially in social assistance, have continued to languish and for many social services quality and accessibility are not at the levels of the 1980s. Hope for immediate improvements was dampened by the province's 2004-05 budget which froze or cut spending in 12 provincial departments (Hudson,

	Quality	Trend	Accessibility	Trend	Overall
Municipal services in Winnipeg	D	↘	F	↘	D-
Health	A-	→	B	↘	B+
Education	B+	↗	B+	→	B+
Social services	C	→	D	↘	C-

May 2004).

HEALTH CARE

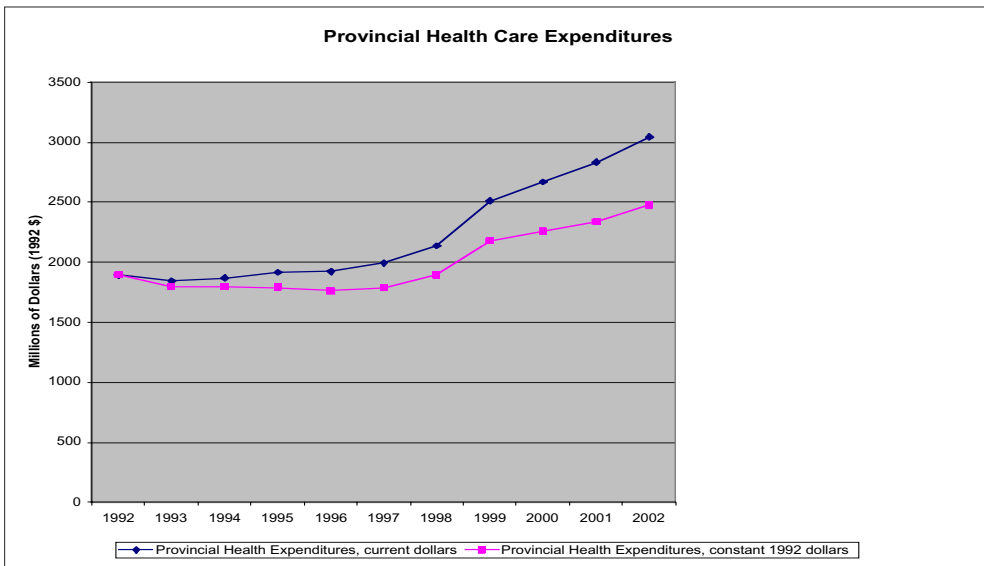
The major determinants of the health of individuals and populations include social and economic inequality, air and water quality, the safety of food products and workplaces, lifestyle choices and the health care system. This report focuses on the health care system.

Overall expenditures

percent in 1997. It then rose again but only to 8.4 percent by 2002.

From 1989 to 1997 health care was a victim of the cost cutting ideology of the government. In those years a quarter of the provincial total of hospital beds were closed and more than 1000 nurses lost their jobs. In 1997, the government allocated an additional \$200 million to health care for the next two budget years in part to pay the increased costs of the new regional health authorities. Thus, the fall and rise in health spending between 1989 and 1999. Later increases are largely accounted for by the NDP's promises to end "hallway medicine," and to restore some of the losses of the previous decade.

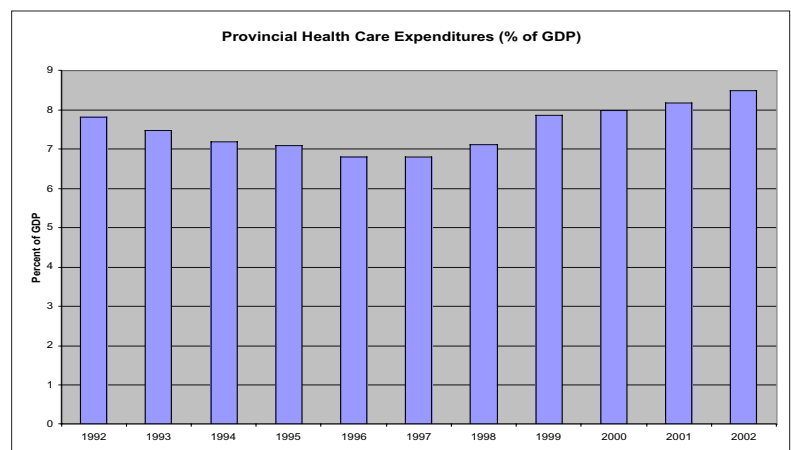
On this indicator, there is currently a fairly strong government commitment to a publicly-funded system. The expenditure increase of the past five years are not symptoms of a "crisis" proclaimed by those who point to them as reason to privatize services. Measured by ability to pay, health care expenditures have risen very modestly since 1992.



Contracting out

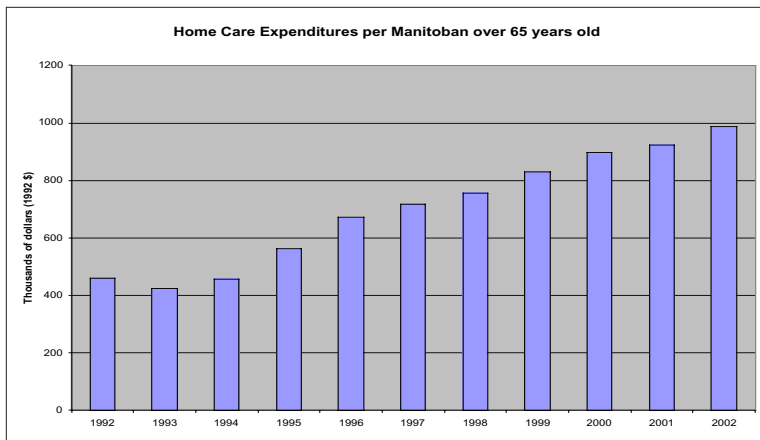
Contracting out of health care services to the private sector essentially involves public funding of private contractors to deliver specified services. The bulk of the evidence from many sectors, not just health, is that contracting out does not deliver on its claims of cheaper, better quality service. There are three cases in point from Manitoba. In 1994 health information

Total expenditure, while not synonymous with quality does indicate taxpayer and government commitment to health care. As shown below, between 1997 and 2002 there was indeed a sharp rise from \$2 billion to \$3 billion. Health care expenditures accounted for 65 percent of the increase in total provincial spending since 1999. Measured in inflation-adjusted dollars, the rise is not as dramatic. Moreover, health expenditures as a percentage of GDP (see chart to the right) dropped from 7.9 percent in 1992 to a mere 6.9



services were contracted to Smart Health, a subsidiary

Community care



of the Royal Bank; later sold to a Texas multinational. Approximately 5 years into the contract, \$34 million had been paid to Smart Health without achieving any of the promised results. It cost another \$17 million to cancel the contract. In 1997 home care services in part of Winnipeg were contracted out to Olsten Health Services. The contract was not renewed when it became clear that the contractor could not deliver a service comparable, in terms of quality and price, to the publicly-delivered system in use in the rest of the province. In 1997 Winnipeg hospital food services were contracted to Versa Foods, a subsidiary of Aramark, the Philadelphia-based multinational. In the first year of operation, costs were \$2.5 million over budget even though the two largest hospitals were not included. The mortgage on the centralized food facility, for example, is 3.32 percent points above that for projects where the province is the borrower.

