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THE SOCIAL WELFARE POLICY CHANGE PROCESS:
CIVIL SOCIETY ACTORS AND THE ROLE OF KNOWLEDGE

by

Toba Bryant

A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Faculty of Social Work
University of Toronto

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The Social Welfare Policy Change Process:  
Civil Society Actors and the Role Of Knowledge

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Abstract  
This thesis examines how civil society actors in social and health policy use knowledge to influence policy change. This was done through the carrying out of two case studies concerned with social welfare policy in Ontario. The first case considers the knowledge activities used by those advocating on behalf of tenants to oppose provisions of the Tenant Protection Act during public hearings in 1997. The second case examines the use of knowledge by supporters of Women’s College Hospital as it fought closure in 1996 during the hospital restructuring process. The study also considers the extent to which participants collaborate with citizens to build a case for a particular policy perspective and policy outcome. A new conceptual framework of policy change was developed that builds upon Sabatier’s and Hall’s learning approaches to policy change. The new framework also incorporates Foucault’s power/knowledge and Habermas’ typology of instrumental, interactive and critical knowledge. Interviews and document review were the prime research methods used. In the first case study, seven individuals employed in housing and non-housing fields who acted to oppose provisions of the Tenants Protection Act were interviewed. In the second case study, strategists of Women’s College Hospital and others associated with Wellesley Hospital — ten in total — were interviewed about the hospital’s fight to oppose closure. Findings illustrated how civil society actors use a diverse range of knowledge to influence the policy change process. Participants in both cases — professional policy analysts such as lawyers, physicians and others with professional credentials — used legal, public relations, personal stories and political-strategic approaches to convey their knowledge about an issue. The cases differed in the degree to which citizens defined the policy issues and how these issues were addressed in public activities. The results also show that the political identity (i.e. social class, sexual orientation, ethno-racial characteristics, etc.) of civil society actors affects the extent to which they are able to influence the policy change process. While political ideology played a role in government receptivity to advocates’ arguments in both cases, its importance depended upon the policy area being addressed.
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Chapter 1
Introduction

1.1 The Problem

The purpose of this thesis is to improve our understanding of the influence of civil society actors on the social policy change process. The focus is on how and the extent to which civil society actors use knowledge to bring about social policy change. The role of civil society tends to be a neglected area in the study of policy change. Still less understood is how civil society actors use knowledge to influence policy in the social welfare policy field.

A particular emphasis in this study is the politicking around the creation, dissemination and use of knowledge that occurs between civil society actors and state actors in the policy change process. Politicking refers to the activities and dialogue between civil society actors and government actors in the policy development process. Politicking also refers to conflict, issues of power, and ideology. These factors are important considerations in the study of public policy since they influence the policy change process, the civil society actors who will have access to the process, and policy change outcomes. Power and authority tend to be associated with certain types of knowledge and endow the creators of such knowledge with status and credibility which creators of other types of knowledge may not have.

This thesis explores several concepts that are germane to the investigation of civil society actors and their ability to influence the social policy change process. For the purposes of this thesis research, it is taken as an axiom that social welfare policy should ensure a social minimum of basic needs, such as housing and income security for all citizens through specific health and social service legislation. Social policy is often used as a broad term to encompass social welfare, but it can also refer to government activities beyond social welfare, including marriage and divorce legislation, and support to culture and arts (Armitage, 1988). Social welfare policy is an important area of public policy. The term “social policy” is used to refer to social welfare policy.

1.2 Civil Society

Civil society is politically engaged citizens, professional policy analysts and such associational networks as unions and other social movements that these actors form to attempt to influence public policy decisions (Walzer, 1995). Social movements are organizations for collective action that exist over time, such as the environmental and women’s movements. Civil society can also include human association and relational networks, such as churches and schools. While churches and schools can be political change
organizations, a specific focus in this thesis is political change organizations in civil society such as unions, advocacy groups, and policy think-tanks such as the Caledon and the C.D. Howe Institutes. Such organizations form outside the state to promote social policy change.

These organizations that advocate change in a policy area can also form within the state apparatus among senior civil servants for the purpose of influencing policy outcomes. Advocacy groups are also political change organizations and can be part of a social movement or network of groups working on a similar political issue. Political change organizations can be important forces in shaping and influencing the development of national social movements and international political institutions (Smith, 1998). The focus of this study is on civil society organizations in the social welfare policy field.

Social movements and other political change organizations in civil society include policy experts, such as professional policy analysts, and citizens. This thesis focuses on civil society actors who advocate policy change to benefit vulnerable populations such as low income populations, seniors, and people with disabilities. It is concerned with the approaches to knowledge of civil society actors in political advocacy and to what extent knowledge brought to bear by civil society actors influenced policy change outcomes.

The knowledge creation activities of civil society may have particular relevance for social policy. Global economic change such as increased economic interdependence among countries has raised concerns about the capacity of civil society actors to influence public policy outcomes. This issue is particularly salient in the social policy field which has experienced dramatic change (Laxer, 1997; McQuaig, 1993; Teeple, 1995). In response to changes in the global economy, Canadian governments at all levels have undertaken measures to balance budgets and reduce deficits often at the expense of social programs. Such social programs as the Family Allowance Program and the Canada Assistance Plan have been replaced by other programs that reduce social provision. Some observers perceive such changes as enhancing international economic activity (Laxer, 1997; Teeple, 1995). Others perceive increased global interdependence as undermining the capacity of domestic governments to make domestic policy, thereby diminishing the influence of both state and civil society actors (Teeple, 1995). The potential contributions and influence of civil society actors must be considered within the broader context of economic globalization and broader political and social forces.

The broader political context takes into account what is presented as fact versus opinion. Ideology can influence what is defined as fact. For example, while globalization and the perceived need for deficit reduction can be presented as inevitable, they may be seen as constructions of the social world asserted by certain groups in society. By examining specific cases of social policy change, the role of civil society in the policy change process can be identified and explained.
The role of civil society in policy change and larger forces such as globalization can be examined within the broader context of neo-liberalism. Coburn (2000) argues that the rise of neo-liberalism and the decline of the welfare state are tied to economic globalization and changing class structures in advanced capitalist societies. Neo-liberalism emphasizes the market while neo-conservativism is concerned with broader social issues as well as the economic imperatives of the market. It may be reasonable to suggest that neo-liberals and neo-conservatives with their market-oriented focus perceive democratic processes as contrary to the goals of the market since they impede market efficiency.

1.3 Knowledge Activities of Professional Policy Analysts and Citizens

For the purposes of this thesis, knowledge consists of ideas, facts, and opinions that inform and promote awareness of issues and conditions in the social world. Knowledge can be new ideas or it can be established ideas repackaged to promote a particular message or perspective. The contributions of professional policy analysts and citizens in social welfare policy change can be seen as consisting of ideas, facts, and opinions aimed at influencing government policies at various levels (Bryant, 1998). Such influence can occur through senior ministry officials and political staff of ministers at the federal and provincial levels, and senior staff and councillors at the municipal level. The distinction between officials and political staff is important. Senior ministry officials are civil servants who are constrained by an expectation of neutrality. A minister's political staff can act more freely in policy discussion. In short, they are paid to be political.

The potential contributions of civil society actors to the public policy change process can be understood by way of epistemology. Epistemology is the study of the assumptions and beliefs of knowledge users. It considers the relationship between the knower and what can be known. Some communities of professional policy analysts and citizen-based organizations, such as labour unions, women's organizations and poverty groups, integrate different types of knowledge to influence social policy change. Such contributions are informed by understandings of knowledge and how professional policy analysts and citizens use knowledge to influence public policy. These understandings of knowledge are explicit or implicit assumptions about the nature of the social world and how it may be investigated. Examining these underlying assumptions and beliefs of civil society and state actors can explicate behaviours and knowledge activities of both types of actors in the policy change process. The examination can identify different types of knowledge that each group of actors can use to influence policy.

Professional policy analysts and citizens differ on such dimensions as education and identity such as social class. These factors may affect the ability of each group to influence policy outcomes.
Professional policy analysts can be affiliated with think-tanks and social policy organizations. They may also be university professors. Professional policy analysts differ from citizens in the assumed authoritativeness of their knowledge claims. Advanced education and knowledge are considered to endow the contributions of professional policy analysts with authority. They possess specialized knowledge acquired through advanced education such as law, social work or social science disciplines.

Professional policy analysts differ from citizens on other dimensions. They can work for hire, possess and create specialized knowledge, and can invoke their affiliation and education to support their knowledge claims. Community activists and professional researchers affiliated with think-tanks are similarly recognized by society as being authoritative on the issues on which they advocate. They also engage in political change, usually in a paid capacity. Together, their education and their paid status legitimize their knowledge claims. Some writers (Foucault, 1972; Gagnon, 1990; Habermas, 1968) equate this authoritativeness with the power to construct truth in a society. This perspective, however, conveys an image of homogeneity among professionals. There are differences among the professions and disciplines which may contribute to differences in the ability of each professional group to influence policy outcomes.

Citizens form groups and larger social movements to raise issues and to enhance their political leverage in the public domain. In contrast to professional policy analysts, citizens are individuals who exercise their political rights as residents of a particular locale, or as members of an ethno-racial or other identity. This definition transcends the legal definition of citizen. It includes all who live in communities and voluntarily act on the political system. They may also be volunteers (Brilliant, 1990) and may therefore lack the status accorded professional policy analysts.

These conceptualizations of professional policy analysts and citizens recognize that these groups are not mutually exclusive, but overlap. Differences can be found within and between the two aggregates. They differ in terms of their access to the political process, financial and other resources to support their political activities, and in their understanding of knowledge and the nature of their knowledge claims. They may also differ in terms of language and literacy levels, among other factors. Professional policy analysts and citizens can, however, work together to advocate for specific policy changes. Such alliances are of particular interest in this research since they represent attempts to integrate different types of knowledge and experience with particular policies.

The activities of civil society actors and organizations can include organizing other citizens and events to raise the profile of an issue and communication with the wider community through the media. Their activities can also include the creation and dissemination of knowledge or information on a given
policy issue to achieve policy change. Knowledge shapes the organizing and communication roles of political change organizations and the nature of social policy.

1.4 Substantive Focus of Thesis

This thesis examines how social policy activists used knowledge to influence policy outcomes. It also considered the extent to which they were successful. It considers these issues by examining specific social policy changes through two Ontario case studies in the housing and health policy areas implemented by the Mike Harris Conservative government in 1996 and 1997. The first case study focuses on the use of knowledge by tenant advocates during public hearings on the Tenant Protection Act (TPA) (Bill 96, 1997). The second case study focuses on the knowledge activities of Women’s College Hospital and its supporters in opposing the recommendation of the Health Services Restructuring Commission to close the hospital during the period 1995 to 1998. Both case studies explore the perceptions of the activists concerning knowledge and how it influences the policy change process. This thesis focused on civil society actors who are concerned with the life conditions of vulnerable populations and advocate for progressive social policy change to improve the quality of life of these populations.

There are several reasons for examining these housing and health policy changes. First, both policy areas have undergone radical change since 1975, and continue to be centres of intense conflict in the province. This is especially the case since the election of the Conservative Party of Mike Harris in 1995 and its re-election in 1999. Second, health and housing are key elements of social policy that, interestingly, are seldom considered together. Housing and health are key indicators of general health of a population. They are exemplars for examining the relationship between health and social policy within a broader discussion about social and health inequalities and the capacity of social policy activists who advocate on behalf of vulnerable populations to influence the policy change process.

My experience in both policy areas led me to believe that these are important areas in Canadian public policy. Moreover, in recent years, Canadian provincial and federal governments have targeted these policy areas for fiscal management exercises. They therefore provide exemplars for considering knowledge issues, specifically how tenant and health activists use knowledge to promote social change.

To understand these policy changes, an examination of the policy history in each policy area precedes the presentation of findings of each case study. The history of rent regulation legislation in Ontario is considered in light of policies initiated at the federal level that may have influenced provincial policy decisions in rental control. This history covers the period from 1975 to the present. Similarly, an examination of provincial policy towards hospitals with a focus on the late 1980s precedes the case study
on Women's College Hospital. This period covers the mandates of three different governments between 1985 and 1995. During this period there was a proposed merger between Women's College Hospital and the Toronto Hospital (1989), a recommended closure, and then the actual amalgamation of Women's College Hospital with Sunnybrook Health Sciences Centre (1995).

The Tenant Protection Act (1997) and the Health Services Restructuring Commission (HSRC) and hospital closures, the focus of the housing and health policy case studies respectively, have had particular effects on Toronto. Toronto is the largest city in Ontario and has large vulnerable populations that are affected by these policy changes. Toronto is also politically well organized with numerous advocacy groups and social movements lobbying for affordable, quality, permanent housing and for accessible, quality health care.

The decision of the Harris government to withdraw from social housing and introduce vacancy decontrol can be examined to consider the extent to which neo-liberalism has permeated Ontario politics. Such actions signify a contraction of the role of the state role in the provision of services. The activities of community legal clinics and other tenant activists were carried out on behalf of some of the most vulnerable tenant populations in Toronto. Such groups were of particular interest in this research given their long history of advocacy for tenant rights and rent control in Ontario. They represent an example of linking lay knowledge of tenants as they experience residential rent regulation and other housing policies with the specialized knowledge of lawyers who represent their interests.

Several health policy changes occurred prior to the election of the Harris Conservative government that attempted to shift from institutional to community-based health services. These changes included the creation of the Premier's Council on Health, the introduction of mental health legislation on consent to treatment and advocacy between 1987 and 1995, and hospital restructuring. The NDP government introduced measures such as bed closures to curb hospital spending. These policy changes are explored in Chapter 7 on the health policy legacy. The HSRC ordered the closure of several hospitals across Ontario and these had significant implications for Toronto as the largest urban centre in Ontario. Toronto had 44 hospitals which served not only its own residents, but also people from other Ontario communities, Canadian provinces, and other countries.

Of all the Toronto hospitals, Women's College Hospital presents one of the most interesting cases. Although other hospitals such as Wellesley and Doctors hospitals also faced closure, Women's College Hospital applied sufficient pressure to force the HSRC to reverse its decision and allowed the Hospital to retain its downtown site. The HSRC designated Women's College Hospital to become an ambulatory care centre for women's programs. Hospitals are one component of the health care system and
health policy. Changes in the hospital sector, however, have affected other health care sectors, specifically transfer of care to the community sector.

The study examines how the Board of Women's College Hospital and the Friends of Women's College Hospital use knowledge and other activities to influence health policy. It compares the activities of Women's College Hospital and its success with the experience of Wellesley Hospital and other hospitals in Toronto that were closed and/or merged with other hospitals in downtown Toronto.

