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Facing the Future: The Economic and  
Political Realities of Voluntarism  
in the 1990's.

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The Canadian Cancer Society is this country's largest voluntary organisation. Its army of 350,000 volunteers is part of the five million Canadians (Statistics Canada, 1987) who are prepared to contribute their time and talent to the 100,000 voluntary organisations - including 53,000 registered charities - that are active in communities right across this country (Morrison, 1986). We are told that on average a Canadian volunteer gives three hours a week to non-profit organisations (Statistics Canada, 1981). If each of these hours is considered to be worth five dollars it is estimated that the present economic contribution of Canada's volunteers would reach three and a half billion dollars (Ross, 1983). As well, the voluntary sector is labour intensive; employing at least one in sixty of Canada's labour force and contributing an annual wage bill of two billion dollars to the national economy (Morrison, 1986).

### The Invisible Sector

When we appreciate the magnitude of the contribution that voluntarism makes to the Canadian economy why is it that the voluntary sector is taken so much for granted? Our invisibility is certainly encouraged by the very words we use to describe ourselves. We are 'non-governmental' organisations; implying that what governments do is of primary importance and that we of the voluntary sector have only a marginal role to play. We speak about ourselves as the 'third sector', as if in comparison with the first and second sectors, government and business, we are participating in a peripheral and optional activity (Nelson, 1981).

As well, a contributing factor to our invisibility is our acceptance of the view that voluntarism is apolitical. We have been influenced by the self protective arguments of our liberal ideology which pay lip service to our concerns while at the same time

insisting that public policy making is essentially driven by a positivistic logic based on the facts rather than the unsubstantiated opinions of organisations such as ours. Traditionally voluntary groups have been very slow to respond to major political initiatives, with the result that all too often we are left to adjust in silent dismay to a dramatically changed environment. We quickly convince ourselves that providing services to our clients is our "raison d'etre" and that we do not have the resources or the experience to deal with the complicated economic and political issues that confront us.

### **Influencing the Political Agenda.**

The purpose of my presentation this morning is therefore, to demonstrate that politics is of critical importance to the future of voluntarism in this country. That we need to understand the motivations and the methods of those who now control the political process with respect to the voluntary sector. That we must develop our own strategy in order to be able to influence the political agenda; to ensure that our needs for the future are listened to and responded to. In particular I believe that we must be ready with our own strategy to respond to the major trends that will undoubtedly have a critical impact on the contributions that our agencies and our volunteers will be asked to make in the decade ahead.

It is evident in the current literature that the voluntary sector has become more aware of the various economic and demographic trends that are likely to impact the voluntary sector in the decade ahead (Morrison, 1986). Trends such as the changing structure of the Canadian family, the growing number of women who have joined the labour force, the rising levels of unemployment, the aging of our population, the increasing struggle for corporate and philanthropic dollars and the apparent escalating costs of health care and social services. Our difficulty however has been trying to interpret the myriad of influences that spring from these identified trends. Often they are complementary; but equally often they are contradictory. If we do manage to find the time and the energy to respond to some of the short term implications we are seldom able to figure out their long term impact or grasp the 'big picture'.

However a recent economic and political phenomenon has surprisingly helped us coalesce these significant trends. I believe that we are now able to see more clearly the implications they hold for the non profit sector in general and upon the actions

and activities of volunteers in particular. So what is this phenomenon that has so unexpectedly focused our attention and sharpened our ability to concentrate on our collective future?

### **Privatization and its Apparent Appeal.**

In a word "privatization". First, what is 'privatization' and what seems to be its particular appeal? In recent years we have heard much about the apparent virtue of entrusting human services currently provided by government over to either private entrepreneurs or to non-profit organisations. At the same time this is accompanied by an increasing pressure for us to meet more of our individual social service or health needs through private or family means. The argument goes something like this. An individual's first line of defence must be his own resources and those of his family. If these prove to be inadequate to meet the particular human service needs then the second avenue of recourse is to the local community; preferably by using the services of a volunteer non profit agency. Only when all this has failed has government a responsibility to intervene. However, the intervention must only be a temporary one for there must be a clear goal of restoring individual self reliance as soon as possible.