The rush to contract out auxiliary and core health services has waned of late. Planning is underway to phase out of the frozen food fiasco. A \$3.2 million food services action plan assisted Misericordia Health Centre to terminate contracts for the off-site preparation of food services for staff and visitors. The government has purchased the previously privately owned Pan Am Clinic, and resisted the call to commit tax dollars to the purchase of medical procedures provided by private, for-profit facilities, such as the Maples Surgical Centre.

Thus, on this indicator of the health of the system, it appears that government, having learned from horribly failed contracting out experiments, is recommitting to public delivery.

Health policy experts believe that a quality system is one which continues to replace hospital-based with primary and community care. The Manitoba Home Care program represents this belief. Home Care program expenditures rose (in inflation adjusted dollars) from \$68.8 million to \$155.4 million between 1992 and 2002 with a dip in 1993 - an increase from 3.6percent to 6.2percent of the total (adjusted) provincial health expenditures. Over the 10-year period, the 65+ population (the bulk of those served by the program) increased from 149,000 to 157,000. Spending increased from \$461 to \$986 per Manitoban over 65 up 114percent compared to the 5.4percent increase in the elderly population.

Primary Care

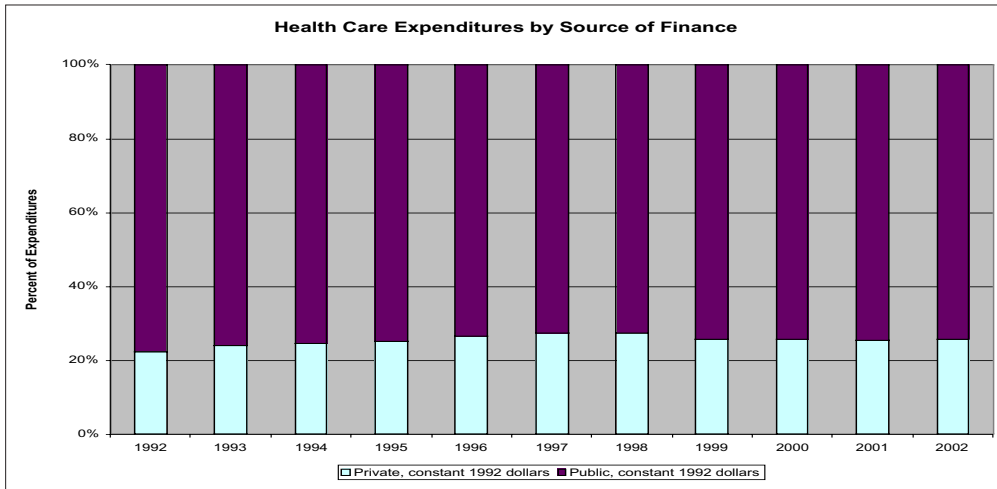
Initiatives to improve primary care include the adoption of the Primary Health Care Policy Framework (PHCPF) in 2002, Health Links, the family physician connections, the Community Access Centres Plan and the Primary Care Reform Transition Fund (PCRTF - \$20 million of Federal money resulting from the Romanow Report). While it is difficult to see the connection between all of these initiatives, and the degree to which the PHCPF acts as any kind of master guide, the fact that there are honest efforts to improve the quality of and access to primary care is somewhat encouraging. Yet, the scope and scale of the proposed Community Access Centres has raised doubts. Research suggests the need for a network of smaller neighbourhood community health centres providing primary care coverage to the whole population, largely replacing the private practice model. Achieving the promise of such centres requires revamping the form of reimbursement of family physicians, serious discussions with physicians, and gradual phasing of change. Unfortunately, it seems the Community Access Centres may be no more than big box health care stores. While a step in the right direction, indications are that such a model would not much improve the quality of primary care.

Private and Public Expenditures

The more (or less) public funds allocated to health care, the less (or more) funds are required from the users own pockets. The relative proportion of total health care costs between public and private expenditures is a rea-

penditures, a slight drop over the decade. The access barriers created by these rising costs is not entirely offset by the Manitoba Pharmacare program. Prior to the 2004 budget, a family of 3 with total family income of \$21,100,

for example, would pay an annual deductible of over \$500, which is very likely prohibitive for such a low income.



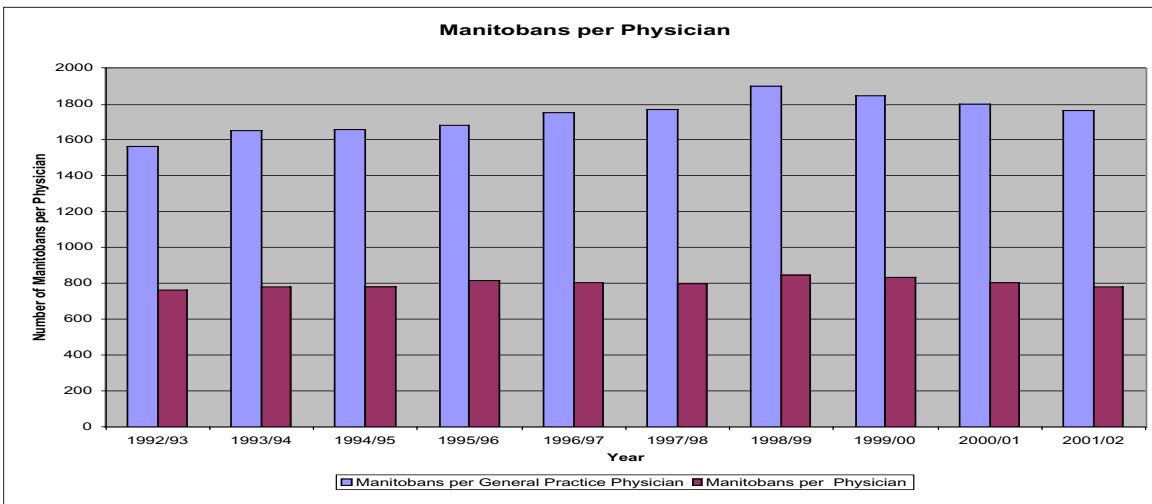
Availability of Health Care Providers

Access to care is largely dependent upon the availability of appropriate professionals. Over the decade the total number of physicians has remained flat, but the number of General Practitioners - the primary health care giv-

sonably clear measure of accessibility. Both private and public expenditures have increased over the decade, but that private expenditures as a proportion of the total has

ers - has declined; most significantly in rural areas. As shown in the graph above, there are now more Manitobans per family practitioner than there were in

1992, 1762 compared to 1565. The rise is not yet alarming but is cause for concern.



increased from 22.3 percent to 25.7 percent.

Driven by increasing volume of prescriptions and generous patent protection, drugs represent the most sharply rising of all private and public health care expenditures. The provincial pharmacare program alone (excluding hospital and other-facility drug costs) increased expenditures from \$70.8 million in 1998/9 to 160.8 million in 2002/03, an rise of 127 percent. Private expenditures on drugs in Manitoba in 2002 are 1/3 more than public ex-

penditures, a slight drop over the decade. The access barriers created by these rising costs is not entirely offset by the Manitoba Pharmacare program. Prior to the 2004 budget, a family of 3 with total family income of \$21,100, for example, would pay an annual deductible of over \$500, which is very likely prohibitive for such a low income.

Waiting Lists

Since 1999, there have been efforts to reduce waiting times for diagnostic procedures, and increase access to

specialists and selected surgical procedures. In the matter of diagnostic procedures, several new high technology units have been acquired. For example, at two Winnipeg hospitals the number of MRI scans increased from 6260 in 1998/99 to 16,646 in 2003/04. Attempts to maintain or increase the numbers of specialists have been somewhat successful (e.g. the number of cardiologists increasing from 9 to 12). Reduced waits for some selected surgeries have been improved (for example, total hip and knee replacement rates were higher in 2000 in Manitoba than in Canada, having steadily increased since 1995).