1.5 Key Questions of the Study

The research examined these issues within the context of the following questions.

- How do civil society actors, such as professional policy analysts and citizens, use knowledge to bring about social welfare policy change?
- What epistemological and political assumptions drive the knowledge creation and dissemination activities of professional policy analysts and citizens in their attempts to influence public policy?
- What factors affect the receptivity of policy makers to different actors and types of knowledge in the policy process?
- How does the government of the day use the knowledge and ideas presented by civil society actors?
- To what extent do civil society actors influence the policy change process?

1.6 Structure of the Study

Chapter 2 reviews the epistemological and policy change literatures. It focuses specifically on two learning models of policy change, Sabatier's advocacy coalition framework and Hall's policy paradigms. Chapter 3 presents a conceptual framework of policy change that builds on the models of Sabatier and Hall. Chapter 4 presents the epistemology that guided this study's methodology. Chapter 5 presents the history of rent regulation policy in Ontario and the findings of the case study on the knowledge activities of those opposing the 1997 Tenant Protection Act. Chapter 6 analyses the findings of the case on the Tenant Protection Act. Chapter 7 presents the history of Ontario public policy on hospital financing and health services restructuring. It also presents the findings of the Women's College Hospital case against closure between 1995 and 1998. Chapter 8 analyses the Women's College Hospital case study findings. Chapter 9 considers the two case studies together within the context of the conceptual framework presented in Chapter 3.
Chapter 2
Literature Review

Theories of policy change provide conceptualizations for understanding the policy change process and policy change outcomes. The policy change literature consists of different models that explain policy change. Recent developments in this literature are the learning approaches to policy change that consider the role of knowledge and ideas in the policy change process.

The policy change literature has seldom been used to examine social policy change outcomes, particularly in the current political environment. The learning approaches provide concepts for understanding the roles of knowledge and ideas in social policy change and for interpreting the meaning of social policy outcomes. These models make explicit the core epistemological beliefs of political actors as they create and select knowledge to bring about particular policy change outcomes. An examination of epistemology can contribute to understanding the motivations of policy change actors in their selection of knowledge for advocacy to bring about specific policy change outcomes.

2.1 Epistemology and Knowledge Creation

Different "ways of knowing" are an essential component of understanding knowledge and its uses by different political actors and groups. How civil society actors perceive knowledge influences their knowledge use in political advocacy. A central question to be addressed in this thesis is: How do epistemological and political assumptions drive the knowledge creation and dissemination activities of professional policy analysts and citizens as they attempt to influence policy change? To consider this question there must be a consideration of some recent developments in the epistemology of knowledge.

Perspectives on what constitutes knowledge about the world are known as world views or paradigms. A paradigm can be defined as a set of basic beliefs or assumptions about knowledge and how it is created (Guba & Lincoln, 1994). Epistemology, one of three components of a paradigm, refers to the nature of the relationship between the inquirer and what can be known about the world. The other components of a paradigm are ontology and methodology. Ontology refers to the form in which reality is believed to exist. A paradigm sets parameters on what can be known. A methodology is tied to epistemology. It refers to how an inquirer can discover what s/he believes can be known. Epistemology represents the starting point of the knowledge creation processes since it shapes how knowledge is believed to be acquired and understood. An epistemology can then affect the behaviours of actors in the public policy process.
It is important to consider the underlying epistemological assumptions of theories about the social and political world. This is so since all theories about human organization are guided by a philosophy of science and a theory of society (Burrell & Morgan, 1979). Professional policy analysts and social scientists in particular attend to their subjects by way of explicit or implicit assumptions about the nature of the social world, and how it may be investigated.

2.1.1 Positivist/Rationalist Paradigm

Interpretations of the link between science and political action have traditionally been informed by the positivist paradigm. The paradigm emphasizes rational and linear concepts in decision-making (Albaek, 1995; Gagnon, 1990) and has been dominant in the social sciences and in public policy studies. In public policy studies, the rationalist approach to policy analysis can be seen as the heir to positivism. Traditional positivism holds that human behaviour is explained by universal laws, such as Newton’s laws of motion (Brunner, 1991). The behaviour of living forms and inanimate objects, such as planets or a falling apple, can be understood with reference to constant relationships representing a fixed, underlying reality that exists in the world. The essential beliefs of positivism as applied to inquiry are: a) belief in an external world that exists independent of human interpretation, and b) belief that objective knowledge about the world can be acquired through direct sense experience. Usually these experiences are identified and interpreted within the framework of the experimental scientific method (Fishman, 1991). Phenomena that cannot be observed either directly through experience or observation are excluded from this definition of credible knowledge.

The aim of positivist science is to predict and control natural phenomena (Guba, 1990). Science is associated with this systematic approach with its defining criteria of reliability, validity, and objectivity. The main purpose of science is the search for truth, logic, generalizability, originality and relevance (Albaek, 1995). Due to its reliance on reductionism (Lincoln and Guba, 1985), positivism tends to examine phenomena separately from the context in which they naturally exist or occur, a process that can be described as context-stripping. Positivism, as manifested in rationalist social policy, usually depends upon empirical testing of quantitative predictions that are deduced logically from hypotheses. Thus, knowledge creation in this framework involves developing a set of general principles or theory that can explain and predict events, including human behaviour.

Positivism holds that science is neutral. It denies the influence of values on inquiry. It also denies the influence of power on the creation and use of credible knowledge. It has been argued that one effect of this apparently value-free epistemology is that positivism implicitly accepts the status quo of societal
relations. In this way, it is thought by some critics to reinforce social and political inequalities (Woodill, 1992).

The introduction of positivism into the policy making process was an attempt to make it more like traditional science. In the positivist-rationalist policy paradigm, politics is perceived as incongruent and competing with rational action (Albaek, 1995; Gagnon, 1990). Whereas science can be seen as driven by devotion to objective and open inquiry, reason and truth, politics is concerned with power and interests. That is, politics does not adhere to the claims of scientific rationality and objective inquiry. Thus, the methods and process of science are considered by some as essential to make public policy a rational process.

The primary weaknesses of positivism stem from its linear assumptions about social reality, and its need to separate the subject of study from its context. In social science, there is frequently little attempt to consider the impact of the broader context on the phenomena of interest. This is more the case with psychological social science than sociology. But in either case, the influence of context is downplayed. Linear assumptions about reality may blind the analyst to the many complex factors that shape social phenomena. Certainly, the paradigm usually does not consider the importance of power relations in the shaping of social reality and policy development.

2.1.2 Post-Positivism in Policy Analysis

Alternative post-positivist interpretive, critical and post-modern/deconstruction analyses of knowledge creation have been developed. These approaches have been used to inform recent policy analysis by locating actors within discourses (Torgerson, 1996). Discursive analysis examines the way language is used to convey meaning. Discourse is language, discussion, and conversation that a society holds (Phillips, 1996). These approaches recognize a broader range of voices as influencing public policy and this recognition allows research to examine the interplay between power and policy development. Post-positivists are especially interested in how the objects of science are constituted (Bernstein, 1983; Hawkesworth, 1988, cited in Fischer, 1993). To begin with, all inquiry is considered to be value-bound and subjective. The scientific community is identified as having its own interests and objectives. In addition, the activity of science is perceived as a product of the social world it seeks to understand. Fischer adds that post-positivist theory emphasizes the dependence of science on a particular constellation of empirical and practical assumptions that shape empirical observation. How science is conceived and practised is based upon and shaped by the normative assumptions and social meanings of the world shared by scientists and their audiences. This literature examines the relationship between social science and other
knowledge that are acquired from professional and graduate education and influenced by power. By focusing on the association between these specialized knowledge forms and power, the post-positivist literature can explain the greater influence of some groups of civil society actors over others in the public policy process.

Torgerson (1996) distinguishes three streams of post-positivist perspectives: hermeneutics, critique, and deconstruction. Critique and deconstruction concern themselves with identifying how the underlying social structure — including sources of power and domination — are significant in the development of meanings and knowledge. Each tradition can provide an understanding of the policy change process.

i) Hermeneutics. Hermeneutics is an interpretive approach that focuses on how humans understand themselves and others through a shared system of categories. These shared categories bring meaning to interpersonal relationships and social institutions. A reflexivity of interpretation based on subjective understandings replaces the positivist axiom of objectivity. This perspective does not explicitly address issues of power and domination, since all perspectives or social constructions are considered equally valid. It raises questions, however, about the accuracy of the constructions it identifies, since these constructions and the actors are not located in discourses in the larger socio-economic and political context (Torgerson, 1996).

ii) Critique. Critique, also known as critical theory, explicitly links knowledge to power as a central organizing concept. The approach considers the constructions of reality made by differentially positioned actors as having a fundamental impact on the nature of social relations. In its concern with issues of power and domination, it frequently focuses on the socio-economic context (Torgerson, 1996). Critique/critical theorists also focus on the nature and distribution of power between state and non-state actors. The context for understanding these relations is formed through social interaction. Hermeneutics can describe some of these relations, but conventional hermeneutic categories of meaning may not expose important categories. Critical theory, by dealing explicitly with issues of power and domination within the social context of society, provides some of these categories of understanding. It also incorporates the idea that radical transformation of society may be necessary. Critical theory presents itself as a catalyst for the overthrow of the dominant social order. This social order is frequently characterised as possessing inherent political and social contradictions that reproduce themselves and perpetuate social inequality (Fay, 1993).

Knowledge developed in critique is focused on the historical, structural, and value bases of social phenomena. It is also concerned with the contradictions and distortions embedded within them (Greene, 1990). Critical theorists are interested in how dominant discourses and institutions can distort
communication, and thereby impede rational forms or processes of public life. Critical discussion reveals how modes of domination can constrain communication, and proposes that social transformation can help create a liberated communicative rationality.

iii) **Deconstruction.** Deconstruction interprets the meaning of a text as dependent upon the construction of an arbitrary stable reference point (Torgerson, 1996). Through discursive analysis, it explores the "apparent margins of a text" to illustrate how the marginal can be seen as central and how textual boundaries are inextricably linked to other textual patterns. This pursuit of meaning leads to identification of additional meanings. It thereby opens up multiple possibilities that can make claims against a single identity and meaning of a text. It also questions the authority as key to interpretation, as well as interpretations that are presented as ultimate truth. Torgerson adds that deconstruction usually exposes constructions as partial and deficient. In short, deconstructive or postmodern perspectives consider the political aspects of language and language practices, including implicit use of metaphor and symbolism (Hawkesworth, 1988; Stone, 1988; cited in Schram, 1993). Deconstructive analysis can therefore reveal the underlying assumptions implicit in the policy making process.

Schram (1993) argues that a deconstructive inquiry into the discursive construction of political identity (i.e. social class, ethno-racial identity, sexual orientation) offers a democratizing contribution to public policy analysis. He suggests that it provides an opportunity to investigate assumptions about identity embedded in the making of public policy. For example, he argues that American social welfare policy can be implicated in the construction and maintenance of identity that shapes the allocation of public benefits and economic opportunities outside the state. Deconstruction or discursive analysis highlights how social welfare policy can perpetuate the marginalization and denigration of welfare recipients. Similarly, Foucault’s (1972) power/knowledge concept is an examination of discursive practices that construct and maintain social identities. These practices are seen as responses to specific, local issues of social control. Foucault’s power/knowledge formulation and its contribution to the construction of an alternative policy change model are discussed in detail in a later section.

Deconstruction also offers important concepts and insights about power and domination. These can be helpful in directing thought about social policy, but deconstruction offers few strategies for rectifying the ills of the policy process. These power and domination concepts, while important, should not be used to explain all political outcomes. These approaches do not consider the influence of international crises on national and local events, the nature of the political system, and aspects of political economy that can affect policy change outcomes.
With their emphasis on power and domination, critique and deconstruction perspectives may neglect other important factors in their attempts to highlight previously marginalized meanings and constructions. Critique, for example, calls for a rationality that is free of domination. Torgerson (1996) notes, however, that there are never guarantees that a new rationality will not evolve into a new form of domination.

Post-positivist critique has a social action agenda that can democratize policy analysis. Its adherents argue that it provides the best opportunity for collaborative policy analysis between professional policy analysts and citizen activists (Fischer, 1993; Hawkesworth, 1988; Torgerson, 1996). It challenges the basic terms of conventional discussion and demands that authority and decision-making be rooted in democratic principles. Both critique and deconstruction perspectives provide insights about power and domination in policy analysis. They provide a critical frame for evaluating theories of public policy, and policy change literature. This frame may be particularly relevant for an analysis of knowledge and how it is deployed by particular groups in the policy process.

2.2 Overview of Policy Change Models

Policy change refers to alterations to existing public policy. Policy change as an area of inquiry is an important focus within the political science literature. Policy change usually refers to a new course of action aimed at addressing a problem or issue recognized by government and others as having negative social implications (Howlett & Ramesh, 1995).

Mintrom and Vergari (1996) suggest that most models of public policy address policy change. These models, however, vary in their specificity about policy change and about the roles of different actors in the process. There is a continuum of policy change models and approaches in the political science literature. The continuum ranges from models that provide an overall depiction of the stages of the public policy process to learning approaches that focus on specific aspects of knowledge and ideas and their roles in the policy change process. Lindblom’s (1959) model of incrementalism in the public policy literature and Kingdon’s (1984) policy entrepreneur model in the agenda-setting literature are general models about the public policy process. While both models provide important analyses about how the public policy process works, they do not address the role of knowledge in the process, or how diverse non-state actors use knowledge for advocacy in the policy change process. Lindblom and Cohen (1979) suggest that social science knowledge is less important in social problem solving than ordinary knowledge that is attributed to common sense. Lindblom and Cohen treat societal actors as homogeneous and do not consider the differences among civil society actors, such as access to political decision-makers, education, and resources.
among other salient issues. Lindblom's and Kingdon's models address different questions and are not included in this review.

Of more relevance to the present examination is the family of policy change theories termed learning approaches. Learning approaches are concerned with knowledge and learning as key components in achieving changes in policy. These approaches focus on the knowledge creation activities of policy experts and therefore have particular relevance to the issues being addressed in this study. These models also consider the knowledge creation and dissemination activities of such non-state actors as professional policy analysts and interest groups.

2.3 Learning Approaches to Policy Change

Within this literature, two patterns of policy change have been identified: "normal policy change" and "paradigmatic policy change" (Howlett & Ramesh, 1995). Normal policy change refers to a continuation of existing policy with only slight variations from the existing policy parameters. Such changes can be referred to as incremental change. Most policies and practices tend to be a continuation of past policies and practices.