This then is privatization; a policy which is intended to lessen the involvement of government in the delivery, regulation and the funding of human services by encouraging added responsibility for families, private enterprise and communities. Of course we probably all appreciate that the provision of human services in this country has for decades been provided through a 'mixed social economy' of informal care from family and friends, government, non-profit agency and commercial operators. What should give us cause for concern about privatization is the dramatic shift between these four elements. As volunteers and professionals concerned with the provision of health and social services we must be willing to seriously question the values and assumptions that are being used to justify this significant shift. We must be willing to challenge the purposes that privatization pretends to serve. We must be willing to examine in detail the processes and the approaches that are being used to introduce privatization. We must be willing to take the time required to understand the serious long term impact that privatization may have upon our non profit agencies, upon the role of volunteers and, above all else, upon our clients.

What is it that seems to give privatization its appeal? Let me identify four major arguments that are offered in its defence. First, ideologically it strikes a chord in those who have never felt comfortable with a welfare state philosophy. They have been quick to remind us that a network of publicly operated human services weakens the work ethic, individual initiative and family responsibility. Instead they argue that the welfare state rewards improvidence and encourages an unhealthy dependence on the state. This thinking suggests that people are innately lazy and anti-social and as a result must be forced to be responsive and productive citizens.

This 18th century attitude is the very antithesis of the values that have been central to the development of human services in Canada in the past half century. Instead we have had a pragmatic acceptance of the fact that governments will, and should, continue to play a substantial role in the lives of Canadians. In part, our welfare state has been nurtured on the belief that a person's well being should never depend completely on the market place, on family connections or family resources. We have therefore come to accept that governments have a moral obligation to intervene with a wide range of social and health programs.

Secondly when we hear the word 'privatization' it is invariably followed by the word 'restraint'. Restraint is one of those words that has gained such an exalted status that we seldom question its validity. If we tack on the word 'fiscal' to 'restraint' we have a clever mechanism for closing off any further debate on a government's budget priorities. We also hear those who support increased privatization telling us that our huge deficit is the result of overspending on health and social service programs. High costs of these programs, so they argue, reduce the ability of governments to invest in the economy. At the same time taxation has to be increased which again limits private investment and growth. With this rather perverse logic, the blame for all of our economic woes is very conveniently laid at the feet of the sick and the poor.

Again, this argument can be seriously questioned. You may recall that the MacDonald Commission presented a stirring defence of the Welfare State and its costs, as they firmly rejected the idea that our present expenditures on health care and social services were an unacceptable burden on our economy. The Commission also provided a timely reminder that in comparison with other western industrial nations Canada's spending on health, education and social services was actually quite modest,

21% of our gross domestic product which is just above that of the United States, a country that now finds itself ranked fourteenth in the world in infant mortality, and forty-ninth in literacy. A country where 27 million people have no public or private health care insurance (Iatridis, 1988).

The third argument we hear for privatization results from a growing dissatisfaction with government. We are told that government activity is by nature non productive and inefficient. That governments are too large, too bureaucratic, too intrusive and too regulating. It is argued that the only way we can restore our trust in government is to shrink the size of our public sector (Savas, 1982). But before you all quickly agree with these arguments about big bad government, consider some alternative points of view. Why should we accept that argument that public investment is always less productive than private investment (Freiler, 1984)? Can it not be argued that expenditures on government social programs are a prerequisite for economic growth and prosperity; an investment in people and not a cost (Schultz, 1971). Rigidity and inflexibility may indeed be problems of government. But don't we hear similar complaints about corporations, businesses and banks? Why should we believe that Politicians and bureaucrats are any better at controlling cost overruns from a private supplier than they are at controlling expenditures in their own departments (Krashinsky, 1984)?