These examples are the present government's response to an issue that is real, but has been exaggerated by those who propose more private sector involvement. In regard to waiting times, this strategy is not effective, because, at any point in time there is a limited pool of technical and professional resources. If the private sector bleeds them off, they are not available in the public system. Moreover, the indicators themselves must be used with caution. As averages, waiting lists obscure the proportions of people who can wait, from those who are high priority and do receive timely service. Finally we are faced with the fact that demand has a tendency to rise to meet supply. Thus the huge increases in the number of MRIs, has not significantly reduced average wait times for these procedures. Obviously there is a need for a certain level of equipment or specialists per capita. The most effective level, however, remains something of a mystery. Clearly some improvements have occurred, and the privatize mantra has been muted for now in relation to wait times. But improved co-ordination and triage systems have also proven to be effective in reducing wait times (and much less expensive).

Federal Role

Although Health is a provincial responsibility the Federal government should play major role, not just in cost sharing, but also in leadership, especially in those areas where a national initiative is clearly more effective than 13 provincial or territorial initiatives. Federal transfers to Manitoba have increased over the past five years, but these have not been close to the increases in health care expenditures. More important, the Federal government has failed to act on any but the smallest recommendations of the Romanow Report. The need for a federal role

in bringing drug costs under control is especially apparent. The federal government has failed on these and several other counts.

Assessment

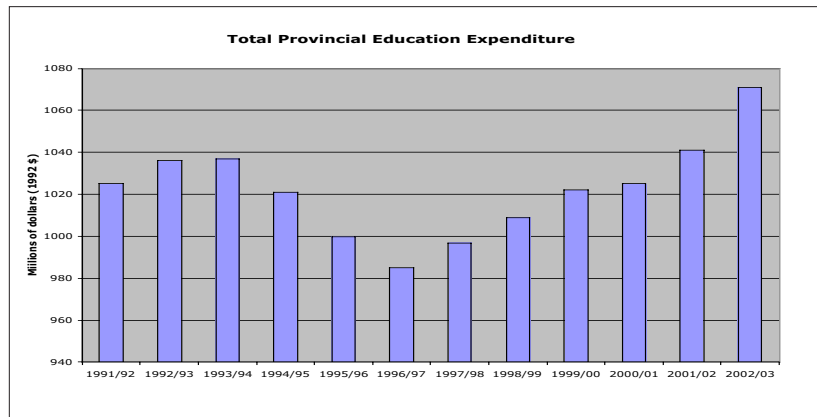
The public health care system faces some serious challenges. These include some costs that must be contained, grappling with the thorny issue of demand tending to rise with supply, and better coordination of wait lists as an alternative or additional strategy to more high tech acquisitions. In the absence of federal leadership, action is needed, including bulk buying, a Crown manufacturing generics, de-listing of "designer" drugs, and other strategies, to reduce drug costs. The Province's *Budget 2004* announced a slowing in the rising costs, but there did not appear to be a strategy to achieve this.

Taking these measures would require courage and commitment. Forms of rationing, and attempts to control the cost of drugs for example, will meet with fierce resistance, especially from the multinational pharmaceutical companies. But these measures are necessary if expansion in other needed areas is to occur. These include a radical overhaul of the primary care system other than the current big box strategy, continued expansion of community care, home care and nursing care, a restoration of a universal drug plan and improved palliative care, eye care, and child dental care.

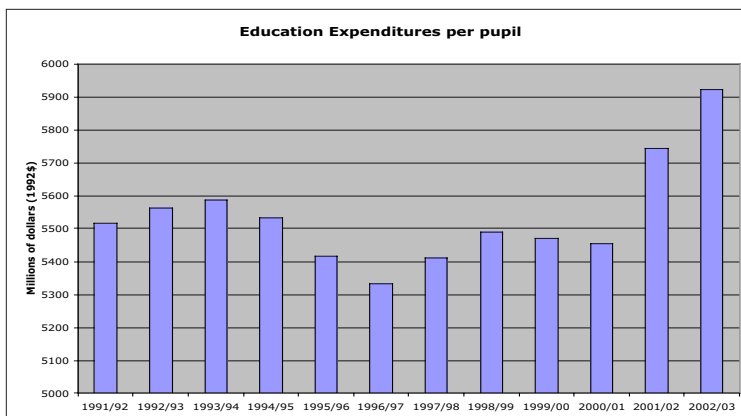
Increases in health spending have been significant. Expenditures as a percentage of GDP are now slightly more than they were in 1992. In addition, since 1999 there have been attempts to increase community care, primary care, and professional staff and to reduce waiting lists. Most importantly, resistance to the powerful lobby to privatize the system in myriad ways should be applauded. Yet, the difficult challenges listed earlier must be more squarely faced. Doing so will bring about some cost saving, but other challenges may well increase costs. Higher health care costs mean either increased taxation - the most efficient, effective and equitable method to spread the risk of sickness - or more privately funded care - the least effective and least equitable. We are at that watershed now. It is not possible to simultaneously meet citizen expectations for a quality health care system and the expectations of the tax-cutting lobby.

EDUCATION

As indicated in the 2002 five-year plan for public education (*Manitoba Kindergarten to Senior 4 Education Agenda for Student Success (2002-2006)*) and subsequent funding and other decisions, Manitoba public education policy has changed very little recently. Priority areas include learner outcomes; links among schools, families, and communities; protocols for school planning and reporting; professional learning opportunities for educa-



tors; charting clearer paths to post-secondary education and work; and links between educational research and



policy and practice development (Manitoba Education,

2002).

This broad agenda recognizes the complexities that contribute to student success. An annual performance evaluation document has been released since the *Agenda* was put in place. *A Profile of Student Learning and Performance in Manitoba, 2002-2003* claims that “many Manitoba students are learning and performing well” (Manitoba Education, Citizenship and Youth, 2003, p.20) and that improvements will come if the schools and the public keep to the five-year plan. For those who hold that the only valid way to measure the quality of schools is the regular application of standardized tests, this approach will be disappointing. Less competitive parents, however, might find appeal in the report’s introduction that states, “conversations with classroom teachers and report cards continue to be the best sources of information on individual student development and performance” (p 1).

Despite this controversy over testing, there is reason to believe that parents in Manitoba have a healthy confidence in the school system and in the direction of educational policy. This is the crucial consideration for any school operation that claims to provide high quality education.

Money spent on public schools

Since 1999, the annual government allocation to public education has increased by at least the rate of growth in the provincial economy, though not nearly as fast as the Education Price Indicator. Combined with revenues raised through municipal taxation, overall funding for public education has had a slow but steady rate of increase since 1997. However, in constant dollars, total expenditures did not return to 1992 levels until 1999. The rise in funding is more marked for spending per student. Since 1992 there has been an increase of over two thousand dollars per pupil (400 dollars adjusting for inflation), much of that coming since 2000. The explanation for the apparent discrepancy is, of course, that the student population in Manitoba is not growing.