In contrast, paradigmatic policy change represents a fundamentally new direction in state policy or the emergence of a new paradigm or way of thinking about an issue (Kuhn, 1970). Paradigms can undergo a shift such as a focus on hospital and diagnostic services to health promotion and disease prevention. The latter suggest a broader focus on the social, political, economic and environmental conditions in which people live. Such a change might be seen as a paradigm shift in the understanding of health and the causes of health and illness. The issue of different understanding and concepts of knowledge and how shifts occur will be explored in later sections. Normal and paradigmatic patterns occur under different political and social conditions. These shifts need to be further explored in social welfare policy where profound redirections have occurred. A variety of factors influence the type of policy change that occurs.

Policy change studies (Sabatier, 1988, 1993; Hall, 1990, 1993) have tended to focus on the influence of social scientists and social science knowledge. Sabatier's advocacy coalition framework for understanding long-term policy change in a policy subsystem focuses on the knowledge activities of policy experts, such as social scientists, senior civil servants and politicians, among others, in advocacy coalitions. Hall draws on Kuhn's (1970) paradigm to consider different types of policy change to understand policy development.
2.3.1 Advocacy Coalitions and Knowledge

Sabatier's (1993) advocacy coalition framework of policy change is a conceptual framework for examining long-term policy change of a decade or more. This model attempts to explain the strategic interaction of political elites and policy experts in a policy community or subsystem. The policy subsystem consists of ideologically based advocacy coalitions that are involved in a particular policy area. Coalitions can include actors from both the public and private sectors, such as social scientists, senior civil servants, the media, politicians, and interest groups. The coalition can include actors from local and regional governments involved in policy formulation and implementation. These actors can all play a role in the generation, dissemination, and evaluation of policy ideas (Dunleavy, 1981; Heclo, 1978; Milward & Wamsley, 1984; all cited in Sabatier, 1988).

Sabatier agrees with Heclo (1974) that policy change results within a social, economic and political context. Policy change can also involve competition for power and conflicting activities within the community that arise to address a policy problem. Sabatier is particularly interested in the role of technical information and ideology throughout the policy process. Some key concepts require examination.

i) Belief System. Subsystem members can come from different advocacy coalitions and this shapes their activities (Sabatier, 1988, 1993). All share a set of normative and causal beliefs (ideology). Beliefs shape policy positions, instrumental decisions, and information sources chosen in support of specific policy positions. The belief system consists of three structural categories. These categories are termed “deep (normative) core” which comprises fundamental normative and ontological beliefs: “near (policy) core” or the coalition’s policy positions; and “secondary aspects” which are instrumental decisions and information inquiries enlisted to support the policy core. The coalition’s strategies (policy core) and secondary aspects respond to perceptions about the adequacy of governmental decisions in relation to the perceived problem. Changes in strategy can include lobbying for major institutional revisions at the broad policy level, or minor revisions at the operational level.

ii) Change in the Larger Environment. Sabatier (1988, 1993) identifies a range of factors that can influence an advocacy coalition and its activities as well as its success in effecting policy change. Stable parameters and dynamic external events are identified as sources of new information that can affect perceptions of policy issues and lead to alterations in the belief systems of advocacy coalitions. Stable influences such as established policy parameters and the social, legal and resource features of the society persist over a period of several decades. These influences frame and constrain the activities of advocacy coalitions. Dynamic influences such as changes in global socio-economic conditions (e.g. 1973 Arab oil embargo, the election of Ronald Reagan in 1980) can alter the composition and resources of various
coalitions. These influences also affect how public policy is carried out within the subsystem. Personnel changes at senior levels within government ministries can also affect the political resources of various coalitions and the decisions that are made at the collective choice and operational levels.

iii) Policy Oriented Learning. A key component of the framework is policy-oriented learning. This refers to relatively enduring changes in thought or behavioural intentions that are based on previous policy experience (Sabatier, 1993). Learning occurs through internal feedback mechanisms and include perceptions of external dynamics and increased knowledge of problem parameters. Such learning is instrumental, since it is assumed that members of the various coalitions seek to improve their understanding of the world in order to further the achieving of their policy objectives.

2.3.2 Epistemological and Political Assumptions of the Advocacy Coalition Framework

The advocacy coalition framework can be seen as an elitist model. It focuses on the role of actors such as interest group leaders, social scientists, and policy analysts in policy activities. Sabatier argues that these actors are driven by a desire to improve their understanding of the world to further their policy objectives. These actors therefore engage in an enlightenment function of policy analysis. The framework emphasizes time frames of a decade or more and focuses on the perceptions and conceptual tools of policy makers. Sabatier suggests that a corollary of this view is that it is the accumulation of effects of findings both from technical studies as well as lay or ordinary knowledge (Lindblom & Cohen, 1979) that have the greatest influence on policy.

Sabatier’s (1988) stated interest is the role of technical information in the policy process. He focuses on those actors that produce this knowledge. Although it is not explicitly defined, technical information generally refers to knowledge acquired through systematic research processes of analysis and hypothesis testing. Examples of technical knowledge on air pollution control would be the effects of air pollutants on human health, principal sources of a variety of pollutants, and the causes of acid rain. Sabatier’s emphasis on technical knowledge and the enlightenment function of policy analysis reflects a rational approach to policy change as defined in the positivist-rationalist paradigm.

Sabatier (1993) cites Lindblom and Cohen’s (1979) claim that social science knowledge is less important in social problem solving than ordinary knowledge. There is a need to understand the importance of various types of knowledge in different political contexts, particularly neo-conservatism. Sabatier does not, however, pursue such issues in his discussion. Knowledge and interaction are identified as the criteria for coalition membership (Bennett & Howlett, 1992). There is little discussion of other forces such as identity issues that may affect coalition membership. The actors are presented as fundamentally rational
and working to extend their understanding of the world. Sabatier suggests, however, that the majority coalition is opposed by a minority coalition. He therefore highlights a contest for power between different coalitions within a policy community.

Schlager (1995) observes that the model does not consider issues of collective action. She adds that the framework focuses almost exclusively on explaining the structure, content, stability and evolution of belief systems within the policy subsystem. More importantly, by viewing policy experts as essentially rational and objective knowledge creators, this view perpetuates the separation of the realm of science from politics. Politics is seen as a means of promoting rational policy decisions rather than a process that defines how policy decisions are constructed and implemented. Sabatier also does not identify different types of policy change, since he is interested in only long-term policy change of ten or more years. The differentiation of types of policy change, however, is an important component of Hall's policy paradigms.

2.3.3 Policy Paradigms. Experts, and the State

Hall (1990, 1993) introduced the concept of policy paradigms to explain different patterns of policy change. Hall links the concept of policy paradigm to social learning. Social learning is “a deliberate attempt to adjust the goals or techniques of policy in response to past experience and new information” (1993, p. 278). According to this definition, learning has occurred when policy changes. Hall adds that social learning should be “disaggregated” because it can assume different forms, depending upon the type of changes in policy that are involved. Moreover, he argues that social learning emphasizes the role of ideas in policy making. Hall adds that the social learning process is dominated by officials and highly placed experts, since the power of official experts is likely to be at its greatest in highly technical policy fields.

A further aim of the model is to differentiate between the learning process associated with normal policy change and the learning associated with more radical policy changes (Hall, 1993). Hall argues that an understanding of social learning requires an explanation of the role of ideas in the public policy process.

Hall’s (1993) aim is to connect social science and the activities of social scientists as non-state actors to the larger political system. He draws on Anderson’s (1978) observation that public policy discussion occurs within a realm of discourse. Hall adds that “policy makers work within a framework of ideas and standards that specify not only the goals of policy and the kind of instruments that can be used to attain them, but also the very nature of the problems” (Hall, 1993, p. 59) they are intended to address. He argues that the framework in which politicians function is grounded in the terminology through which policy makers convey their work. This work “is influential precisely because so much of it is taken for
granted and is unamenable to scrutiny as a whole" (Hall, 1993, p. 279). Hall calls this interpretive framework a "policy paradigm." Hall draws on work on scientific paradigms to consider the roles of ideas and knowledge in public decision-making (Kuhn, 1970). He distinguishes between different orders of change identifying normal and paradigmatic patterns of policy change.

First-Order Change. First-order change has elements of incrementalism, "satisficing", and "routinized" decision making (Hall, 1993). Such alterations can be minor adjustments to policy such as changes in monthly social assistance and pension payments, or changes in the minimum lending rate or the fiscal stance. The overall goals of policy, its instruments and the context of policy making remain the same.

Second-Order Change. Second-order change generally involves the development of new policy instruments and a move towards strategic action (Hall, 1993). Second-order change may occur at less frequent intervals than first-order changes. Both first- and second-order change tend to "preserve the broad continuity" in terms of the overall goals of a policy area. An example provided by Hall of second-order change is the case in which the Thatcher government abandoned its efforts to implement a system of monetary-based control and shifted from a monetary policy geared to strict targets for the rate of growth of the money supply. First- and second-order change are instances of normal policy change because they alter policy without changing the overall goals of a policy paradigm.

Third-Order Change. In contrast, third-order paradigmatic policy change is marked by radical change in the overall terms of policy discourse associated with the "received paradigm" (Hall, 1993). It tends to be a more "disjunctive process" and is associated with periodic discontinuities. Third-order change is exemplified by the shift from Keynesian to monetarist models of macroeconomic regulation in Britain. Hall suggests this shift involved simultaneous changes in all three components of policy: the instrument settings, the instruments themselves, and the hierarchy of goals behind policy. The development of the welfare state in Canada, United Kingdom and other Western European countries, represented a paradigmatic shift from a residual model of limited or no government involvement to an institutional approach of significant government intervention in social provision. The welfare state involved high government intervention in such social programs as housing, health care, unemployment insurance, and pensions. The experiences of citizens during the Depression of the 1930s and social science knowledge informed this shift. The Common Sense Revolution of the Harris Conservative government in Ontario is a paradigmatic shift in the understanding of the role of government from interventionist to minimal government involvement. For example, under Harris, the provincial government withdrew from social housing, and shifted from not-for-profit to for-profit service delivery in some social and health services.
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of guidance in the literature on third-order change modelling, Hall (1993) argues that paradigms are by definition never completely measurable in scientific or technical terms. The change from one paradigm to another may be more political than scientific. The outcome depends on the arguments of competing factions, positional advantages within a broader institutional framework, resources of various competing political actors, and external factors that affect the capacity of one set of actors to impose its paradigm on another.

Since, each paradigm has its own explanation of how the world of policy makers operates, it is therefore often difficult, if not impossible, for the advocates of different paradigms to agree on a common body of data on which to make a judgment favouring one paradigm over another. Policy experimentation and policy failure can also lead to a paradigmatic shift. The shift may also involve the accumulation of anomalies through testing of new forms of policy, policy failures that bring about a shift in the authority over policy, and conflict between competing paradigms. Anomalies threaten the received paradigm if its adherents cannot explain emerging issues. Efforts to explain the phenomenon within the old paradigm can undermine its intellectual coherence and precision. Politicians may be instrumental in deciding whose knowledge claims are authoritative, particularly in the area of technical complexity.

In Hall’s study on the shift from Keynesianism to monetarism in Britain from 1970 to 1989, British politicians intervened when social scientists were unable to resolve the dispute between the Keynesian and the monetarist paradigms (Hall, 1993). The politicians assessed the merits of the paradigms on political terms. Advancing its own political agenda and policy ideas, the government launched a new era in macroeconomic policy making in Britain, drawing on social science insofar as it supported the shift to monetarist economic policy. Hall claims that the shift triggered a wider societal debate that became linked to electoral competition. Monetarists successfully attributed unemployment and other economic failings to Keynesianism. He concludes that social science ideas entered the debate through the broader political system, not through a narrow network of experts and officials.

2.3.4 Epistemological and Political Assumptions of Policy Paradigms

Hall considers the exchange of information and ideas between a non-state elite, social scientists, and policy makers and the political interests that can bring about policy change. In the case of macroeconomic policy in Britain, Hall shows how political interests resolved the political crisis. He also distinguishes among different types of policy change. Hall privileges rational knowledge creation and policy experts. Paradigm debates are seen as a largely rational academic process. The use of the concept of
social learning implies that the state can also be rational in responding to past experience or new information that can lead to paradigmatic policy change.

Hall's model links the social science and political spheres and begins to address issues of power and its distribution within the political system and political conflict. The prevailing system of ideas permeates the rules and procedures of the political system and are embedded in institutions and shape the distribution of power within the political system and society. The political assumptions are that the state or government of the day is not neutral, but is a political actor with its own policy agenda. The state and social scientists are both assumed to be political interests who want to see their objectives implemented as policy. It also assumes a strong relationship between knowledge specialists and the political system. It is also clear that ultimate political authority to make decisions rests with politicians.

Hall provides a more compelling image of the policy process than Sabatier’s advocacy coalition framework. He considers the role of politicians in the political process. He focuses on how ideas trigger political conflict. As overarching ideas, he illustrates how policy paradigms structure the political activities of state and non-state actors, the discourse in a policy area including problem definitions, and the range of policy instruments and solutions that can be deployed to address issues. Unlike Sabatier, Hall identifies and defines the different circumstances under which normal and paradigmatic patterns of policy change can occur. In particular, he outlines the role of state power as expressed by politicians and through state institutions in determining policy outcomes. He defines policy paradigms as overarching systems of ideas which is similar to core beliefs in Sabatier’s advocacy coalition framework. Both concepts refer to ontological beliefs. The policy paradigm is concerned with issues of political power and its exercise among political elites. In addition, the concept of policy paradigms can explain the distribution of power among groups in society and the relative importance of certain non-state actors or groups in the political process.

These concepts limit the model to a consideration of a narrow range of actors (social scientists) and their influence on policy change. Social learning is about governments learning from past experience and new information. Hall does not consider the influence of such political factors as electoral success, public opinion and government approval ratings on policy change. Governments may make policy in some areas by monitoring public opinion polls on issues. Hall’s definition of social learning seems incompatible with his example of the shift from Keynesianism to monetarism in Britain. He argues that the Conservative Party used monetarism as a strategy to enhance its electoral success. This recognition of the role political ideology plays in driving certain types of policies over others is not as rational as social learning may imply. Hall’s emphasis on social learning contradicts his goals of challenging the rationalist image of policy.
Hall (1993) suggests a single path to paradigmatic change. Challenging Hall, Coleman et al. (1997) suggest an alternative trajectory to Hall's approach to paradigmatic change. They argue that policy change can result from a series of incremental policy changes over several years that amount to a gradual paradigm shift. A series of incremental adjustments could result in marginal policy change instead of paradigmatic change. Government could claim to use a gradual approach as a strategy on the pretense of aiming for paradigmatic change to conceal incremental policy change. The decision to make immediate or gradual paradigmatic change may need to be intentional to ensure a desired shift occurs.