Finally, we have those who support privatization because they believe that market place competition will always be the key to ensuring that the highest quality service is provided at the lowest possible price (Freiler, 1984). Even in health care and social services we are told that the sovereignty of the consumer and the law of supply and demand will ensure high standards at competitive prices. Is there evidence to show that privatized services are cheaper and more efficient? Not surprisingly, given the difficulty of measuring the 'output' of a human service, there are very few studies that compare the relative efficiency of public and private provision of health care or social services. The MacDonald Commission researchers did investigate the available Canadian evidence for us and they came to the conclusion that the superiority of a private approach could only be demonstrated in the case of garbage collection; and then only if there was strong competition!

Of course, even if costs were reduced the question remains 'costs for whom' (Freiler, 1984). Shifting the burden from the tax supported public system to the users of the service, through increased user fees, as in the case of hospitals and daycares,

will simply mean that the biggest cost burden will fall on those with the lowest incomes. Clearly the sick and the poor will always be the losers in a system that is heavily reliant on market competition. In any civilized society those in need of health care or social services should never be expected to have to feel their wallets or evaluate the competence of a doctor or a social worker before deciding on a necessary course of treatment.

### **Privatization and the Canadian Family.**

But what might privatization mean for Canada's families? Shouldn't we all be doing a little more to help ourselves? Clearly the virtue of private effort by kith and kin to provide care and assistance for those in need of care and attention is self evident. However, whether it is reasonable, or possible, to see an expansion of these efforts must be seriously questioned. It is here that we see the impact of a number of the important social and economic trends that will likely also have an impact on the voluntary sector in the decade ahead. With their push for privatization, Politicians and decision makers have conveniently overlooked the fact that these trends will have a decided impact on the supply of, and the demand for, family care resources (Parker 1985). The notion that informal caregivers will be available as a substitute for formally organised public services is based on the misplaced assumption that women, and particularly daughters, will be willing and able to care for elderly, sick or disabled family members. The changes in the traditional nuclear family, the loss of the extended family network, the increasing rates of divorce and the rapid rise in the number of women in the workforce, challenge this critical assumption. To attempt to combined the roles of wife, mother, worker and then caregiver is much more than we have a right to expect. Along with the increased mental and emotional burden it is evident that the additional costs involved can be substantial. Women in this situation are often forced to give up jobs, to lose work time, to lose opportunities for leisure time and a reasonable social life.

Politicians and policy makers have failed to understand that responsibility cannot simply be delegated to families. They must be willing to accept the responsibility of caring for an ill or disabled family member without undue reluctance. Adequate support services must be made available and families must not be subjected to the emotional blackmail of believing that they are acting irresponsibly if they lack the necessary resources to offer the care and attention in their own homes. We must also demonstrate to those who call for the return of some golden age of family

responsibility that despite the changing trends the traditional obligation of kinship still remains strong. However I would suggest that the capacity of families to serve their dependent members, without assistance, has been stretched close to its limit.

### **Privatization and the For-Profit Sector**

Perhaps the most alarming aspect of privatization is the deliberate attempt to encourage the involvement of the for-profit sector into the delivery of health and social services. First and foremost there is the inherent contradiction between the goals of health and social services and the profit motive. This desire for profit, coupled with the fact that health and social services are labour intensive, has meant that any cuts will almost inevitably be at the expense of staff numbers, salaries and training (Freiler, 1986). The eventual outcome must be the deterioration of service quality. There is also a growing concern in both the United States and Canada about corporate concentration in some areas of service, such as nursing homes, hospitals, day cares and prisons. As a result of their domination there is a fear that important social policy objectives are now being set by those whose primary interest is profit. There are now very strong lobby groups working on behalf of commercial operators to convince governments that they should in fact be removing regulations and standards because of the significant costs involved in meeting them. There is also the concern that with profit as the major motive, any loyalty to a particular client group or community will quickly evaporate if financial returns are not as high as expected and attention is turned to more profitable enterprises (Freiler, 1984).