This is not to suggest that the demographic profile of Manitoba is not changing as schools in urban areas generally continue to expand due to migration from rural areas. This complicates financial allocations because

Generating Public School revenue

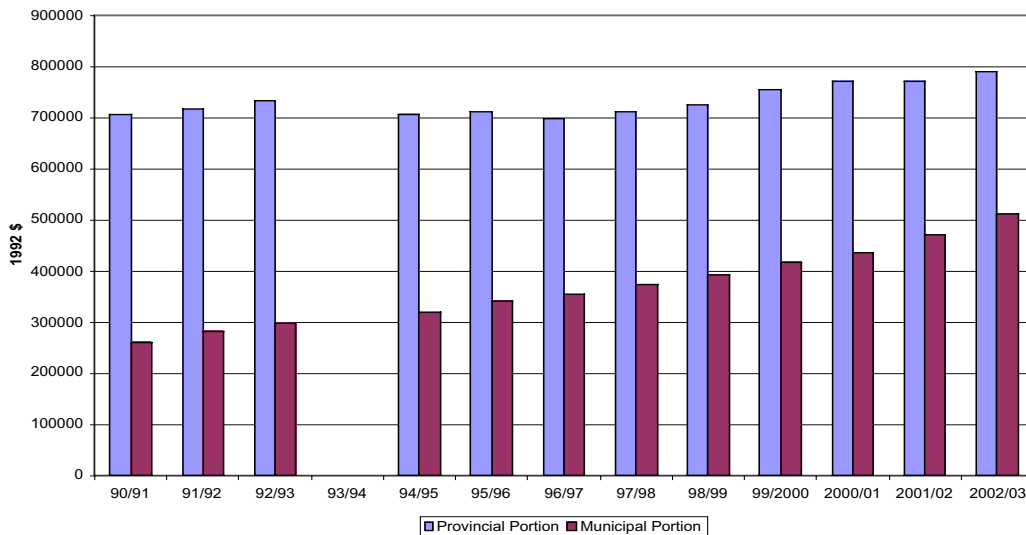
One very marked trend in the funding to education is the convergence of revenue from the province and from the school boards. The trend began in the early 1980s when the province paid for over 80 percent of the educational costs. In recent years, the provincial contribution has fallen below 60 percent. While the pattern is clear, it does remain to be seen whether this provincial decrease will continue.

School trustees are generating an increased portion of school funds through the only device available to them—property taxes. Property taxation, however, has fallen into disfavour among some citizens, politicians and education analysts who claim that property ownership is neither a good indicator of wealth nor the appropriate mechanism for funding public education. Perhaps the most equitable solution would be to adjust income taxes to replace lost property tax revenue. As it stands, there seems to be little threat of an imminent taxpayer revolt so that eliminating the local property tax but not altering the provincial property levy may be the best short-term alternative. Many of the strongest advocates of tax reform are well known for their enthusiasm for tax cuts but this narrow agenda does not consider the social costs of cuts to public education.

Funding Private Schools

Manitoba's public school law makes provision for providing public money to private schools. The practice began in 1980 and became steadily richer through 1994 but did not achieve levels agreed to with the Manitoba Federation of Independent Schools (MFIS). Funding of MFIS schools was to reach 80 percent of the per capita provincial payment made to public schools. Since that time, funded independent schools have received 50 percent of the public subsidy (Stapleton and Long, 1999). There is no evidence to indicate that the 50 percent sub-

Provincial and Municipal Portion of Education Revenue - Manitoba 1990/91 to 2002/03



funding formulas have to be regularly reworked to meet the needs of rural school districts.

In a series of research papers released in 2001, the Manitoba Teachers Society (MTS) proposed a complete reworking of school division boundaries to bring greater efficiency to provincial schooling. MTS proposes that smaller units should be merged to create greater parity among school divisions in terms of the numbers of students served. Moreover, concerned about the inequities associated with property assessments across school divisions, MTS further proposes that the province take a great deal more responsibility for funding public education. They argue that none of the funding be raised by school boards. Their reports contend that the existing resource and allocation mechanism fails in terms of both the educational equity ambitions of provincial policy and in the adequacy of the allocation formula (Manitoba Teachers' Society, 2004).

However, plans to further redraw school division boundaries appear to be not in the works. This decision follows the direction proposed by the Manitoba Association of School Trustees (MAST). MAST is less happy about what it perceives to be a continuation of the 1990s practice of substantially offloading to school boards the funding of the requirements of provincial school law. Bill 13, legislation expanding services to special needs students, could be a case in point unless the trend in the sources of revenue change.

sity will be altered.

The current annual cost of this funding (some would call it a leak from public school funding) is approximately \$41 million. At the moment there are some 12,000 students attending publicly funded independent schools and some 187,000 students in the public school system. There does not seem to be any real move of students leaving public schools in favour of private education in recent years. Between 1985 and 1994-95, private school attendance increased by 3,500 students; the period also saw an expansion in home schooling by 540 students. In the following five years to 1999-2000, only 150 students were added to the private school registry (MAST, 2002). There are also forty-five non-funded independent schools operating in Manitoba which receive some public money if they adopt Manitoba curriculum and hire only provincially certified teachers.

Promotion of Equity in Post-Secondary Education

Since 1999, there has been a cap on tuition rates and each post-secondary student receives a 10 percent rebate on their course fees. University administrators object to the freeze, claiming that a tuition rise is the most effective way for them to meet the mounting costs of operation. It is unlikely that the province will want to invest the resources these educational institutions want, especially since Manitoba already spends more per capita on post-secondary education than any other province (CAUT, 2004). It seems inevitable that the provincial government will ultimately be compelled to increase tuitions. Raising tuition fees seems inevitable given the federal cuts of billions of dollars to higher education instituted in the mid-1990s. Unless the federal government resumes adequate funds to sustain post-secondary education, the province will continue to be under pressure to end the tuition freeze.

Recent Initiatives

According to the province, two pieces of educational legislation introduced early in 2004 are intended to expand and enhance the educational experiences for people who have not benefited in the past. The first, Bill 13,

seeks to move decisively towards ensuring that educational instruction for every exceptional child in Manitoba, "must be specially designed, follow proper evaluation, offer the student an opportunity to benefit, conform to requirements of an individual Education Plan, and be inclusive" (Manitoba, 2003a).

The second measure, Bill 20, establishes the University College of the North (UCN) slated to begin operations in July. Its role, according to a government news release, is to:

represent the diversity of the north and be embedded with Aboriginal traditions, values and beliefs. It will support the reclaiming of language and culture, and will also encourage economic development and labour market activity. ... Programs will build economic, social and educational capacity in ways that reflect the needs of northern communities. (Manitoba, 2003b)

If successful, both pieces of legislation will represent significant strides toward establishing a more equitable system of public education. Their success hinges on adequate funding. In the case of Bill 13, no sooner had it been made public, when school boards raised the alarm that they, not the province, would have to pay for the changes required by the bill. This charge, now commonplace in public education, has overwhelmed discussion of educational merits of Bill 13.

The UCN initiative adds an academic dimension to the existing Keewatin Community College, without adding costly capital structure (Henley, 2004). It is disconcerting, however, that the governing structure for UCN provides no capacity for collegial decision making, a fundamental principle of all existing public degree-granting institutions in Manitoba. UCN will be almost wholly guided by administrative fiat and the provincial government. Denying academic oversight of programs and courses has been justified by claiming that UCN is not a new university. The citizens of northern Manitoba are being asked to accept that the new university programs will meet quality expectations because the government says they will.