Bennett and Howlett (1992) argue that Hall shares several aspects of Sabatier's focus on the influential role played by policy subsystems in the learning process. They add that he does not describe the policy subsystem. Although Hall describes both state and societal actors as the chief agents of learning, he does not address the relationship between public officials or the civil service and the public, or the relationship between the state and civil society.

Hall (1993) suggests that paradigm conflict in the political sphere led to a broader civil debate on macroeconomic issues in Britain. He acknowledges that societal events may trigger paradigmatic change, but does not explore such events in his study. He tends not to consider the role of non-social scientists, such as unions and other citizen activity. Such non-state actors appear to have contributed to the larger societal debate in Britain during the period he examines. Societal events such as rising unemployment and labour strife may have helped trigger the larger paradigm debate.

Both Sabatier and Hall do not explore the relationship between social scientists and policy makers as a structure of power and domination. The models marginalize the voices of such non-state actors as citizen groups and do not consider the distribution of power within subsystems and the larger political system. Although this relationship is implied, the political nature of this relationship is not made explicit. The only political actors in the model are the state actors who decide paradigmatic disputes on political terms. Social scientists continue to be seen as essentially objective and rational knowledge creators. Hall presents the state but not social scientists as being motivated by political self-interest.

Although they provide useful conceptualizations for understanding the policy change process, Sabatier's and Hall's models are limited in their capacity to explain the political behaviour and knowledge activities of a broad range of non-state actors, such as lay-experts, and civil society in general. In their examination of the roles of ideas and knowledge in policy change, Sabatier and Hall limit their discussion of influences on policy change to the role of social science knowledge. They provide, however, organizing concepts that can be used to assess the knowledge creation and dissemination activities of a broader range
of non-state actors. Policy paradigms can draw attention to the dynamics and constraints experienced by non-state actors who may be striving for paradigmatic change.

The next section considers the contributions to issues of power and politics of the social welfare literature and examines the post-positivist political science literature on policy making. It also proposes a means of reconciling scientific knowledge with other types of knowledge. It will be suggested that issues of power and politics are overlooked in most policy change formulations. After reviewing a range of perspectives, the implications for the present research are considered. For the purposes of this study, power refers to authority to make policy decisions that result in constraining or enhancing social behaviours. Power can also involve requiring specific behaviours from groups in a society.

2.4 The Concept of Power in the Social Welfare Literature

A broad range of actors and groups can influence the development of policy reforms. In the social welfare literature, Jansson (1990) argues that policy making occurs in a context in which some actors and interests have more power than others. This is so because policy innovations frequently result from the influence of several people acting in concert through coalitions or professional associations. Since the power of all the actors is enhanced by linking their activities with other actors and groups, power can therefore be seen as transactional. The receiver in a power transaction has a choice of whether to accept the policy ideas of the sender or not. The sender can use power to persuade the receiver to adopt the proposed actions or positions.

Jansson identifies different types of power resources. **Substantive power** is the authority to shape the content of policies to draw support from specific individuals or groups. **Procedural power** refers to the ability to bypass the constitutional procedures of a legislature to achieve a particular outcome. **Process power** refers to actions or statements that are intended to shape the degree of debate about policy, the timing, pace, and duration of a policy to address an issue. It can determine the scope of political struggle, as well as the numbers and diversity of individuals who participate. Jansson provides a basis for understanding the nature of power and politics. The power resources he describes represent different types of strategies that political actors can use to achieve their objectives. Groups of actors are not equal in their ability to access and exert power in policy development.

The ability of political actors to use power resources needs to be located within the larger political system. Although Jansson alludes to the unequal distribution of power, he does not present a full understanding of the broader socio-economic context in which power in capitalist society is defined. For example, a sole support parents group lacks informal political sanction to bypass the legislative process to
achieve its goals in a liberal capitalist society. A business lobby in the same socio-economic context has informal political sanction to exercise these power resources. It derives its clout from its economic power. The distribution of power within a society may be structured in terms of the perceived economic contribution of individuals and groups in society. There may be many diverse interests that differ in their resource base and capacity to influence the political system. Consistent with Jansson, Wildavsky (1987) argues that politics is essentially about preferences and conflict about whose preferences will prevail. Those whose preferences prevail in a policy outcome have power.

Preferences also reflect the cultural values of a society. Some preferences can be justified by references to concerns about equity and social justice. Such concerns are particularly salient in social welfare policy in which people seek redress to homelessness, unemployment and lack of access to community social and health services. Social welfare policy is often concerned with the establishment of a social minimum which aims to improve the quality of life for all citizens. Politics and policy development can be viewed as being ultimately about issues of power, and how it is distributed in a society.

2.5 Deconstruction and Critique Perspectives on Knowledge and Power

Critique and deconstruction perspectives explicitly examine issues of power and domination in the relationship between social science knowledge and political power. These relationships are seen as reinforcing the underlying social and political relations that favour some groups over others. Critique and deconstruction perspectives treat prevailing discourses as privileged and as means of domination and control. Relevant to these perspectives is the role of social science knowledge in the development of the welfare state in the post-war era. An apparent preeminence of social science knowledge led to the development of social welfare policy. The work of Foucault (1972) in the postmodern/deconstruction analysis and Habermas' (1968) theory of critical knowledge, a critique perspective, address these issues.

2.5.1 Foucault's Power/Knowledge Perspective

Foucault (1972) fuses power and knowledge to uncover the control functions of social science knowledge. He considers how this relationship has shaped policy discourse to exclude some interests from the policy change process. Foucault argues that truth is ultimately located in issues of power, and is "centred on the form of scientific discourse and the institutions which produce it" (p. 131). Each society accepts a specific discourse that is promoted as truth. The discourse also develops mechanisms by which society distinguishes between true and false statements; the means by which each is sanctioned; the
techniques and procedures that are granted value in the attainment of truth; and also the status of those whom a society authorizes to determine what counts as truth.

Foucault (1972) adds that truth and knowledge are shaped and defined by economic and political structures. To illustrate the shift in western societies to specialized knowledge, he notes the decline since World War II of the writer as generalist intellectual, and the emergence of the “specific” intellectual. The policy expert has a direct and focused relation to scientific knowledge, and thereby develops a monopoly on the creation of objective truth. Foucault contends that these issues of knowledge or truth must be examined within the social, political and economic context in which they are produced. He also considers issues of knowledge and the valuing or privileging of certain types of knowledge over others in the larger context of political and economic power in society, including ideology. This formulation is relevant to Hall’s (1993) concept of policy paradigms considered earlier in this chapter. Foucault is more critical of the foundations of expert knowledge than is Hall.

Foucault fuses power and knowledge and creates “power/knowledge” which casts a negative perspective on social science knowledge and its claims to objective inquiry. These bearers of specialized knowledge frequently have the power to define reality. Non-social scientists, however, lack the power to define reality, including policy, though they can attempt to influence reality and propose policy initiatives to redress an issue. How successful these attempts may be remains unclear.

By highlighting the partisan nature of social science knowledge, Foucault broadens the definition of knowledge. His explicit associations between social science and power refer to all social science knowledge, thus implying a monolith of implicitly negative power. Foucault does not differentiate among the different disciplines, perspectives and research pursuits of social scientists. For example, he does not consider the role social scientists have played in addressing poor living conditions and other problems experienced by marginalized populations in society.

By way of illustration, Gagnon (1990) links the ascendance of social science knowledge with the rise of the welfare state. The changing needs of nations after World War II enhanced the role of the state in macroeconomic planning and economic redistribution and created the demand for social science knowledge. Works such as Leonard Marsh’s (1943) Report on Social Security for Canada 1943 informed the development of the Canadian welfare state during this era. Gagnon sees the role of social scientists as communicators and managers of policy discourse in the political process. They do this together with others, such as politicians, civil servants, media, and interest groups. This perspective challenges the perception of social science as a privileged and “true form” of social discourse. Social scientists are considered interests with their own political aims they wish to achieve in the policy process.
Gagnon describes the emergence of the "knowledge specialist" in post-war Canada. Like Foucault, he provides a compelling analysis of the relationship between knowledge and power. But he does not examine the extent to which different social scientists have power to influence the state. Moreover, it is unclear how comprehensive Foucault's ideas are for assessing the role of knowledge in the entire policy change process. He considers knowledge along a single dimension of power. Pal (1990) argues that the power of the academic disciplines is not only "negative" as implied by Foucault. Analysis of power/knowledge issues can be broadened to incorporate positive ways in which social scientists use their knowledge and access to political power to improve the life chances of citizens.

2.5.2 Habermas' Theory of Critical Knowledge

Habermas (1968) considers political power and its relationship to certain types of knowledge. Habermas argues that the policy-oriented social sciences have mediated the contradictions of the modern liberal capitalist state. Like Foucault, he equates certain types of knowledge with power and domination. As actors in the political process, social scientists or citizens can develop and use knowledge to achieve political purposes. Lindblom (1986) has argued that not only are social scientists partisan, they should be partisan.

Social science makes claims to objectivity, yet choices about the focus of inquiry, the methods selected to carry out the investigation, and other aspects of the research process are driven by subjective interests. Types of knowledge developed by citizens and other non-social scientists are more likely to be explicitly political since they adapt and structure their knowledge to achieve a specific policy goal.

In his critical theory of knowledge, Habermas (1968) argues that three categories of knowledge exist in society. Each category enables people to relate to the world and one another. Park (1993) describes Habermas' categories of knowledge as involving instrumental, interactive, and critical knowledge. Instrumental knowledge is knowledge produced by the traditional sciences through systematic research and hypothesis testing. Instrumental knowledge involves detachment and objectivity on the part of the researcher. Instrumental knowledge aims to control external events and create explanatory theories of causal relationships. Interactive knowledge is created through exchanges or conversations with other people. People exchange information and actions supported by common experience, tradition, history and culture. Interactive knowledge creates connections among members and enables the formation of community.

Finally, critical knowledge is derived from reflection and action. Citizens acquire critical knowledge by questioning or challenging their life conditions and identifying what they wish to achieve as
self-determining social beings. Through critical knowledge, they can mobilize others to challenge existing policies and programs that govern their lives. Alternatives can be proposed that may better meet their needs, thereby improving the quality of their lives.

Torgerson (1996) suggests that although Habermas perceived instrumental knowledge as involving social control, any of the knowledge types can become instruments of domination and social control. Interactive and critical knowledge may be developed through a consensual process, but knowledge creation is inherently fraught with conflict. Knowledge is never neutral since knowledge creators have biases and diverse perspectives that permeate their understandings of knowledge and the social world. They also operate in a social, political, and economic context. The biases and perspectives shape the perceptions of knowledge creators’ experiences of the social world.

Foucault and Habermas homogenize social science and social scientists. They are critical of social science knowledge and its associations with power and imply that all social scientists have equal influence on the state and policy change. In reality, economics, as an example, has enjoyed a long and close association with political power. Economic principles have shaped program evaluation, cost-benefit analysis, environmental impact reports, and macroeconomic forecasting (Lindquist, 1990). Yet other social science fields, such as sociology and social work, do not appear to have the same access to political power as economists.

Foucault and Habermas do not offer strategies to overcome issues of domination and power. Specifically, they do not consider how scientific knowledge could be reconciled with other forms of knowledge to provide critical analyses of social phenomena. Such a discussion could inform Sabatier’s and Hall’s concepts of policy change. One conclusion from this analysis of policy approaches is that conceptualizations of knowledge must take into account the processes by which knowledge is created and valued. Is knowledge produced consensually? Or is it judged to be within the purview of favoured elites? Foucault and Habermas assume that much of social science knowledge may reinforce inequalities. They de-emphasize the potential role for social science to address social justice issues. Social scientists, however, can work closely with citizens on policy issues.

Some models of policy analysis consider that scientific knowledge can be reconciled with forms of lay knowledge such as interactive and critical knowledge. The social welfare literature and post-positivist critique literature from political science provide examples that can be reconciled with and add complexity to Sabatier’s and Hall’s approaches.
2.6 Democratization of Policy Expertise

The social welfare literature on social planning provides a basis on which expert or social planning knowledge can be linked with citizen knowledge. Gilbert and Specht (1977) argue that the social welfare planning literature considers the planning process from two perspectives that reflect different aspects of the planner's role. One of these is planning as a techno-methodological process that consists of analytic tasks such as data collection, quantification of problems, ranking priorities, and cost-benefit analysis. This perspective reflects the rational decision-making process that envisages planning as an orderly process from problem identification to action based upon analysis of relevant facts, theories, and values.

The sociopolitical perspective involves interactional tasks, such as structuring a planning system, promoting communication, and bargaining and exchanging among those involved in planning decisions. This perspective is illustrated by Friedmann's (1973) transactive social planning approach. The transactive approach conceptualizes planning as an ongoing process of change, involving the readjustment of goals and means as required by the participants. It involves combining the problem analysis, plan and implementation stages into a two-stage model in which plan design is part of both. The model links analysis and action, and calls for an "interpersonal" relationship between social planner and client to ensure ongoing open dialogue and mutual learning. Friedmann proposed the creation of small decentralized units to generate meaningful interaction among their members. He emphasizes that the model does not require consensus. The techno-methodological tasks and interactional tasks are comparable to the types of knowledge defined in the Habermas-Park typology of knowledge. On its own, each knowledge type may not be sufficient to address social problems.

Gilbert and Specht (1977) present the technological and socio-political approaches as a continuum. The continuum favours the social planner who engages in both analytic activities and interactive processes with stakeholders. The planner links rational tasks, such as data collection, quantification of problems, and ranking priorities to interactive processes among potentially conflicting groups. Its emphasis on consultation with the client group distinguishes his form of social planning from all other policy activities. There is then collaborative analysis and problem-solving among social planner and citizens. Linking rational knowledge with other types of knowledge is essentially a pluralist conception of knowledge. Friedmann, Gilbert and Specht provide thoughtful examples of how rational knowledge can be reconciled with client knowledge to further social action.

In a post-positivist approach to policy analysis, Fischer (1993) embodies a mission to democratize policy analysis. He draws on the social work literature on client-practitioner relationships (Schon, 1983)
and the post-positivist insights from the political science literature on epistemology in policy analysis (Hawkesworth, 1988) to construct a consultative model of collaborative policy analysis. It is primarily concerned with linking scientific knowledge with the practical knowledge developed by citizens to address important macro-policy issues. Fischer describes collaborative inquiry as a means for making the knowledge created by social scientists, accessible to citizens in order to “systematize their own local knowledge”. Participatory research creates cooperative relationships between scientists and citizens with the aim of meeting citizens’ basic social needs and welfare (Merrifield, 1989, cited in Fischer, 1993).