Questions of accountability to both governments and users of the services have also surfaced. Along with the problem of absentee ownership there is alarm that the disclosure of financial information is often strenuously opposed. Studies have also shown that patients or clients in for-profit operations frequently lack any opportunity to speak up on their own behalf or appeal through a grievance mechanism. As well, there is seldom an opportunity in a commercial operation for the involvement of the community in the delivery of the services or in the representation of the patient or client group with respect to broader social policy issues (Reid, 1976).

Two recent developments should also give us further cause for alarm with respect to the commercialization of human services. In the United States, for-profit operators in health care and social services have begun a vigorous campaign to



challenge the traditional right of non-profit groups to provide services in the community. The major argument is that as tax supported institutions, that are also not required to pay taxes on their business activities, non-profit organisations constitute unfair competition to for-profit operators.

### Privatization and Free Trade

Arguments about unfair competition are also central to the second recent development; the possible signing of the Free Trade Agreement between the United States and Canada. Despite the assurances of the federal government that social programs and social services will be exempt from the provisions of the agreement a close reading of the documentation reveals that this is not in fact the case. Under the principle of 'national treatment' Canada will be obliged to provide the same arrangements with respect to taxes, regulations and requirements to all American companies who wish to do business in Canada's services sector. Canada may require licensing or certification for service providers but we must ensure that any such requirements are not discriminatory or are "used as a disguised restriction on trade". As a result of this important principle American companies must be accorded nondiscriminatory access in any tendering process associated with the management of a whole range of health, institutional and social services, including rehabilitation hospitals, extended care hospitals, nursing homes, home care services, public health clinics, medical laboratories and blood banks.

A further disturbing aspect of the agreement concerns public monopolies. Should any government in Canada wish to introduce a government run plan to provide, for example denticare it will be required to check the proposal with Washington in order to ensure that any proposal will not adversely affect American interests. There is also no protection in the agreement for our existing health and social service programs and we may quickly discover that the Americans will rule that they amount to 'unfair subsidies'. A justifiable fear is that Canadian companies, in the face of increasing competition from U.S. companies, will demand that our governments reduce taxes by cutting back on social programs. Canadian companies will be competing with American firms based in States with no minimum wage requirements, poor labour laws, low health and safety standards and miserable benefit coverage.

The Free Trade Agreement will certainly provide an unhealthy stimulant to the already questionable practice of privatizing services to the non-profit sector. But other significant questions come to mind. What implications will it have for the inherently Canadian norms and values associated with the development of human services in this country? Should we be expected to make the necessary adjustments to ensure that the American model and practices fit our Canadian context? Will we be able to set our own standards for the delivery of health and social services without violating the principle of 'national treatment'? Health and social services in this country have already undergone considerable pressure in the past few years as a result of funding cutbacks and efforts to privatize services. We can therefore ill-afford the potentially damaging consequences of the Free Trade Agreement.

### Privatization and the Non Profit Sector

What does privatization hold for the non-profit community? Certainly it is evident that we have a lot at stake in the decade ahead. In the short term, privatization may appear to offer considerable benefits, particularly if the financial resources that flow from governments insure the survival of individual agencies. However, if we are not careful these immediate opportunities and benefits will blind us to the long term consequences. What are some of these likely consequences?

Historically, non-profit health and social service agencies have been at the forefront of community concern and innovation in the delivery of services. It has been the non-profit sector that has been there, breaking new ground, providing new services, advocating for improvements in social conditions, encouraging groups of citizens to work together in mutual support. Governments have come to a new appreciation of the role of volunteer agencies, but unfortunately it has been for all of the wrong reasons! It is not because they see us as the generator of new ideas, seeking improvements in our way of life. It is not because they have come to appreciate that the participation of volunteers in the decision making of agencies enhances the political process and contributes to a healthy democratic society (Langton, 1981). Their motives are far less lofty. They view the voluntary sector as a possible vehicle upon which they can 'download' many of their existing health and social services as they battle with the pressures of fiscal restraint (Abramovitz, 1986). It is not a mere coincidence that privatization emerged as a popular theme at the same time that levels of social spending were being critically examined.