Assessment

Public education in Manitoba is in relatively good condition. There continue to be inequities in public school-

ing, however, the government has not given in to the standardized testing phobia gripping many parts of the western world. Given that standardized testing tends to sow disharmony and shake public confidence in public schooling, the present course is commendable.

If there is reason for concern, it is in the area of revenue generation, where unwarranted criticisms may be directed at the quality of education that is currently being offered. Reform of the financing structure of education is proceeding slowly, but Manitobans have not been informed how far and how quickly the province intends to limit how much local school divisions contribute to the overall cost of public education.

On the post-secondary education front, the tuition freeze has benefited students, especially in light of the massive tuition increases elsewhere. On the other hand, the proposed structure of UCN may be a dangerous precedent and shows a lack of commitment to a fundamental principle of public education.

SOCIAL SERVICES

Social services are an essential component of the goods and services that the state must provide to the populace. They are required to support the community's human resources for its economy and the health and social well-being of the people. To meet these goals six kinds of social services are offered:

- * Developmental (e.g. early childhood care and development, parent education, community development, community economic development);
- * Preventive (e.g. programs to prevent smoking, family violence, and alcohol use during pregnancy);
- * Supportive (e.g. social and financial supports for persons with disabilities, subsidized and supportive housing, financial supports for those with low incomes and few assets, old age security, and tax expenditures for parents);
- * Rehabilitative (e.g. education and training to help persons on social assistance enter the labour market and vocational rehabilitation services for persons with disabilities);
- * Protective (e.g. elder abuse services, child protection services, and services for battered women and their children);

- * Corrective (e.g. probation and parole services).

Therefore, virtually every Manitoban is a consumer of social services at some time in their lives.

Governments play a number of roles with regard to social services. These include direct provision of services, regulation of non-government service providers (e.g. residential care and day care standards), and funding of services provided by voluntary and non-profit sector organizations.

In Manitoba, all three levels of government play a role in the delivery of social services. The federal government directly provides income supports through tax expenditures for parents, seniors, persons with disabilities and those caring for them, parents of children in day care, and for those saving for retirement. It also directly provides benefits for seniors and low-income families with children and partially funds many community health organizations and organizations providing services to homeless persons. The federal government's most important role, however, is funding the provincial government to provide social services through the Canada Social Transfer (CST) and time-limited agreements related to housing, early child care, and development and vocational rehabilitation for persons with disabilities. A great deal of concern has been expressed that the CST does not contain service standards and does not provide adequate resources, and that other cost-sharing agreements are too short term (Freiler, Rothman and Barata, 2004; Canadian Council on Social Development, 2003). Some municipal governments provide subsidized housing and have a limited role in social assistance for persons deemed to be employable. Thus, most social services are provided by the provincial government, either directly or through funding of voluntary and non-profit sector organizations.

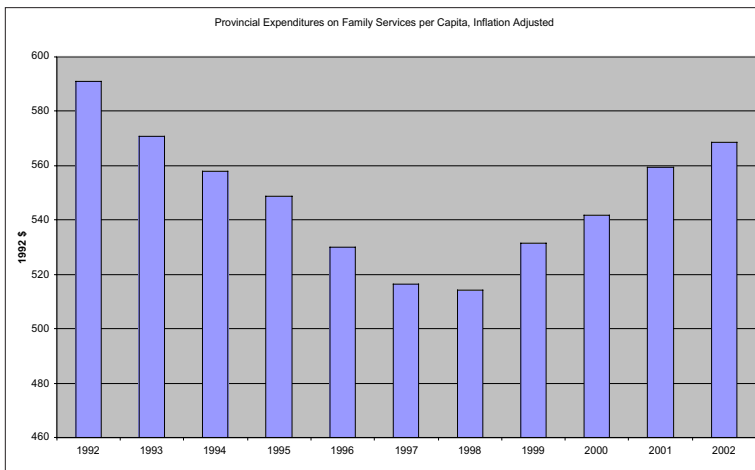
Decades of Decline

The last three decades have been difficult for the social services. By the 1990's, many, many years of cost cutting and down sizing left advocates in the position of arguing for the maintenance of what was left rather than building an adequate system. Social services had become less comprehensive and more residual as the focus was on limiting privation rather than enhancing well-being.

Universal access to high quality services by all who need them was a distant dream. By the late 1990s, the social services required both major infusions of resources and restructuring to provide more effective, long-term help to all who needed it.

In the past 5 years, some investment in social services has been restored. Even so, it remains to be seen if this restoration will even attain the inadequate standard of the early 1990s. Restored funding has not been accompanied by policies to strategically transform the objectives and delivery structures of the social services. For example:

* Services remain categorical, with eligibility based



on financial need and the presence of particular problems rather than comprehensive, with universal eligibility for all those experiencing normative, developmental and specialized stressors;

* Eligibility for subsidized early child care and development continues to be based on parental involvement in employment or education, with some access for children with diagnosed disabilities. This eliminates the potential health, psychological and social benefits for many poor children of unemployed parents, even though high quality child care can prevent many of the negative consequences of children living in poverty in the pre-school years;

* The cultural appropriateness of child and family services has been improved, but the services remain overwhelmingly focused on investigation of child maltreatment and protective services (too often through extra-familial placement), rather than prevention or even early intervention. Most action is focused on parental factors,

and too little upon structural factors, such as poverty and ethnic- and race-based discrimination. An approach to child and family services based centrally upon community capacity building and social action holds much more promise for the long-term safety and support of children;

* Social assistance programming still focuses on needs-tested provision of minimal benefits, and not on moving families permanently into the labour market through career development, asset building and local economic development.

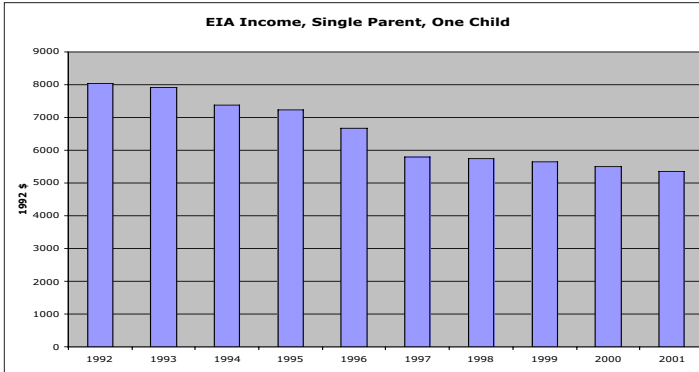
Social Services Expenditures

Adequate funding is clearly a necessary, but not sufficient, condition for the provision of social services of adequate supply and quality. This was especially true in the period beginning in 1992 because there had been significant decreases in social services funding in all provinces throughout the 1980s (Rice and Prince, 2000). Only so much blood can be squeezed from a rock – structural, programmatic and managerial efficiencies are no longer available, so service and access are suffering.