Participatory research adapts expert practices to achieve democratic empowerment (Gaventa, 1980, 1988; cited in Fischer, 1993). The expert or scientist helps citizens assess their own interests and make their own decisions (Hirschhorn, 1979, cited in Fischer, 1993). He adds: “As a facilitator, he or she [scientist] becomes an expert in how people learn, clarify, and decide for themselves” (Fischer, 1993, p. 171). The process includes three steps. First, the scientist becomes acquainted with the various languages of public normative argumentation. Second, he or she acquires knowledge about the types of conditions under which citizens can develop their own ideas. Third, there must be created institutional and intellectual contexts that help people identify and pose questions, and assess analyses in their own languages. This process can lead to the critical assessment of issues. Practitioners and clients can form an alliance to address a social issue. Fischer’s approach then requires investigation relevant to specific “real-life contexts and to the formation of goals and purposes” (Stull & Schensul, 1987).

Fischer (1993) notes that collaborative research is a “‘messy’, multi-method approach” that frequently converges with and diverges from scientific research. It addresses two methodological problems in policy science: the relationships between theory and practice, and empirical and normative inquiry. The emphasis on collaborative investigation of normative assumptions and goals requires the exploration of philosophical biases in the scientist’s theorizing. For Fischer, collaborative inquiry can help to enhance normative credibility and acceptance of research findings (Dutton, 1984; Friedman, 1987).

Fischer’s model reconciles scientific knowledge with citizen knowledge by making accommodations for the epistemological beliefs of scientific and local knowledge. Essentially, the model helps to systematize lay knowledge creation activities. On Gilbert and Specht’s continuum, the model is similar Friedmann’s transactional model, but needs to include Friedman’s interactive tasks as the mechanism for linking social scientists and citizens in a collaborative process. The overall aim of Fischer’s model is social action and promoting policy development in a democratic way.

Merging the two knowledge types of experts and citizens requires reconciling the epistemological assumptions of the two groups. Collaborative policy analysis requires that the social scientists share the
research process with citizens by engaging in joint knowledge creation activities. Fischer claims that the scientist becomes “expert in how people learn, clarify, and decide for themselves.” The scientist as expert can be seen as detracting from the collaborative effort by implying that the scientist is the one with the capacity to enhance his or her knowledge base and skill set. Yet, citizens can become expert at identifying issues, clarifying preferred outcomes, and evaluating proposals. It also seems that the scientist maintains control of the process.

An important task is the integration of Fischer’s collaborative policy analysis with Sabatier’s subsystem and Hall’s policy paradigms. A collaborative process between social scientists and citizen groups could be seen as an advocacy coalition within a policy subsystem. The aim of such a coalition would be challenging the prevailing paradigm or discourse on an issue by presenting new knowledge based on local experiences (citizens’ knowledge) and locating these experiences in scientific theory. Would these forms of knowledge be accepted by policy makers? Would this new knowledge be perceived by policy makers as rigorous and consistent with scientific standards of knowledge? Would such knowledge be influential in affecting policy development and change? The last part of the policy change puzzle is the influence of broader social forces in the process. Some of the broader social factors that have been shown to influence the policy process are identity issues and political ideology. These issues are considered in the course of this thesis.
This research examines how civil society actors use knowledge in policy change. A conceptual framework of policy change (Figure 1) was constructed to guide this study. The framework identifies the range of potential actors, different ways of knowing (i.e., instrumental/positivist, interactive/hermeneutic, and critical) and how these actors may use their knowledge of an issue to convince policy makers to make particular policy changes. It incorporates a typology that identifies various types of policy outcomes.

Figure 1 builds on Sabatier’s (1993) advocacy coalition framework and Hall’s (1993) policy paradigms. The advocacy coalition framework explains the interaction of political elites or policy experts in a policy community. Members of a coalition can be state as well as civil society actors and share normative and causal beliefs about the social world. Sabatier does not acknowledge inherent conflict and instability of coalitions, nor the state as a political actor. He provides, however, a concept for understanding the knowledge activities of the state and different advocacy groups. The policy paradigm conceived by Hall (1993) refers to the overarching system of standards and ideas in which policy makers develop policy. The purpose of the policy paradigm is to distinguish among different types of policy change including normal, incremental change, and radical, paradigmatic changes.

By incorporating the critical perspectives of Habermas (1968), Foucault (1972), and Park (1993), issues of power and authority associated with certain ways of knowing and inequality can be addressed. These perspectives consider a broader range of ways of knowing by including interactive and critical knowledge. Interactive knowledge is developed by people in their daily communications with others in their community. It is lived experience, but does not necessarily address underlying structural and environmental conditions that determine a situation. For example, nurses may comment on how doctors treat them poorly, which would be interactive knowledge. They may, however, lack insight into why doctors treat nurses disrespectfully.

Such critical knowledge is concerned with challenging the basis of existing social arrangements. Community members are seen as change agents who can influence public policy to improve their quality of life. Using the same example, nurses would see doctors’ negative interactions with them as emanating from the unequal power between their professions in the health care setting and from elements of patriarchy in the social structure.

The framework also incorporates Friedmann’s (1977) transactive planning model and Fischer’s (1993) model of participatory policy analysis. These models consider how citizens interact with
Figure 1: Conceptual Framework of the Policy Change Process (Bryant, 2001)
professional policy analysts such as social planners and other policy analysts to develop models of collaborative policy analysis. Collaborative policy analysis connects diverse types of knowledge.

This conceptual framework acknowledges the complexity of the policy change process and considers a diverse range of potential factors that may shape policy outcomes. The aims of the framework are to capture the power and conflict in which the policy change process occurs, and to understand how civil society actors use different ways of knowing about a policy issue to bring about particular policy outcomes. The framework also considers how governments use this knowledge.

Knowledge and Ideas. Knowledge consists of ideas that permeate all elements of policy change. Ideas refer to our understandings about the world and how it operates. They contain our beliefs about what "should be" in addition to "what is". Ideas can be divided into two types. There are dominant or prevailing ideas of a political system and ideas that question those beliefs. Dominant ideas are similar to Hall's (1993) concept of prevailing ideas and policy paradigms. Policy outcomes operate within a prevailing paradigm or overarching system of ideas (rules and procedures) that govern a policy area, policy discourse, actors' strategies, and policy outcomes. Civil society actors can develop knowledge that challenges the dominant policy paradigm. New ideas refer to untried concepts and approaches that shape beliefs and understandings about human society. The difficulty lies in separating out the effects of ideas from the effects of other determinants of policy outcomes. This raises an additional question of whether ideas precede context, or whether context influences ideas.

Manzer (1994) suggests that political ideas can be studied as causal determinants of public policies, or as "constitutive meanings of public policies" (p. 4). As causal determinants, the ideas of participants in policy making can highlight the state of knowledge about, public issues and policy options and explain why actors behaved as they did. As meanings of public policies, they are social constructions of policy or politics. They constitute the language through which people locate themselves in the political world, and communicate their interests, develop means of association with others in their community, and strategize for collective action. By examining ideas as meanings, we can begin to make actors' behaviours and policy change outcomes understandable. Also, resources of advocacy coalitions are another important policy determinant that influence the ideas considered in public policy discourse. This thesis considers how the available resources for those advocating for tenants and Women's College Hospital affected their abilities to influence policy decisions.

1. Civil Society. At the top of Figure 1 is a model of civil society within which the political system operates. It encapsulates the values and beliefs of the citizenry, as well as its institutions and traditions, thereby providing a context for the policy change process.
2. Professional Policy Analysts and Citizen Activists. Moving down Figure 1 are the broad aggregates of professional policy analysts and citizen activists involved in the policy development process. Civil society consists of several different aggregates or groups that espouse different political perspectives about issues. Other groups in society include landlord organizations, ratepayers, and the market. This investigation is concerned with professional policy analysts and citizen activists since these are the actors involved in the cases examined. This research focused on the knowledge activities of citizens and professional policy analysts who advocate progressive social policy change on behalf of marginalized populations. Professional policy analysts and citizen activists can be the same individuals and therefore these are not mutually exclusive categories. Professional policy analysts tend to develop and use instrumental knowledge though they may also use interactive and critical knowledge in their work. These specialists include social and health scientists, policy analysts in the public and private sectors, politicians, interest groups, the media and others. The second aggregate consists of citizen activists such as grassroots neighbourhood advocacy groups.

Of importance at this level of analysis is the hypothesized association between knowledge possessed by professional policy analysts and the exercise of power as articulated by Foucault (1972) and Habermas (1968). Experts not only use knowledge as power, but their power also validates their knowledge. This thesis explores to what extent social science/instrumental knowledge has this power compared with knowledge presented by citizens concerned with housing and health issues. Professional policy analysts and citizen activists are separate categories because a power differential between them exists. Professional policy analysts have post-secondary education such as graduate or professional education that endows them with objectivity and authoritiveness that enhance their influence in the public domain. Citizen activists are usually volunteers and may not necessarily possess the education that professional policy analysts have. They may be perceived as self-interested since they may be acting on issues that have negative implications for them. The perception of self-interest may undermine their political influence.

Some activists carry out work that allows them to fit into both categories. Such activists may be paid staff of advocacy organizations, policy staff of unions, women's, anti-poverty groups, or university-based critical social and health scientists. They occupy the middle of a continuum of political activity (between the two aggregate boxes) in which collaboration between such professional policy analysts and citizen groups and knowledge integration is most likely to occur.

3. Typology of Different Ways of Knowing: Instrumental/Interactive/Critical. The Habermas-Park typology distinguishes between traditional scientific/positivist knowledge and post-positivist knowledge
including interactive/hermeneutic and critical knowledge. Figure 1 depicts this typology as different ways of knowing about a political or policy issue. Traditional scientific/instrumental knowledge that emphasizes objective modes of inquiry represent a positivist-rationalist approach to problem solving usually associated with experts such as social scientists. As noted, interactive knowledge tends to emerge from people's experiences and interactions with others. The essential difference between interactive and critical ways of knowing is that critical knowledge reflects an awareness of power and its influences on society, and the explicit interest in taking action to change and improve life conditions. Both aggregates may draw upon all three ways of knowing in their political activities.

Nothing precludes these two diverse aggregates of players from engaging in collaborative knowledge creation activities (Fischer, 1993; Friedmann, 1973). Friedmann conceptualizes transactive planning as an ongoing process of change, involving the readjustment of goals and means as required by the participants. Transactive planning combines the instrumental knowledge developed by the social planner with an interactive/experiential way of knowing of citizens on a given issue. Fischer perceives collaborative inquiry as a means for making the knowledge created by professional policy analysts accessible to citizens in order to "systematize their own local knowledge". This collaboration can be seen as reconciling rational knowledge with interactive and critical forms of knowledge to address social justice issues, protest government policies, or improve access to services for all citizens. Unequal power relations between citizens and policy experts necessarily exists because, as outlined earlier, experts are considered authoritative in a way that citizens are not. It is important to be aware of this inequality between citizens and experts.

In essence, professional policy analysts and citizen activists have the potential to collaborate to identify a policy issue and to build arguments in support of particular policy outcomes. These four boxes, and the state and its institutions, represent a policy subsystem/policy community described by Sabatier's advocacy coalition framework. Professional policy analysts and citizen activists may constitute one advocacy coalition within the policy community. Each coalition represents a different orientation toward policy issues and the role of government in social welfare policy. To illustrate, an advocacy coalition within the housing policy community would be the legal clinics, tenant organizations and the provincial opposition parties which all subscribe to rent regulation as a way of ensuring affordable rental housing. The implications of such issues in the housing and health areas are explored in this research.

4. Different Ways of Using Knowledge to Lobby - Legal, Public Relations, Political-Strategic, Personal Stories Approaches. Different Ways of Using Knowledge refers to the activities and strategies that professional policy analysts and citizens undertake to promote their knowledge on key policy issues to
convince policy makers to make particular policy change. Lobbying is bringing pressure to bear to bring about a particular policy change. Lobbying is indicated by the arrows running between Different Ways of Knowing, Different Ways of Using Knowledge about an Issue to Lobby represent different approaches professional policy analysts and citizens will use to bring knowledge to bear on the state. The different ways of using knowledge about an issue typology is based on the findings of this study. These approaches include legal, public relations, political/strategic and personal stories as strategies. All of these approaches have elements of instrumental, interactive and critical ways of knowing and involve the processes of dissemination of knowledge and promote a position on an issue.

Knowledge dissemination and promotion of an issue position are activities that can be seen as "political". Politics is, as Wildavsky (1987) argues, where policy debate and political competition over whose preferences and rights will prevail occurs. Civil society actors present their policy ideas to government officials and opposition parties. They may attempt to influence other civil society actors and form new alliances to increase their political power. Media presence can help some groups enhance their political power because such visibility can draw public sympathy and embarrass the government of the day. How issues attract the attention of the media is itself a somewhat mysterious process. This thesis explores the role of the media in elaborating the housing and health issues explored in this investigation.

5. State. The state consists of the government of the day and state institutions that include the civil service departments responsible for a policy domain. Civil servants, such as the deputy minister and senior policy analysts, interact with both groups of civil society actors in policy discussions.

An assumption of this framework is that the state or government of the day is not neutral, but has its own political agenda. The government of the day can try to exclude civil society actors from the process, but may not always succeed. The state arsenal of actions includes the capacity to reduce budgets of organizations that receive public funds to support their activities. It can also select, appropriate, and filter out knowledge provided by civil society actors. An important area of inquiry suggested by the model is how government ideology and political agenda can influence this filtering process. This study will explore such activities and their influence on housing and health policy change outcomes.

6. Policy Outcomes. Policy outcomes can involve normal or paradigmatic change (Hall, 1993). Hall identifies first- and second-order change as normal policy change. First-order change is usually a change in policy settings such as an increase in social assistance or pension payments. Second-order change is a change in policy instrument. First- and second-order change are normal in that they do not involve change in overall policy goals. Paradigmatic change is third-order change that entails a fundamental change in the overall goals of policy. For example, radical or paradigmatic change can be a
shift from a traditional medical orientation to health care to health promotion and the social determinants of health or a shift from a focus on institutional to community-based care.