I am also far from convinced that governments have made any real effort to understand the new dynamics of the voluntary sector, or how much it has changed from the days that volunteering meant helping the next door farmer rebuild his barn. The idea of a great reserve army of volunteers that is expected to materialize in the new privatization dawn suggests that governments do not understand the backgrounds of those who wish to volunteer or the type of experience that they are seeking. The recent Statistics Canada survey (Statistics Canada, 1987) confirmed for us yet again that the old image of a volunteer as a well meaning middle class, middle aged housewife with time on her hands has long disappeared. She has been replaced by the well educated, professionally employed married couple in their late 30's who are concerned about contributing to their community, particularly if they have children, or are looking for a way to enrich their lives with an opportunity that is not available to them through their work. They are anxious to find a way to contribute as volunteers, provided that the tasks involved are well defined, challenging and time limited (Bharadia, 1986; Gibbins, 1986).

Nor do governments seem to appreciate that voluntary organisations have changed considerably over the past few decades and that many of their responsibilities are now carried out by skilled professionals, rather than the volunteers of old. A frequent concern in the volunteer literature is the difficulty of responding to the tensions that can arise between these professionals already employed by agencies and an increasing number of volunteers who are expected to contribute to service delivery (Allen et al, 1980). Governments, and perhaps the general public, also tend to view volunteers as free labour. In actuality they require the same support, supervision, training and rewards as paid employees. All too often staff in an agency are expected to simply add the management of volunteers on to their existing jobs. The result is that support is not available for volunteers, and they quickly leave the agency to seek volunteer opportunities elsewhere (Abbey-Livingstone, 1987). A further evident tension is between the voluntary sector and organised labour. If voluntary organisations begin to assume increased responsibility for the delivery of services there is a justifiable fear that well paid unionised jobs will be replaced by volunteers or low paid, non unionised staff employed by agencies (Freiler, 1986).

The voluntary sector's ability to meet the fiscal demands of an increased involvement in the delivery of health and social services is likely to be severely

strained if governments become determined to reduce their financial investment as well as their participation in the delivery. Evidence from the United States has shown that under these circumstances some services have to be eliminated, longer waiting lists become inevitable and budgets are balanced at the expense of hiring qualified staff (Terrell and Kramer, 1984). The gradual introduction of fees for service seems inevitable if other sources of funding begins to dry up, with the sad outcome being the development of an additional level of service which is beyond the reach of the poor. In 1980 in Alberta already 36% of the revenue of charitable organisations came from fees for service, a figure that has undoubtedly increased in the past eight years (Ross, 1983). The non profit sector must therefore become even more determined in its fight for the philanthropic dollar as new more aggressive competitors, such as Hospital Foundations, enter the fray. A recent article from the United States commented that in that country both foundations and corporations remain adamant they are not prepared to become a source of financial resources to replace lost public sector funds (Wheeler, 1987).

The movement of government money towards the non profit sector has already seen a much greater use of contracts between agencies and governments. While a contractual relationship may appear to be a satisfactory way of transferring funding and delivery responsibilities, there are serious limitations that must be appreciated. First, a contract offers no guarantee of continuity from one year to the next, and participating agencies can suddenly find themselves very vulnerable to yet another sudden change of government policy. As well, evidence from Ontario and Alberta shows that both agencies and governments are hopelessly unrealistic about the real costs of providing a service, especially with regard to overhead costs and management time (Freiler, 1984). It is also apparent that agencies quite naturally find it expedient to orient their services to where funding seems to be most available, rather than to the real needs in the community. In any system of contracting it is fundamental that potential contractors be selected in an impartial and systematic way. In my experience there have been just too many examples where the contract approach has generated an unfortunate pattern of inequality and patronage where the friends of government find it comparatively easy to find the support that they require. A further concern for small non profit organisations is that they are often very inexperienced in the cut and thrust of contract bidding and the time that must be devoted to preparing for annual contract competitions is time that is not available for service delivery. As well, in the frantic business of offering and responding to

proposals for service contracts, no one takes responsibility for the master plan. Any leverage that governments might have to encourage some degree of coherence and public accountability can be quickly forgotten. Some writers have also complained that contracts lead to slick presentations, where form and market oriented techniques become more important than substance or the objectives of the particular health or social service program.