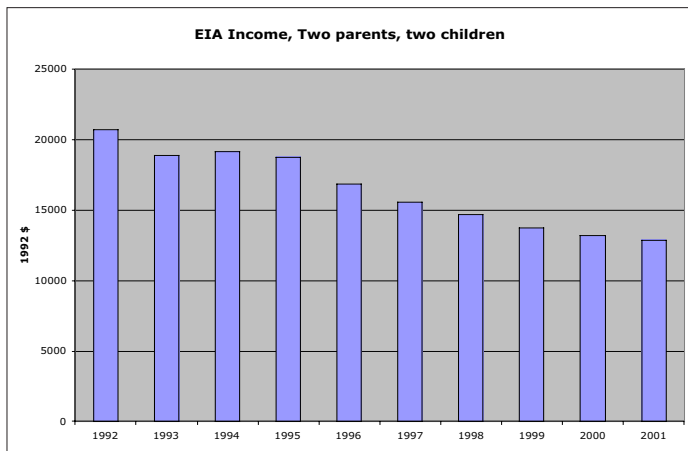
The above chart shows expenditures per capita by the Department of Family Services and Housing on social services (not including housing) for 1992-2002 in constant (1992) dollars. This constitutes the largest proportion, but not all, of social service expenditure because some social services are delivered through Manitoba Health, Manitoba Intergovernmental Affairs, Manitoba Culture, Heritage and Tourism and Manitoba Justice.

These expenditures fall into two periods. During the first six years (1992 to 1998) per capita social services expenditures fell sharply by a total of \$76.80, an average decrease of \$12.80 per year. Per capita social services expenditures rose more sharply during the next four years (1998 to 2002), by a total of \$54.20 during this period, an average of \$13.55 per year. However, in 2002, per capita social service expenditures remained \$22.60 below the 1992 level.

Adequacy of Welfare Incomes



The Employment and Income Assistance Program (EIA) is the last resort program for those with inadequate income. It involves a stringent needs test, so that recipients can keep only minimal assets and minimal earned income. Everywhere in Canada, welfare rates are far below the poverty line (National Council on Welfare, 2003). EIA rates are clearly too low to provide for adequate rental accommodation in Winnipeg (Janzen, Carter and McGregor, 2004). Transfer payment incomes available to single person households from this program have been



constantly falling (in constant dollars), with a total decrease of 33.5 percent in real purchasing power between 1992 and 2001. This involves an average decrease of \$334.04 per year over this period. This will be somewhat improved as rates for adults were raised by \$240.00 as of January, 2004. However, this comes nowhere near making up the loss since 2001.

The picture is only slightly better for single parent households with one child. They experienced a real decrease of almost one quarter of their purchasing power

(24.3percent) over this period, an average decrease of \$306.81 per year (see chart on the left). There was a slight improvement in 2001, likely due to partial removal of the clawback of the federal National Child Benefit for Employment and Income Assistance Program clients. The claw back was totally removed by 2004, so further small improvement can be expected.

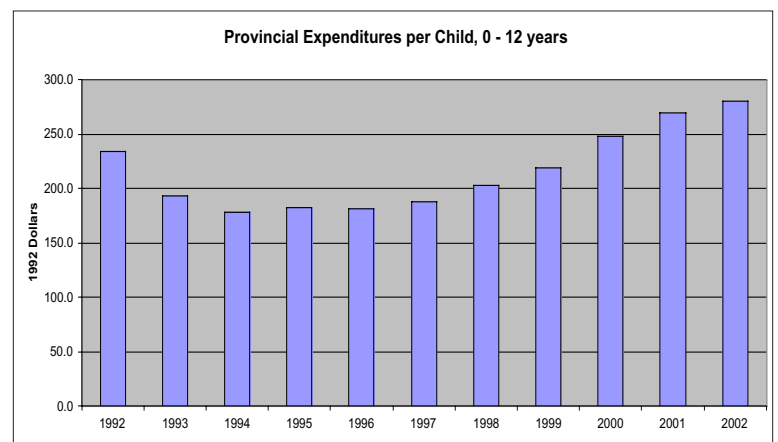
As the EIA chart demonstrates, the experience of two parent families with two children was worst. They lost almost two fifths of their purchasing power over this period (37.8percent), an average loss of \$914.48 per year. The effect of partial removal of the clawback was not enough to stop the declining pattern by 2001.

Clearly, EIA recipients have not benefited proportionally from recent increases in social service spending.

Early Child Care and Development

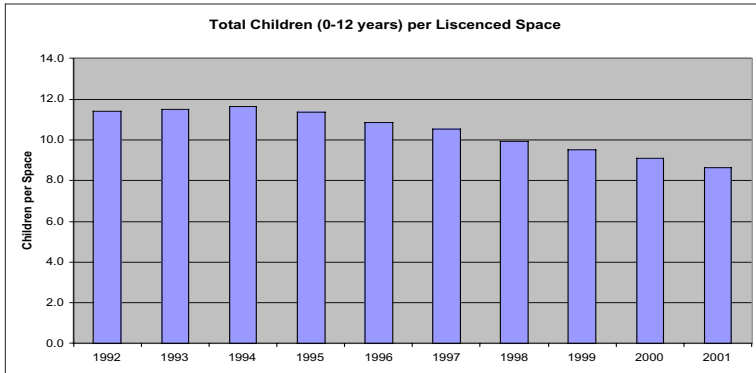
Between 1992 and 1993 early child care and development expenditures declined by \$40.30 constant dollars per child. This was a decline of 17.2 percent. After reaching the low point in 1994, spending never exceeded the 1992 level until 2000. The 2002 level of expenditure reflects a 19.9 percent improvement over the 1992 level of expenditure. Further improvements are expected on the basis of the five-year day care plan implemented in 2002.

Accessibility of child care is most easily expressed by the number of children in the population between the



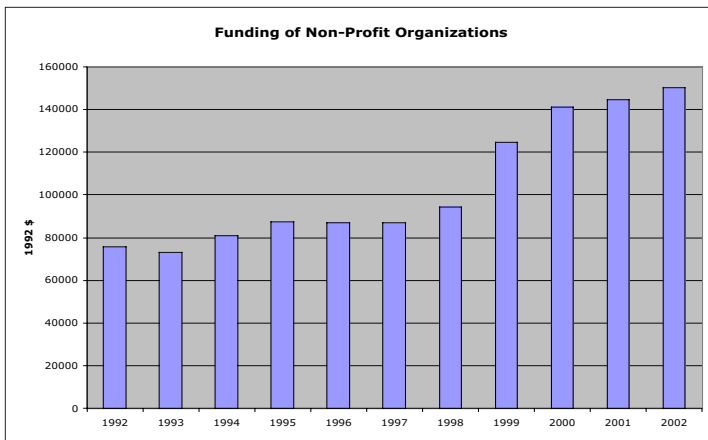
ages of 0 and 12 per licensed space. After remaining steady in the early 90s, in 1996 a modest decline began, which lasted until 2002. By 2002, there were 2.8 percent fewer children per space, an average decline of only

about .34 children per space per year over this period. Although the government plans further increases in spaces, by most accounts only a fraction of the need is



being served. Spaces are less available in poor neighbourhoods, at least in Winnipeg (Prentice, 2000; Prentice and McCracken, 2004).

There is also strong evidence that, despite a Conservative government decision to license for-profit day care centres, the early child care and development system in Manitoba remains a system dominated by the voluntary and non-profit sector. Only .08 percent of spaces were in for-profit centres from 1992 to 1999, dropping to .07



percent in recent years.

Grants to Voluntary and Non-Profit Sector Providers

The voluntary and non-profit sector has always been an important mechanism for the delivery of social services. It also provides a community voice in the service

delivery system. The figure below displays funding to the sector by the Department of Family Services and Housing in constant dollars. After an initial decrease, funding to voluntary and non-profit sector organizations increased by 24.9 percent by 1998, even though overall departmental expenditures were shrinking. This seems to suggest that many functions were being transferred from the public sector to the non-profit sector. A much more rapid increase started in 1999, such that by 2002 these kinds of grants and contracts were 98.9 percent above 1992 levels.