The framework identifies two potential paths to paradigmatic change. The first is a series of incremental changes over time that result in a paradigm shift (Coleman et al., 1997). The second is an accumulation of policy failure and anomalies in the received paradigm that result in a sharp paradigmatic shift. This shift can be triggered by domestic crises such as social conditions requiring immediate attention and long-term redress, international crises such as war or economic depression, or uncertainty. A profound shift in political ideology as a result of the election of an ideologically-driven government could also result in a paradigmatic shift. Alternatively, governments can decide not to change policy which is also a policy decision. This study identifies the policy change patterns in the two policy areas and the implications of these changes. The model can serve as a template for analyzing the policy change process on a case by case basis. It can also be used to understand a government's general approach to policy change over time.
4.1 Epistemological Stance

Epistemology refers to the nature of the relationship between the researcher and that which can be known. In this research, an analysis that uncovers structures that reinforce societal conditions was applied to the data. To accomplish this, the insights of critical social science guided the research and analysis process in this study. Critical theory links knowledge to power and enables a focus on the nature and distribution of power among different groups in a society. It also enables a focus on socio-economic issues and how these influence the ability of different groups to access political power. Such concerns allow the researcher to examine how power is organized in a society, how it is exercised and the organization of social structures and access of civil society actors to the policy process to influence policy outcomes. It also considers how these social structures affect the exercise of political power and draws attention to the role of political ideology in the policy making process (Fay, 1987).

To explore these issues, this study examined the perceptions of two groups of individuals who attempted to influence government policy. The first group consisted of those in the housing policy community who attempted to influence the Tenant Protection Act (TPA). The second consisted of strategists for Women’s College Hospital who opposed the closure of the Hospital. Each case was examined to discover the perceptions of knowledge held by these different groups of activists and their perceptions of its use in political advocacy. Consideration of perceptions of knowledge and its uses in political advocacy can help explain how the knowledge creation activities of professional policy analysts and citizens may influence government policy within broad policy change frameworks. Knowledge creation refers to developing new knowledge, and repackaging existing knowledge to meet the political purposes of the user. Policy change is also informed by how policy makers consider and use the knowledge created and presented by civil society actors, and by their own beliefs about the social world.

Chronologies of key events in each policy area with time lines documented the policy changes that occurred between 1975 and 1999. These chronologies appear in Appendices F and G. Appendices H and I provide detailed chronologies of events in the Women’s College Hospital struggles against closure in 1989 and 1995 to 1998. The chronologies were used as tools in the initial data collection process. The case study on housing services focused on key events and policy changes in rental and social housing such as public/social housing starts, introduction or expansion of rent control, tenant protection legislation, and the decision of the present government to withdraw the province from social housing provision. Social housing
is housing primarily for low income renters, and housing and support services for the population that is homeless.

The case study on health services considered access of low income and other vulnerable populations to emergency and other services provided by hospitals in the downtown core of Toronto. It also focused on hospital closings in downtown Toronto proposed by the HSRC. The chronology of Ontario health policy between 1985 and 1999 notes events such as the creation of the Premier's Council, and proposed shifts from institutional to community-based health care.

4.2 Research Design

The core of the research design is two case studies on policy change in access to housing services and health services in Toronto. The focus was on issues that affected urban low-income, vulnerable populations in a multicultural city in a country with one of the largest gaps between rich and poor among rich countries. Vulnerable populations are those with a history of mental illness, on social assistance or other public income support, such as people with disabilities and seniors, and newcomers to Canada. Such populations are in high concentration in urban areas such as Toronto. The case study design enables selection and in-depth understanding of information-rich cases of social policy change (Patton, 1987). Although generalization is limited with case studies, the aim of this research design is analytic generalization. Analytic generalization is a method in which a previously developed theory is used as a template with which to compare results of the case study (Yin, 1994). The case study is often used in policy studies. It provides a basis for understanding the conditions under which policy change occurs, particularly the roles of civil society actors and how they use knowledge to influence policy change outcomes. The case study enabled comparison of conditions associated with specific policy outcomes, particularly the identification of optimal conditions under which civil society actors are likely to have influence, and the barriers to such influence. The case studies considered what has changed for these populations as a result of the TPA and the changes in health services recommended by the HSRC. The case studies do so in the context of the history of rent control from 1975 to the present, and Ontario health policy on hospitals since the mid-1980s, with particular focus on the recommendations of the HSRC.

4.3 Purposive Sampling

The samples for both case studies were purposive. Purposive sampling enabled selection of cases that were exemplars of the knowledge issues that are addressed in this study. This sampling strategy led to
interviewing of participants who were directly involved in the knowledge activities for the advocacy work carried out in each case.

The case study on the Tenant Protection Act draws heavily from interviews with seven key informants. Ten people were approached for interviews. The briefs of these individuals were considered the best exemplars of synthesizing different types of knowledge to make a case on behalf of tenants. Of those approaches, one explicitly did not agree to participate and the other two did not respond to letters and telephone calls requesting their participation. The criteria for the sampling process was:

- participants work in Metropolitan Toronto;
- work with low income tenants and advocate on behalf of tenants
- presented briefs on the Tenant Protection Act to the Committee on General Government during the public hearings on the bill in June and August 1997 that were held in Toronto; and
- their briefs were identified as good exemplars of diverse types of knowledge, synthesizing professional knowledge, experiential and other knowledge, for the purposes of advocacy.

Four participants work in non-housing fields with low-income tenant populations. Participants are: a) a housing support worker at a human service agency; b) the executive director of a food bank in Metropolitan Toronto; c) research staff at an advocacy organization for post-secondary students; and d) the executive director of a mental health agency that advocates on behalf of individuals with mental illness.

Three participants work directly in housing. Participant are: a) a community legal worker with a legal clinic in downtown Toronto; b) a lawyer at a legal clinic in the Toronto west end; and c) the executive director of an agency that works on equality rights in accommodation and carries a caseload on income discrimination in rental housing. The focus was on participants who work with vulnerable tenant populations to understand their approaches to knowledge and their selection of knowledge to advance the interests of these populations.

The participants in the case study on Women's College Hospital provided broad perspectives on the HSRC process, Women's College Hospital and the broader political context. In all, ten participants were interviewed for this case study. The following criteria guided selection:

- participants were strategists directly involved in knowledge decisions;
- they were involved in building the case of the hospital through involvement in the development and writing of submissions to the HSRC.
they either were connected to Women's College Hospital or Wellesley Hospital during the restructuring process.

Six participants were involved in the campaign to prevent closure of the hospital in 1995 through 1998. Participants are: a) a current director of the board of the hospital and on the joint Sunnybrook Women's College Health Sciences Centre board; b) two physician supporters on the medical staff of the hospital, and connected with the Friends of Women's College Hospital; and c) three non-physician participants including a volunteer and two former staff connected with the Friends of Women's College Hospital; d) and a negotiator for Women's College during the negotiations for the alliance between Women's College and Wellesley Hospitals.

Finally, interviews conducted with two participants associated with Wellesley Hospital captured the perspective of another hospital that was fighting closure. One is a former physician of Wellesley Hospital and the other participant was legal counsel to Wellesley Hospital during the negotiations for the Wellesley-Women's College Hospital alliance. These interviews also provided insights into the perspective of some participants from Wellesley Hospital during the negotiations for the proposed alliance. Finally, a tenth interview was carried out with a health policy analyst in Metropolitan Toronto. The participant observed the process carried out by the HSRC and provided critical insights into the actions and arguments of the hospitals and the HSRC and its process.

4.4 Data Collection Methods

The methods consisted of document review and in-depth interviews with key informants. The purpose of these methods was to explore the relationship between knowledge and the influence of civil society actors on the policy change process in the current political environment through the exemplars of the Tenant Protection Act and the HSRC.

4.4.1 Document Review

The document review helped identified key issues in housing and health policy and the motivations of state and civil society actors. The sources used for the document review were: a) ministry annual reports; b) business plans and studies prepared by government agencies such as the Premier's Council on Health; c) media coverage of key policy changes, and d) briefs prepared by civil society actors.

In the case study on the Tenant Protection Act, the initial selection of briefs for review began with a review of Hansard for the hearings on the Tenant Protection Act held in Toronto from June and August
The review of Hansard permitted a preliminary analysis of the knowledge sought by the Government members on the Standing Committee on General Government, and identification of key issues raised during the hearings with respect to the Tenant Protection Act. Copies of the briefs were obtained through the Committee Branch in the Clerk’s Office at Queen’s Park.

In the case study on Women’s College Hospital and hospital restructuring, contact was made with Friends of Women’s College Hospital. Friends provided copies of all of the Hospital’s and Friends submissions to the HSRC and access to materials relating to the campaign against the proposed merger with Toronto Hospital in 1989 to 1990.

These documents helped to identify the epistemological assumptions of the authors and how such assumptions shape their strategies and activities. Newspaper articles highlighted controversy and the positions of advocates and politicians on the issues. A focus in the review of government documents was whether scientific studies were cited to support the policy choices of the government of the day. Such findings suggested the type of knowledge favored by the government, and helped to understand its policy position.

It was expected that documents prepared by civil society actors would draw upon a variety of knowledge to advance a particular perspective on an issue. It was also expected that document review would be ongoing as interview respondents identified additional documents for review.

4.4.2 In-depth Interviews

The intent of the in-depth interviews was to ascertain the role of knowledge in participants’ advocacy activities and to identify the epistemological and political assumptions of activists. Participants were asked about their perceptions of knowledge, how they selected the information and evidence that they included in their briefs, and how they constructed their briefs. Notes were taken during interviews. In addition to note-taking, a tape recorder recorded interviews with the consent of participants. The interviews were transcribed and reviewed to identify themes and issues that were contained within the data.

In addition, the in-depth interviews were used to examine the activities of civil society actors to influence health and housing service policy. Key informants included policy analysts within the provincial civil service, municipal government, and those who work directly for political representatives such as cabinet ministers and city councillors, and community activists and professional policy analysts engaged in the political change activities or organizations in health and housing policy. The interview schedule explored how these groups identify knowledge, create or reconfigure existing knowledge to meet their policy objectives. This approach was used to distinguish between knowledge and the selective use of data
for lobbying. An understanding of underlying assumptions about knowledge and the social world of the actors helped further understanding how they perceive knowledge and its purposes.

Data collection for the housing case study was carried out in two phases. Phase 1 gathered exploratory information to contextualize the policy context in the housing policy field and identify the key issue in housing policy. This enabled an understanding of the history of housing policy and the factors that contributed to the adoption of specific housing policies at particular points in time. It also allowed the investigator to become better acquainted with housing policy and to identify the key housing policy issue between 1975 and 1999. Phase 2 consisted of more focused interviews with key informants on the Tenant Protection Act and their knowledge activities to challenge the provisions of the Act.

The exploratory phase for the Women's College Hospital case study consisted of interviews with former staff of Friends of Women's College Hospital and the hospital archivist. The participants provided an overview of the history of the campaigns against mergers in 1989 and 1995. The archivist provided documentation on specific events during these periods.

4.4.3 Categories of Data

Three categories of data were collected. These categories include:

1. Data on policy change in housing and health services for vulnerable populations. Chronologies of key events or policy changes in both policy areas were produced.
2. Data on the role of civil society actors in each key event and the knowledge they used to influence the policy change process. These data would answer the questions: How did civil society actors use knowledge? Did they table submissions? Where did the information for the submissions come from?
3. Data on the linkage between housing and health for survival. The data address whether there is a connection between housing and health in a broader discussion about inequality in large cities in a country with one of the largest gaps between rich and poor among western nations.

4.5 Data Analysis

Data collection and analysis that builds a coherent interpretation of the data are simultaneous in qualitative research (Creswell, 1994; Lincoln & Guba, 1985; Marshall & Rossman, 1999; Patton, 1987). The data were organized using concepts and categories identified in the policy change model. For example, civil society actors were organized into the categories of professional policy analysts and citizens. Additional categories were created for activists who are paid employees of interest groups. The categories of interactive, rational/scientific, and critical were used to classify the knowledge used by actors. Policy
change patterns were identified and coded using the typology in the policy change model: normal, paradigmatic, gradual paradigmatic change. These initial concepts and categories were tested on emergent understandings. New categories were developed to fit the data.

Inductive methods of analysis were used to analyze notes taken during the document review and comments from the interviews and used to develop additional categories to reflect accurately emerging themes, and patterns in the data. This approach allows consideration of alternative explanations and understandings (Marshall & Rossman, 1999).

Within the inductive approach, constant comparative analysis was carried out (Strauss & Corbin, 1994). The method identifies themes by breaking text into units of information that are then combined into categories. According to Glaser and Strauss (1967) the constant comparison method involves four stages. These are 1) comparing incidents applicable to each category; 2) integrating categories and their properties: 3) delimiting the theory; and 4) writing the theory. Categorizing and forming themes are repeated until the best fit between the data and the interpretive themes is achieved (Lincoln & Guba, 1985). Themes identified from the perspectives of individuals were related to the questions on the use of knowledge by civil society actors, and by governments.

The author carried out the primary data analysis. The notes were carefully read and themes identified. The process of categorizing and forming themes was repeated until the best fit between the data and the interpretive themes was achieved. Each phase of data analysis involved the reduction of data into manageable units in order to identify meaning and insight in the words and acts of participants in each policy area. Comparison between the meanings and insights of participants in health and housing were then compared to identify the similarities and differences in the types of knowledge used by civil society actors in both policy fields, and how they attempted to bring about policy change.

The research questions and conceptual model were used to organize the themes under abstract headings and to elaborate on the conceptual framework described in Chapter 3. The focus of the research was on the upper portion of the conceptual model, specifically on the elements of civil society and the knowledge boxes, to document the knowledge development and application process as described by interview participants. The research addressed the following questions in the case studies:

- What aspects of rent control and hospital services did not change?
- What factors have influenced these policy areas?
- To what extent have civil society actors succeeded or not in influencing policy outcomes?
- What knowledge have civil society actors used to influence policy change?
• What are the underlying assumptions of civil society actors towards knowledge, and how have these assumptions influenced their advocacy activities?
• How have their perceptions about the policy change process changed?
• How has the policy change process changed since 1975?
• What knowledge has the Harris Conservative government used to make policy decisions?
• How has the Harris government used knowledge to achieve its policy change goals? What are the underlying epistemological assumptions of the Harris government and how have these influenced their policy decisions?

4.6 Credibility/Validity in Qualitative Research

Lincoln and Guba's (1985) criteria of trustworthiness for qualitative research guided this study. Trustworthiness is a parallel concept to reliability and validity in conventional research. For example, transferability corresponds to external validity; dependability to reliability; and confirmability to objectivity. Strategies to meet these criteria can include prolonged engagement, persistent observation, and triangulation of sources and methods.

The entire research process that spanned an 18-month period constituted prolonged engagement in the policy areas. Over this period, persistent observation allowed for careful identification of themes and issues from the documents and interview transcripts. These themes and issues were considered within the political context in which they were situated. Triangulation of data sources helped to identify points of convergence, or divergence, on emerging issues, themes, and discourse. Triangulation of sources also helped to identify factors that may have contributed to the relative influence of some groups over others, and knowledge that was privileged in each policy development process.