But perhaps the most damaging aspect of privatization for the non-profit sector is the potential harm it will do to one of its principle virtues, its ability to conduct collective advocacy on behalf of its client groups. In a for-profit setting clients can quickly become captive, with little opportunity to ever question the services or the treatment that they are receiving. The non-profit sector has a proud and important history in protecting the collective interests of its clients. However with a government contract as a major source of funding there is evident reluctance to challenge the status quo through fear that any criticism of government activity or policy will jeopardize any future funding. Voluntary agencies are almost the only vehicle through which our society can enhance the visibility of important social and economic issues. Our communities will be all the poorer if we in the voluntary sector abandon our rightful role; the press for reforms, the redressing of wrongs, the representation of the disadvantaged, and the highlighting of oversights, weaknesses and blatant obstruction in the delivery of services.

#### **Privatization and the Public.**

It has been suggested that the most fundamental question underlying privatization is what should the role of government be in the provision of human services (Freiler, 1984)? An important part of any response to this question must surely be the views of Canadians. Do they wish to see more and more of their health and social services turned over to community agencies or for-profit operators? A Gallup Poll in 1984 showed that the public was 'receptive' to the voluntary sector and that they perceived voluntary organisations to be 'well run' and noted for 'handling money prudently' and being staffed 'by people who have higher than average standards of honesty and integrity' (Morrison, 1986). With respect to the question of privatization, survey information is limited. However, a recent city wide survey in Edmonton did provide some intriguing insights. In response to the question "Which groups should be responsible for paying for help provided to people facing physical, financial, emotional or social hardship?" 50% responded that it was the responsibility

of government, 36% that it was the responsibility of individuals and their families and 9% the responsibility of citizens through charitable donations. The second question asked who should be responsible for delivering the help, 48% identified that it should be government, 41% relatives or friends, 13% churches or non-profit groups and 1% for-profit companies. This evidence suggests to me that at least in Edmonton the general public does not share the provincial government's evident enthusiasm for privatization.

### Privatization and Voluntarism.

Let me now attempt to sum up what I believe will be some of the major implications for voluntarism if our health and social service facilities and programs continue to be privatized.

- *The strenuous promotion of values such as individualism, self-reliance, competitiveness and self interest, that are so central to a philosophy of privatization, leave little room for the values of interdependence, of community, of mutual responsibility and caring that are so pivotal to voluntarism in this country.*
- *The dramatic rise in the number of women in the workforce, along with the declining network of extended families and the increasing pressure from governments that we must do more to provide for our ill or dependent family members, will likely mean that there will be fewer women able to volunteer. As well, there will be less discretionary money available for charitable donations. There will also be growing resentment that families will be asked to 'pick up the slack' whenever a government decides that there is money to be saved by eliminating a long standing service. Evidence from Britain also suggests that the pressures of privatization upon families has resulted in an alarming increase in incidence of elder abuse.*
- *The increasing involvement of for-profit corporations in the management and delivery of health care and social services will encourage a growing political campaign against the perceived unfair competition of non-profit organisations because of their use of volunteers.*

- *With more commercialization there will be declining opportunities for community involvement and community accountability in health care and social services, and for interagency cooperation and coordination. Citizens are also unlikely to be interested in volunteering if their unpaid labour simply results in an improved profit picture for a commercial operator.*
- *It has already been demonstrated that for-profit companies, such as nursing home operators, are very likely to 'cream off' the patients that offer the best financial return for the least amount of effort. As well, they are quick to abandon a specialized health or social service program that turns out to be unprofitable. The inevitable outcome from the point of view of voluntary organisations is they will be left to respond to the needs of those who require a greater level of care and attention: those who do not have the financial resources to compete in the market for essential services.*
- *Privatization may appear to offer non-profit organisations greater financial security in the short term. However, increasing dependence upon governments for funds will have a significant, and damaging, impact in the next decade. A sudden change of government priorities will see agencies scrambling for funds from corporations or foundations; organisations who are very likely to make it clear that they are not prepared to pick up where governments leave off.*
- *Increasingly we will see the introduction of fees for service and a more demanding competitive environment in health and social services. Cutbacks in service, and in the quality of services, will become even more common as agencies struggle to adjust to an ever changing fiscal environment. Mergers may become more common as agencies go out of business. While economies of scale may result, what will be lost will be the virtues of smallness and flexibility that are presently so important to giving volunteers confidence that*