However, many voluntary and non-profit sector organizations continue to find that additional funding is not meeting need, especially given decreases in the public delivery of many social services (Rice and Prince, 2000, Frankel and Rodgers, 2003).

Assessment

Quality and accessibility in social services have recovered in the past 4-5 years to levels approximating the early 1990s. Progress is modest at best, and at least in employment and income support programs. Overall social service expenditures have increased and child care assistance is improving. But, social services of the 1990's are a very limited target. The growing gap between social assistance and the poverty line amply illustrates the inadequacy of recent improvements. Moreover, social services departments have been hit hard by the tax cut and focus on health and education strategy. These service shave suffered from a long term pattern of neglect. Both additional resources and strategic re-direction will be required to move beyond simply achieving inadequate targets.

MUNICIPAL SERVICES IN WINNIPEG

The City of Winnipeg's 2003 Preliminary Operating Budget contained a sobering assessment of the City's public services:

“Winnipeg is facing a problem of aging infrastructure. Roads, buildings and other infrastructure, built during a period of growth, are in need of repair or replacement. The City is getting further and further behind in this investment. In addition, service levels expected by the community will continue to put pressure on expenditures.”

Urban municipalities are regularly caught between increased demand for public services and new infrastructure, and declining levels of support from provincial and federal governments. Thus services have been affected in a number of ways: reduced frequency and availability, increases in cost and provision on a fee-for-service basis. In short:

- * citizens, particularly the poor, are being asked to pay more;
- * the quality of the service, in many cases, is declining;
- * the health and safety of residents is being affected; and,
- * quality of life are being compromised.

From Parks to Sewer and Water

All citizens benefit from strong municipal services. Yet when those services are cut, it is frequently low-income families – especially seniors and families with children – who suffer the most. They are least able to purchase services on the open market. While many municipal services have been cut back, the city has also started to rely more and more on user fees to fund programs – another accessibility barrier.

For example:

City Parks: several city parks no longer have pathways cleared of snow in the winter. Litter collection in the parks has moved from a seven day to a 14-day cycle. Weed control and grass cutting have also been reduced. In some passive areas of parks grass is no longer cut, allowing weeds to grow. These cuts in service reduce the beauty and amenity value of the parks and effect citizen and tourist usage.

Libraries: hours of operation at many branches have been reduced and 15 branch libraries are now closed on Wednesdays. Staffing levels in cataloguing and circulation have been cut, thus increasing the time it takes for books to be processed. Funding for the purchase of

new books has not kept pace with increases in the cost of books. All of which have made the public library system less accessible.

Traffic Services: Road replacement and repairs have been delayed: the condition of city streets makes this very clear. A decade ago the City performed two complete cycles of traffic lane markings annually. In 1996 this was reduced to one cycle and because of further budget cuts in the past two years, City crews have been unable to complete even one marking for the entire city. The street sign renewal program has also suffered as the budget has not increased for many years. The residential street sweeping program has also been steadily reduced in recent years. Currently, beyond spring-cleaning there is no planned residential sweeping program and fall sweeping is only undertaken sporadically.

Forestry and Boulevard Maintenance: The regular city program to prune trees has moved from an eight or nine year cycle to a 13 to 15 year cycle. Some areas of the city may now have to wait 26 years before trees are pruned. City boulevard mowing has been eliminated, making citizens responsible for mowing boulevards in front of their homes. This offloading of a public service places an extra burden on low-income residents who often do not have lawn mowers.

Skating Rinks: The number of outdoor rinks maintained by the City has fallen dramatically in recent years. In the winter of 1997/98 there were 135 rinks. During this past winter there were less than 50. This reduces the access for all citizens but affects most those who are unable to afford admission prices at indoor facilities.

Public Transportation: The constant rise in bus fares is the prototypical and, perhaps most visible, example of these municipal service trends. In 1951 regular adult bus fare was 10 cents. By 1969 the regular adult fare was 25 cents. Today fares such as these seem ridiculously low. Regular adult fare has increased 45 percent since 1995. The discounted senior and student fare has increased by

	1995		2003		Percent Adult	Change Senior/ Student
	Adult	Senior/ Student	Adult	Senior/ Student		
Regular Cash Fare	1.35	0.80	1.80	1.50	45	70
Weekly Pass	13.00	7.50	17.50	11.50	35	53
Monthly Pass	48.00	28.00	67.40	44.30	40	58

70 percent. Weekly passes for adults are up 35 percent; monthly passes by 40 percent. Discounted weekly and monthly passes have increased 53 and 58 percent respectively.

Transit fares have increased at a rate much higher than inflation. In constant 1992 dollars adult fares have increased between 14 percent and 20 percent, while student/senior fares have risen in real terms by 60 percent for a regular fare. More importantly, it is students and seniors, riders most reliant on public transit and generally the least able to afford it, who have been hit the hardest by fare increases. During the 1990s fares also increased more rapidly than the cost of operating a motor vehicle. The share riders pay for operating costs increased from 47 percent in 1980 to 67 percent in 1999. This, despite the fact that about 14 percent of all Winnipeggers are completely dependent on transit. More than half of teenagers and those in their early 20s are regular users of transit, particularly for school and work trips. In all age groups, more women than men use transit.

Sewer and Water Rates: Between 1995 and 2004 Winnipeggers also faced significant increases in sewer and water rates, as shown in the above table. All homeowners and renters have to absorb these charges. Large families, who require more water than most households, are hit hardest by these increases. And, as always, these rate increases are more burdensome for poor families.

It is possible that the citizens of Winnipeg will face additional costs for garbage collection in the very near

Sewer and Water Rates, 1995-2004				
	1995	1997	2004	Percent Change
Water	1.7	2.1	2.75	62
Sewer	2.29	2.83	3.11	36

(Rates per 100 c. ft./qtr.)

future. If a 'new/newer deal' plan is implemented, people may well start to pay a per-bag or -can fee for garbage. Although most municipalities do not have garbage collection fees – Portage la Prairie is a notable exception – almost all Manitoba municipal jurisdictions have introduced or increased fees for access to municipal landfills.

Clearly, Winnipeggers are not as well served in terms of public services as they were in the past. Changes in nearly all areas have reduced the frequency, access and quality of services offered. Improvements in general planning and quality of life are suffering and citizen health

and safety is affected. This is cause for concern.

Poverty and Municipal Services

While the quality of services has been declining and costs have been going up, income distribution trends show that social deficit based on inequality is growing. Bus fares and sewer and water rates are the same for everyone, so their costs represent a much larger share of the incomes of the less well-off. And, incomes, generally, have not kept pace with increasing costs. Winnipegger's real disposable income per capita declined 8 percent from 1990 to 1995 (\$18,477 to \$17,139). Since then disposable income has reached \$17,858 in 2003 well below the 1990 level. The bad news does not end here. In Winnipeg, median income of all families increased just 3.5 percent after adjusting for inflation during the 1990s (Statistics Canada, 2001). Incomes of families in the bottom half of the income distribution did not improve at all. Moreover, households on social assistance have lived through an entire decade without any significant increase in assistance levels (Janzen, Carter and McGregor, 2004).

Incidence of Poverty, Winnipeg (Percent)				
	1971		2001	
	City	Inner City	City	Inner City
Households	20.6	32.6	20.3	40.2
Families	13.1	23.4	15.5	32.6
Individuals	36.8	38.4	44.2	56.3

As the above table clearly shows, the proportion of households living below the poverty line was higher in the city in 2001 than in 1971. Poverty in the inner city is much higher than it was 30 years ago.