This triangulation involved use of multiple data sources including a Newsclan search to gather media coverage on the key policy events being investigated, Hansard debates in the legislature on the Tenant Protection Act and Bill 26 which governs the activities of the HSRC, Hansards of committee hearings on the Tenant Protection Act, and interviews with key participants who were involved with the policy events inside and outside the provincial government.

These policy changes in health and housing were examined with a focus on the civil society groups who opposed the policy changes proposed by the Harris Conservative government and its institutions, how and what type of knowledge they used to influence the policy change process, and the alternative policy proposals they presented. It also considered the implications of the changes introduced by the Harris government for social and health policy in Ontario.
4.7 Ethical Considerations

The Research Office of the University of Toronto granted ethics approval for this thesis research in October 1999. All participants in this study received a letter explaining the nature of this thesis research and their participation. This letter appears in Appendix A. Informed consent was obtained by having the participants sign a consent form which appears in Appendix B. Each participant received a copy of the form for their own records. Confidentiality was ensured by providing a code for each interviewee that was associated with each interview. These codes are known and available only to the researcher. The tapes of the interviews and interview transcripts have been stored in a locked filing cabinet.
Chapter 5
History of Housing Policy in Ontario, 1975 to 1997 and the Case of Tenants and The Tenant Protection Act

This chapter considers initiatives undertaken by Ontario governments to address rental housing affordability and supply, and the history of rent control legislation in Ontario. Rent control has been a contentious issue in the history of Ontario housing policy since the early 1970s. Rent control helps to maintain the affordability of the existing rental housing stock. It is, then, a key issue in housing policy. The aim is to locate the Tenant Protection Act (TPA) in the policy legacy preceding its introduction in 1996.

Some of the information presented in this history of Ontario housing policy is drawn from interviews carried out during the exploratory phase of this study. These interviews were conducted with two former politicians, two former Ministry of Housing officials, a legal aid lawyer, a housing support worker with a large human service organization, three professional policy analysts who have been active housing lobbyists and two current Ministry of Housing officials. All work in Toronto.

5.1 Anti-Inflation Measures and the Introduction of Rent Control

In the mid-1970s inflation became a key political issue leading to numerous anti-inflation measures at both federal and provincial levels of government (Ontario Commission of Inquiry into Residential Tenancies, 1984, Report of the Commission of Inquiry into Residential Tenancies, Volume 1). The federal Liberal government established the Anti-Inflation Board in 1973 and recommended that the provinces adopt provincial anti-inflation measures. Rent control legislation was first introduced in Ontario in 1975 as part of anti-inflation measures by the provincial government. The 1975 provincial election campaign was waged on rent control and tenant protection issues as the NDP and the Toronto Star highlighted rent increases and their impact on elderly tenants.

The 1975 act exempted buildings constructed in or after 1976 from rent control provisions (Ontario Commission of Inquiry into Residential Tenancies, 1984). The act limited rent increases with the proviso that additional increases might be permitted upon application to a Rent Review officer. Either a landlord or a tenant could make such application. Although the 1975 Act was designed as a temporary measure and scheduled to be repealed December 31, 1978, several amendments extended the life of the act. In 1979, Bill 163, An Act to Reform the Law Respecting Residential Tenancies, later known as the 1979 act passed and received Royal Assent in June, 1979.
The 1979 Act retained the basic principles of the 1975 Act. Both acts attended to the amount that a landlord could increase rent. The 1979 Act departed from the 1975 Act by removing the right of tenants to require landlord justification for an intended statutory increase. It allowed tenants, however, to apply to the Rent Review Commission to force a landlord to reduce rent.

The bill also authorized the transfer of the final appeal from the courts to a tribunal that the Supreme Court of Canada eventually ruled as unconstitutional in 1981 (Rapsey, 1997). The bill invested the tribunal with the authority of the Ontario Legislative Assembly to authorize the Residential Tenancy Commission to issue eviction orders and orders requiring landlords and tenants to uphold the obligations of the Act.

In 1981, the Ontario government established the Commission of Inquiry into Residential Tenancies under Stuart Thom. The Thom Commission, as it was known, commissioned numerous studies on residential rent regulation. Tenants initially had legal representation at the inquiry, but withdrew from the process because of a perceived lack of commitment by the Commission to the issues of low-income populations. The Commission presented its final report to the Minister of Consumer and Commercial Relations in June 1984. The government did not act upon the Commission's recommendations and, the following year, a new government was elected and proceeded with its own agenda for rental housing.

5.2 Liberal Rental Housing Initiatives

In 1985, the Liberal Party led by David Peterson ended the 40 year reign by the Progressive Conservative Party in Ontario. The new minority Liberal government formed an accord with the NDP which was then under the leadership of Bob Rae. The accord committed the government to increase the number of public housing units and introduce rent control legislation. In December 1985, the Liberal government introduced a series of housing initiatives under its Assured Housing program at a cost of about $500 million over five years. A major component of the program was to construct more than 43,000 new rental housing units. The package included financial aid to upgrade 18,500 units in older apartment buildings. The government proclaimed that the program addressed rental housing supply through strategies to preserve and improve the use of the existing stock. It also included initiatives for home-ownership options for first-time buyers.

The Minister of Housing also introduced Bills 77 and 78 to address housing supply and demand issues. Bill 77 (An Act to amend certain Acts respecting Residential Tenancies) amended Section 125 of the Residential Tenancies Act, the 1979 Act by setting the annual rent increase guideline to 4 per cent. The changes were effective August 1, 1985. Bill 78, An Act to provide for the Regulation of Rents charged for
Rental Units in Residential Complexes take effect on or after August 1, 1985 to January 1, 1987. The Minister of Housing also announced the establishment of the Rent Review Advisory Committee (RRAC) consisting of equal representation from both landlords and tenants to advise on legislative and procedural issues for legislation addressing the interests of landlords, tenants, the construction industry and the public. Bill 78 applied to all buildings regardless of construction date. It set the rent guideline at 4 percent and required landlords to provide at least 90 days notice of rent increase. Tenant advocates criticized the legislation as authorizing a massive transfer of money from tenants to landlords (Dixon, 1986). To assuage tenants, the government introduced the Rental Housing Protection Act which prohibited conversion of rental property to uses other than residential rental premises.

5.3 NDP Rental Housing Initiatives

In 1990, the newly elected NDP government introduced Bill 4 as an interim rent control act. Bill 4 froze rent increases at 4.6 per cent in 1990 and 5.4 per cent in 1991 (Ferguson, 1991). It also prohibited passing capital improvement costs on to tenants. Landlords were unhappy with the bill arguing that it discouraged repairs on dilapidated rental property. The Fair Rental Policy Organization of Ontario argued that the bill would reduce the number of construction jobs since landlords would be unable to hire construction workers to carry out restoration work.

The NDP Minister of Housing introduced the Rent Control Act in 1992. The bill provided a formula for calculating the annual rent guidelines that include weights and three-year moving averages of operating cost categories. Operating costs would equal 55% of the increase in the rent control index. Tenant advocates criticized the complicated formula. The Fair Rental Policy Organization opposed the changes since it preferred elimination of rent control.

During this period, the federal Conservative government of Brian Mulroney introduced policy changes that significantly affected provincial housing policy. In 1993, the federal government officially withdrew from social housing such that there is now no national housing program in Canada. Federal cutbacks in funding led to provincial cutbacks in housing and other social and health policy areas.

5.4 The Common Sense Revolution

efficiencies to reduce the provincial deficit. The document proposed shelter allowances but did not identify the government's intention to eliminate rent control.

In 1996 the Harris government introduced Bill 96 or the Tenant Protection Act. It repealed the Landlord and Tenant Act, the Rent Control Act of 1992, and the Residential Rental Housing Protection Act. The most notable provisions of the bill were the introduction of vacancy decontrol and an amendment to the Human Rights Code which allowed landlords to use income criteria to evaluate prospective tenants.

5.5 The Case of The Tenant Protection Act: Participant Interviews

This case study examined how the participants interviewed for this study used knowledge to try to influence the provisions in the Tenant Protection Act (1997). Seven participants who work with low-income tenants in Toronto were interviewed about their perceptions of knowledge and their use of diverse types of knowledge in their briefs on the Tenant Protection Act (Bill 96) and in political advocacy.

The interviews focused on how participants used knowledge in their briefs on the Tenant Protection Act to bring about policy changes that would address the needs of their constituencies. Participants responded to questions about how they selected knowledge such as the use of quantitative studies and evidence and how they constructed their briefs on the Tenant Protection Act for the Committee on General Government.

The sample consisted of seven participants. The following criteria was used to select briefs for the sample. The briefs were chosen because they were exemplars of the synthesis of different types of knowledge. The participants are staff of non-government organizations (NGOs) in the Toronto area. All wrote or supervised the development of a brief on behalf of their organization and presented their briefs in the public hearings on the Tenant Protection Act. All are tenant advocates, although not all work in the housing field. Some represent constituencies that are vulnerable tenant populations that may be adversely affected by the Tenant Protection Act provisions.

Four participants are staff of advocacy organizations in non-housing areas. Of these, one is the executive director of a food bank. Another is staff-researcher at an advocacy organization. The third participant is a housing support staff at a human service organization. The fourth participant was an executive director of an advocacy organization for mental health. Two other participants work at community legal clinics in the Toronto area. Both presented on behalf of province-wide tenant advocacy coalitions during the hearings. One coalition consisted of representatives from diverse grassroots non-government organizations (NGOs) and the legal clinic community in the Toronto area. The other coalition
comprised primarily of lawyers and community legal workers of legal clinics in the Toronto area. The seventh participant was an executive director of an advocacy organization for housing rights.

5.6 Findings from the Interviews Concerning the Tenant Protection Act

Over the course of analyzing the interviews, 21 themes related to the use of knowledge were identified. These themes were organized into six broad categories of higher order themes and are presented in Table 1.

The first category, Political Ideology Has a Defining Role in Policy Development presents the recognition by participants that government policy making and response to their work is heavily influenced by political ideology. The second category of How Professional Policy Analysts Understand Their Use of Knowledge in Political Advocacy shows the means by which advocates consider their approach to knowledge in advocacy.

The third category of How Professional Policy Analysts Actually Use Different Types of Knowledge in Their Work reflects on the types of knowledge that participants used to make a case on behalf of their constituency and how they acquired various types of knowledge. The fourth category of How Professional Policy Analysts Disseminate Their Policy Ideas in the Public Domain considers how participants convey their message to the broader public.

The fifth category of How Politicians are Seen as Accepting or Rejecting the Knowledge Claims of Professional Policy Analysts consider how government politicians respond to the knowledge claims of those presenting evidence that challenges their perspective. The sixth category of How Professional Policy Analysts Address Dilemmas Arising from Political Advocacy identifies the tactical dilemmas that have emerged and how analysts deal with them.

To substitute for stating the numbers of participants expressing each theme, the following coding is used: ‘All’ refers to all seven participants; ‘Most’ refers to 4 to 6 participants; and ‘Some’ refers to 2 to 3 respondents. In the cases in which a single respondent articulated a view, this is so indicated.
Table 1: Themes Identified in Interviews on the Tenant Protection Act

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<td>Ideologically-driven Legislation Has Had Negative Effects on the Population</td>
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<td>Fast Tracking Policy Changes</td>
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<th>B. How Professional Policy Analysts Understand Their Use of Knowledge in Political Advocacy</th>
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<th>C. How Professional Policy Analysts Actually Use Different Types of Knowledge in their Work</th>
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<th>D. How Professional Policy Analysts Disseminate Their Policy Ideas in the Public Domain</th>
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<th>E. How Politicians are Seen as Accepting or Rejecting the Knowledge Claims of Professional Policy Analysts</th>
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<th>F. How Professional Policy Analysts Address Dilemmas Arising in Political Advocacy</th>
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<td>Affordable Housing as Human Rights Versus Housing Issue</td>
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<td>Settling for Micro management Versus Transformational Policy Change</td>
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A. Key Theme Area 1: Political Ideology Has a Defining Role in Policy Development

An important dimension of this case study is the political context in which the Tenant Protection Act was developed. The act eliminated rent control and replaced it with vacancy decontrol whereby landlords can raise rents upon accepting a new tenant. It also amended the Ontario Human Rights Code to allow landlords to use income criteria to select tenants. Tenant activists who opposed these proposed changes recognized how political ideology was driving such legislation. They considered how the legislation affects their constituencies and their constituents’ ability to influence policy to protect their interests.

Role of Political Ideology. Participants considered the current Conservative government to be unreceptive to perspectives that did not agree with its own. In particular, they considered the government to be motivated solely by ideological considerations:

“The problem is that in general they often seem to be driven more by ideology than practicality. On the other hand, their ideology is supposed to be practical, common sense. So you would think that practical experience people have would play some part in it. If your experience doesn’t agree with theirs, then there must be something wrong with your experience and they don’t really want to hear about it ... They claim to be not ideological, that they’re just trying to make government more practical. I don’t think that’s what they’re doing. I think they have a very strong ideology and they’re trying to impose it on everyone.” (Participant 2)

This comment illustrates the common perception of most participants towards this government. It also identifies a barrier to their effectiveness. That is, the government is so ideologically driven that it shuts out perspectives that challenge its own. Consequently, participants did not think that the government listened or heeded their knowledge claims especially where it concerned the interests of socially marginalized populations.

Participants described the ideology of the Conservative government in terms of neo-conservatism and corporatism. This term described what some participants considered the market orientation of the government towards public policy and their tendency to favour the interests of big business. This ideology led to a narrowing of the groups with whom the government was prepared to consult. A participant suggested that the government essentially listens to one sector of society:

“The consultations they have are with the private sector and especially large corporations. Those are the people who inform their policy and their policies are written before any consultations are
held. It doesn't really change how they, or what they present or any response you might give.” (Participant 1)

Such a view acknowledges the presence of a fair degree of cynicism and mistrust by participants towards the Harris government and the value of trying to influence it.