*their contribution to decision making and service delivery can make a difference.*

- *And what of volunteers? Will they be as willing to contribute when the future of non-profit agencies begins to look increasingly uncertain? Volunteers want assurances that their input does matter. A sense of futility is probably the most dangerous virus for the future health of volunteerism. There are already evident difficulties in recruiting volunteers to take on jobs that were previously done by staff, or to find volunteers to become involved in services and programs provided by local governments. Why should we then expect volunteers to line up with enthusiasm to make a contribution when it is apparent that the need for their involvement is the result of a government's reluctance to continue to provide a service that was once considered to be essential? Will pride in volunteering turn to guilt?*
- *Perhaps the cruelist paradox is that we will be seeking more volunteers at the time when fewer volunteers will be available. It will also be an era when funding sources, whether they be government or private, will be demanding more professional accountability for how the money is spent. As well cutbacks in agency programs inevitably hit first upon staff involved in the management of volunteers, with the result that volunteer support will deteriorate and volunteers will leave with increasing cynicism about the voluntary sector and the part that they might play in its future.*

### **Facing the Future - Developing a Political Agenda**

As discouraging as this picture of our future may be, I do believe that there are things that we can do to respond to these challenges that are before us. Fortunately, we are by nature an optimistic lot! In keeping with the spirit and the approach of this conference I would therefore like to close with a series of recommendations for your debate and consideration.



- *We must acknowledge that we operate in a decidedly political environment and that we must, for our own protection and advancement, be prepared to develop our own political strategies and agendas. To do otherwise will be to betray our future and those who depend upon us for care and support.*
- *We must do all we can to understand and then respond to the important demographic, social, economic and political trends that will impact on the voluntary sector in the decade ahead. Predicting the future is a complicated art, but if we remain vigilant we can do much more to influence our future. We can no longer accept the argument that we are too busy delivering services to take the time to lift our eyes to see what confronts us.*
- *The first item on our political agenda is that we must be prepared to speak up publicly on the damaging consequences of privatization upon our families, our communities and our clients or patients. First and foremost we must point out that we as citizens have a social contract with our governments to provide statutory services and that it is this social contract that is being renegotiated without our involvement. Neither the voluntary sector or private enterprise can ever be an adequate substitute if the principles of universality, equity and accessibility are to be upheld. The most serious flaw in the approach to privatization is the idea that people in need must depend either upon the fickle benevolence of others or the competitiveness of the market place. If our society decides that certain needs exist then the required services should be made available by governments, irrespective of the support for voluntarism or private enterprise that exists in the community.*
- *We must be prepared to include on our political agenda a determination to overcome our invisibility in society; to educate the public that voluntarism has a critical role to play in any democratic society. We must encourage our volunteers to use their experiences and knowledge to better inform their colleagues in business or in government of the needs that exist in the community and the*

- *Finally, we must be prepared to exercise that fundamental virtue of the non-profit sector; our ability to take political action and advocate for change and the collective interests of our patients and clients. We must question the federal government's concept of 'charity' and political activity in order to give proper recognition to the right of voluntary organisations to speak out on public issues (Robichaud, 1986), to raise public awareness of current social and economic conditions, to highlight weaknesses in existing systems of service delivery, to monitor, and if necessary challenge, the provision of statutory public services. To ensure that our agenda and our future have a visible and legitimate place on the political agenda of the nation.*

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