But, how do the citizens feel about these changes in municipal services? A Prairie Research Associates survey in 2002 found, for example, 93 percent were very satisfied or satisfied with libraries, 93 percent for garbage collection, 93 percent for the condition of parks and 85 percent for public transit. However, 55 percent were dissatisfied with the condition of residential streets and 54 percent with traffic flow management. Yet, when asked how they would describe the value of their tax dollar, 6 percent said very good, 32 percent good, 44

percent fair, and 18 percent poor.

A more recent survey by Viewpoints Research (2004) found higher levels of citizen dissatisfaction. When asked if Winnipeg was in worse, the same or better shape than five years ago, 8 percent said a lot worse, 20 percent worse, 33 percent about the same, 29 percent better and 7 percent a lot better.

Although these surveys suggest citizens are reasonably satisfied with services overall there is growing dissatisfaction in many areas. Congruent with the argument taken in this report, 55 percent would prefer a modest tax increases to maintain the current level of services as opposed to 26 percent in favour of lower taxes and continued cuts in services.

Assessment

Increasingly the City is reducing its direct program funding, while relying upon less-equitable user fees to fund services. In other words, both the quality and accessibility of municipal public services have been in decline.

In the 1980s, and through the early 90s, per capita program spending was relatively stable. Beginning in the mid-1990s, however, that level began to fall. Between 1992 and 2001 Winnipeg's population grew by less than three percent, while per capita program spending, adjusted for inflation, fell by nearly 17 percent.

City officials and workers have found efficiencies that allowed spending on services to be cut – in other words, they deliver the same services, but for less. Yet even the most bloated, corrupt bureaucracies could not cut spending as sharply as Winnipeg has without services suffering. The efforts of the former Mayor and Council to craft a 'new deal' for taxing residents demonstrates some concern with declining services and an effort to get adequate funding. However, getting more provincial and federal funding still seems to be a long shot for municipalities in general and further decline in services can still be anticipated.

In short, the trends on municipal services present a picture of increasing cost for residents and declines in quality and accessibility. To assess the quality of public municipal services in Winnipeg is not a simple exercise of quantifying what is available to city residents. It is a matter of looking at the more nebulous but still very important sense of community that services contribute to. Overall there is still a strong sense that Winnipeg is a

friendly community with many facilities for people to enjoy. However, the continued decline of services will quickly erode this condition to the point where remedial action will be impossible.

REFERENCES

Black, Errol and Jim Silver (March, 2004). *Equalization: Financing Canadians' Commitment to Sharing and Social Solidarity*. Winnipeg, Halifax and Ottawa: Canadian Centre for Policy Alternatives.

Canadian Association of University Teachers (CAUT) (March 2004). "The Funding Shortfall: Government Expenditures on Post-Secondary Education 2002-2003," *CAUT Education Review* 6 (1).

Canadian Centre for Policy Alternatives (CCPA) (March, 2004). *Alternative Federal Budget, 2004*. Ottawa: Canadian Centre for Policy Alternatives.

Canadian Centre for Policy Alternatives-Manitoba (CCPA-Manitoba) (Spring 2003). *Fragile Recovery: The State of Public Services in Manitoba*. Winnipeg: Canadian Centre for Policy Alternatives-Manitoba.

Canadian Council on Social Development (2003). *What Kind of Canada? A Call for a National Debate on the Canada Social Transfer*. Ottawa, ON: Canadian Council on Social Development.

Conference Board of Canada (February, 2004). *Fiscal Prospects for the Federal and Provincial/Territorial Governments*, Ottawa: Conference Board of Canada.

Frankel, S., and J. Rodgers (2003). *The Status Of Manitoba's Voluntary Sector: An Omnibus Report*. Winnipeg: University of Manitoba, Faculty of Social Work Child and Family Services Research Group.

Freiler, C., L. Rothman and P. Barata (2004). *Paths To Progress: Structural Solutions To Address Child Poverty*. Toronto ON: Campaign 2000.

Henley, Richard (2004) "University College of the North: What are You?" *Manitoba Alternatives*, 7-10.

Hudson, Ian (March 2004). *A Pre-Budget Primer: Manitoba's Fiscal Situation*. Winnipeg: Canadian Centre for Policy Alternatives-Manitoba.

Hudson, Ian (May 2004). *The NDP's Dwindling Budget Options*. Winnipeg: Canadian Centre for Policy Alternatives-Manitoba.

Janzen, T., Tom Carter and Brian McGregor (2004). "A New Face on Poverty: Social Assistance in Winnipeg's Inner City." *Research Highlight No. 3*. Winnipeg: Institute of Urban Studies, University of Winnipeg.

MacKenzie, Hugh, and Todd Scarth (February, 2004). *Riding Off in All Directions: An Explanation of Winnipeg's New Deal*. Winnipeg: Canadian Centre for Policy Alternatives -Manitoba.

Manitoba, Government of Manitoba (2003a). Appropriate Educational Programming. Available at gov.mb.ca/chc/press/top/2003/04/2003-04-30-13.html.

_____ (2003b). "University College of the North." Available at ataet/ucn/edu.gov.mb.ca/aet/ucn.

Manitoba, Department of Finance (2004) *Budget Papers B: Financial Review and Statistics*. Available at gov.mb.ca/finanace/budget04/papers/finstats.

Manitoba Association of School Trustees (MAST) (2002) *A Review of Educational Finance in Manitoba during the Period 1994/1995 to 1999/2000*. Winnipeg: MAST.

Manitoba Education, Citizenship and Youth (2002). *Manitoba Kindergarten to Senior Four Education Agenda for Student Success (2002-2006)*. Winnipeg: MECY. Available at edu.gov.mb.ca/ks4/agenda/index.html.

Manitoba Education, Citizenship and Youth (2003). *A Profile of Student Learning and Performance in Manitoba, 2002-2003*. Winnipeg: MECY. Available at gov.mb.ca/ks4/agenda/docs.

Manitoba Government News Release (2004). "Pre-budget polling results released: Economic forecasts encouraging." Winnipeg: News Media Services, Government of Manitoba, June 10.

Manitoba Teachers' Society (2004). *Public School Finance: Solutions for an Inequitable System*. Available at mbteach.org/edfinance.htm.

Mayor Glenn Murray (January, 2003). *State of the City Address*. Winnipeg: City of Winnipeg.

National Council of Welfare (2003). *Welfare Incomes 2002*. Ottawa: Minister of Public Works and Government Services Canada.

Rice, J.J and M.J. Prince (2000). *Changing Politics Of Canadian Social Policy*. Toronto: University of Toronto Press.

Stapleton, J. and J. Long (1999). The Manitoba Independent Schools Question, 1957-1996. In Gerald Friesen and Richard Lebrun (eds.), *St Paul's College, University of Manitoba: Memories and Histories*. Winnipeg: St. Paul's College, University of Manitoba.

Statistics Canada (2004a). "Low income in census metropolitan areas." Available at statcan.ca:80/Daily/English/040407/td040407.htm.

_____ (2004b). "Winnipeg: Aboriginal people at greater risk of low income." Available at statcan.ca/English/research/89-613-MIE/2004001/Winnipeg.htm.

_____ (2001). "Incomes of Canadian Families" (2001 Census Analysis Series, Catalogue No. 96F0030XE2001014). Ottawa: Statistics Canada.

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