Ideologically-driven Legislation Has Had Negative Effects on the Population. Participants also considered the effects of policies implemented by the Conservative government. The broader political environment has changed dramatically and for the worse in the view of most participants. Some considered the negative effects of the Tenant Protection Act:

“It was a big change to the negative for a whole lot of people for no real clear purpose, like what exactly was going to be accomplished? Everybody knew that the claims it was making and that there was going to be a whole new building started was complete nonsense. There wasn't any real purpose for them to do it except to enrich a small group of people and a whole bunch of people were going to suffer.” (Participant 2)

Lack of Clarity in Government Policy Objectives. Most participants perceived the government as addressing the interests of a small group of people. It was believed that the government had not been clear during the election campaign in 1995 about its intentions for tenant protection. Participants felt that the Conservatives were deliberately vague in the Common Sense Revolution to mask their true intentions to introduce gradual removal of rent control:

“We did some pre-election work prior to the 1995 election and were kind of aware of the Common Sense Revolution and the Liberal and the various platforms. At that point there was nothing in the Common Sense Revolution particularly around tenant rights, tenant issues. I think I just heard about it. I can't even remember when they introduced it ... They didn't talk about rent control and they didn't talk about changing tenant laws.” (Participant 3)

Fast tracking Policy Changes. There was a great degree of policy uncertainty following the election of the Conservative government. Only upon the introduction of the Tenant Protection Act did the government make known its plan to end rent control. Most participants commented that the pace of policy change was so quick that there was insufficient time to prepare proper responses. This uncertainty was seen as deliberate on government’s part as it prevented advocates from mobilizing effective opposition to their policies:
“With the Harris government, we don’t have the luxury of time. You are in react mode 365 days a year ... It’s like no time is sacred anymore. You’ve got to be on alert. You can start primary research, but it’s going to get sidetracked very quickly because you’re in reaction mode.” (Participant 1)

Lack of time to respond to emergent policies was a critical issue for all participants. The participants must balance providing services to their constituencies with advocating on their behalf. The speed with which the Conservative government produced policies made their advocacy work difficult and marginalized their work and perspective.

Marginalization of the Social Justice Perspective. Throughout the first mandate of the government, it became clear to many that the government was unconcerned about the needs of marginalized populations. In fact, most participants said that they themselves felt marginalized by the Conservative government in its approach to public policy:

“Everything the Harris government has done has been to screw the anti-poverty, the social justice movement so that people, the groups are impoverished.” (Participant 6)

In essence, the perspective and experiences of socially marginalized populations was ignored by these government actions to the point of their becoming almost invisible. Participants described a political environment oblivious to social justice issues. One participant commented on how other policy changes such as 22% cuts in welfare benefits had negative effects on vulnerable populations:

“It has been quite devastating. It was very noticeable within 12 months for our folks. We just precisely matched CMHC on rents going up. So within 12 months they had gone up 7% for food recipients. This is probably where we’re going and we’re just doing our annual survey right now. I don’t have any numbers, but one assumes it’s going to be significantly more. It’s been a very, very obvious and devastating impact for food recipients ... In a period of going on for five years, they’ve had expenses increase enormously. There’s been no increase in welfare in that period of time.” (Participant 7)

Most participants expressed concern about the general impact of Conservative policies on vulnerable populations. Another concern was diminished opportunities for public participation.

Movement Away from Participatory Democracy. Most participants linked the political ideology of the Conservative government to reduced opportunities for public input on legislation.
"I think the Harris government, if it could do without public consultations, would and it has on many occasions. This was an occasion when they were forced into or at least wanted to be perceived as actually consulting because of the public pressure that was brought to bear on it." (Participant 1)

The government was not only uninterested in the views of tenant activists, but they are also seen as being anti-democratic. The government reduced the opportunities for public input on other legislation that it introduced, such as Bill 103, the City of Toronto Act. Another participant added:

"I think they were doing the minimal amount of public hearing that they felt was part of even the reduced democratic process that they adhere to. I don’t think there was a lot of interest in getting input that would lead to any major changes ... it would be relatively unusual to have legislation that completely transformed both tenant protection and then has a major amendment to the Human Rights Code go through without any major hearings at all." (Participant 4)

The Conservative government went to great extent to limit public input. Participants felt that since the election of the Conservative government there had been a movement away from participatory democracy.

B. Key Theme Area II: How Professional Policy Analysts Understand Their Use of Knowledge in Political Advocacy

In spite of what seemed to many to be an inhospitable political environment, participants prepared their briefs to bring about policy changes that would protect the interests of their low-income constituencies. Participants discussed how their selection of knowledge and evidence for advocacy depended upon a wide range of factors.

*Emphasis on the Use of Empirical Evidence.* All participants spoke of needing an empirical basis to support their claims and to persuade politicians and the public to support their positions. One key purpose was to inform others of the experience and needs of low-income and socially marginalized populations in the City of Toronto. There was a strong emphasis on selecting knowledge grounded in the experiences of these low income individuals:

"We only ever do it based on information that we have, I mean our own research, and I’m pretty strict about that. I’m fairly strict about the fact that this has got to be rooted in our own experience and preferably rooted in real data that we’ve collected from real people." (Participant 7)
Using data that reflect the experiences of the marginalized populations with whom they work was key for all participants in this study. The participant who provided the comment above works at an organization that collects its own primary data through an annual survey of its users. It is one of the few organizations in the social service sector with a budget for research.

Some participants use the research of others in their field. It was important to be aware of existing empirical research on tenant protections issues:

"We pride ourselves on thinking that we have a pretty good researching apparatus. So we would not only look at the various information available from the government, we would look at our own library literature which includes ... unpublished documents such as people who are halfway through their Ph.D. ... We also would ask our librarians to hunt out what others are doing across Canada and probably elsewhere in the world ... I hope you see in all the policy documents that we put out good references like any good academic paper would have why we’re saying what we’re saying and where we drew that information from if we drew it from somebody else's." (Participant 5)

This view reflects a conventional approach to knowledge selection. It emphasizes supporting knowledge claims made by referencing policy papers and deputations. Most participants therefore have built an empirical knowledge base.

*Professional Policy Analysts Want to Persuade Others to Their Perspective.* The selection of knowledge and evidence was influenced by a number of factors. Most participants selected and targeted knowledge to persuade the broader public and government to their perspective:

"A lot of it depends on who you are trying to present knowledge to, who you are dealing with. For example, for government committees and places you want factual knowledge. The less experiential and the less impressionistic, the better. You want hard facts which is not always easy to get. When you’re dealing with the media in press conferences you tailor for the knowledge. They prefer the individual person going through the situation, the more experiential stuff ... It’s fluid. The way we operate we have very specific goals which are informed by our members or informed by our analysis ... For us, it is to tailor the knowledge to meet those goals. It’s situational. It depends on whom we’re trying to convey knowledge to." (Participant 1)

Participants are influenced in their selection of knowledge and evidence by their advocacy objectives and the audience to whom they are presenting. The goal of advocacy is to present convincing arguments for a position:
"The whole thing is you're trying to persuade someone to some viewpoint. You have to have a factual basis for persuading them of that, so a knowledge of the subject matter that you have and your familiarity with particular direct issues is particularly important in persuading people to your point of view. I guess it's also important in coming to a point of view. It's important to have a broad range of knowledge and experience that enables you to pick out the little parts of your knowledge and experience that will help you advance the interests of the client or group that you're representing." (Participant 2)

Building a Body of Evidence. Activists synthesize empirical evidence and personal experience to make a case on behalf of a constituency. The selection of knowledge for advocacy is carefully and systematically done to advance their advocacy goals. This process involves developing a base of knowledge and evidence on what all considered to be the key issues. Some participants built a body of knowledge and evidence:

"Most of the information and evidence that we used, and it wasn't just for us, we were organizing a lot of other people who had evidence and information on the issue we were working on which was the amendment to the Human Rights Code ... the amendment to the Human Rights Code was the sleeper issue. It hadn't been dealt with by other groups, it was very important that we bring that to the forefront. We essentially just focused on that issue and we had an abundance of evidence on that issue because we had just been through sixty days of hearings on that precise issue ... Essentially it was the same types of issues because it was related to the effect of permitting income criteria to be used as a basis for selecting tenants. It was a matter in the same way that we'd had to try to get the Board to understand what the impact of that was on certain groups. We similarly had to get the same stuff across to the legislature." (Participant 4)

In this illustration, a perspective was brought forward that challenged the use of income criteria to select tenants. This was done since the practice was considered discriminatory towards new immigrants and young people who may not have credit or landlord references.

C. Key Theme Area III: How Professional Policy Analysts Actually Use Different Types of Knowledge

This category of themes encapsulates the types of knowledge used in briefs on the Tenant Protection Act. Knowledge type refers to how the knowledge was developed rather than its substantive content. For example, instrumental knowledge/empirical evidence is developed in accordance with the principles of scientific research with an emphasis on objectivity. Interactive knowledge is acquired through dialogue and is based on a common experience, culture, and/or traditions shared among participants. The purpose or uses of knowledge refers to how knowledge is deployed in an activity such as political advocacy.

Participants identified several different types of knowledge to prepare for an advocacy activity. These types identified include empirical or instrumental knowledge, anecdotal evidence, knowledge from
professional practice, and strategic or tactical knowledge. Participants identified how knowledge acquired through a range of formal (knowledge acquired through education, scientific studies) and informal means (experiences of clients) contributed to their deputations.

Knowledge from Interactions with Other Organizations and Citizen Activists. There is considerable communication between organizations. Other activists were seen as a source of information on the Tenant Protection Act. Most participants said they had learned about the provisions of the Tenant Protection Act through telephone conversations with other activists and e-mail. Legal clinics were an important source of information on tenant issues for those who work in non-housing fields. They also heard about the Tenant Protection Act from other sources:

"We have sources in the Ministry that often leak us things ... We have links with tenant groups who, when it's an issue for tenants, usually get wind of it earlier than we would." (Participant 1)

The Ministry of Housing and tenant organizations were identified as sources of information on the bill. This is especially important for informants not working in housing. Most participants perceive the tenant organizations as a primary means by which activists keep abreast of political developments. Activists in the non-housing field described being part of a tenant network:

"We have links with tenant groups ... who, when it's an issue for tenants, usually get wind of it earlier than we would." (Participant 1)

"I was really fairly connected to a lot of the legal clinics and the housing groups." (Participant 3).

Communication among activists in housing and related fields is important since they all work with low-income tenants. Connections with other advocacy organizations were important in staying abreast of policy issues. Knowledge is acquired through conversation or dialogue and within the context of a common experience of working with low-income populations.

Anticipation of Imminent Policy Change. Participants discussed how monitoring the activities of the government was important. While the Conservative government was vague about its intentions concerning tenant protection, most participants had nonetheless anticipated radical changes to tenant protection:
“I guess from the time that the Conservatives were elected, we were keeping an eye on what the Minister of Housing was saying. He was threatening to do something like this. I believe it was part of a meeting that we had with the Minister shortly after he was elected.” (Participant 2)

Meetings enabled tenant activists to anticipate changes. This was particularly important since the apparent political ideology of the government led them to expect the worse.

Use of Specialized Knowledge. Most participants incorporated traditional approaches to knowledge in their work. Participants identified specialized knowledge forms such as professional knowledge and empirical studies as having an important role in informing their briefs on the Tenant Protection Act. A participant discussed the thinking about some of the specific provisions such as Section 116 of the Tenant Protection Act that outlines the right to set first rent:

“This is the one that brings in vacancy decontrol. On the surface, it seems if the tenant wants to keep the same rent and wants to be protected by rent control, just don’t move. Well, a lot of people have to move. The fact is if the landlord has the opportunity to raise the rents substantially if that tenant leaves, there is an incentive to force the person out. We’ve seen these kinds of things happen. Even though it was illegal to raise rents between tenants we knew that where landlords thought they could get away with it, especially in situations where there was not registered rent... We knew from our experience that they would.” (Participant 2)

Legal knowledge was used to interpret the meaning of the provision. Also used was the professional experience of working with tenants.

Use of Anecdotal Evidence. Some participants identified anecdotal evidence as useful for illustrating key points for the media and government committees. Some argued that while they did not want to rely entirely on anecdotal evidence, they drew on it for additional impact. A participant describes using anecdotal evidence:

“I think the anecdotal stuff is very effective. I think it’s super-effective if you can find someone. The most effective thing that we can’t always, particularly if we’re doing it on short notice, is to actually have somebody with us who has experienced this and I’ve done that a number of times in briefs. It’s mind-blowing. I brought one of our board members to the federal finance committee for instance. They have a very natty process now where everything is compressed, everything is in five minutes. I brought her alone one time as a single mom with a bunch of kids, and just said a few words and turned it over to her and she told her story. She must have gone 15 minutes. Not one person told her to shut up. They were just riveted by her story. So I think that personal experience for politicians makes a lot more -- I don’t think that’s true of bureaucrats -- but I think
It makes more difference with politicians ... I think you need both [empirical and anecdotal evidence]. I would give equal weight to each of them. I don't know that I would want to spend a whole brief just avoiding the numbers and zeroing in other other stuff. But I think if you can balance a little bit, it's illustrative of what you're talking about.” (Participant 6)

Anecdotal evidence is used then as an exemplar of the claims that are made. Another participant discussed presenting profiles of individuals:

“We brought forward more individual examples of things that had happened to people. Some of the people that the worse things happen to are not really in a position to come forward and talk about them whether it's because they're embarrassed or because they have too many other problems or whatever. We are able to collect that experience and pass it on to the people who are making policy if they're open to it.” (Participant 2)

Professional workers such as lawyers and social workers draw on the experiences of clients. Anecdotal evidence was seen as having an impact on politicians through its concrete demonstration of the effects of a policy on a population.

*Synthesis of Diverse Types of Knowledge.* Their reflections on knowledge suggested activists were open to using diverse types of knowledge as evidence of the nature of the social world for marginalized populations. They also linked different types of knowledge. The NGOs for which the participants work appeared to be participatory and consultative. Most participants identified a consultative process as integral to the development and construction of their deputations. For example, participants described how the network of tenant and other social justice organizations contributed to their deputations:

“I would say there were probably four or five other probably lawyers, could have been some community legal workers, but four or five other lawyers from different clinics in the Toronto area. We worked on this together. We were also part of a larger coalition called Coalition to Save Tenant Rights that was working on its own brief that included people from other organizations across Ontario and also a number of more grassroots kind of organizations as well. We were able to draw on some of their experiences in our overall viewpoint but the actual brief-writing was done by clinic lawyers mainly. There were tenant organizations, housing organizations. The Older Women's Network was one of the groups that sent a representative to some of our coalition meetings ... Social action type groups. Sometimes they'd have one or two staff people that would mainly be from volunteer-type groups, non-profit, volunteer board type groups.” (Participant 2)

“A lot of general interest groups, even a general interest tenant group, the membership may not have the kind of problems that people would go to a legal clinic about. They would have concerns
about the housing market and what their future as a tenant was going to be, what worried them about these issues. It's a broader viewpoint than the problem-oriented viewpoint that we would have ... We see people when they're in crisis. When they're not in crisis we don't necessarily talk to them that much about their housing situation. Whereas these people, they're involved in social action and housing as part of the social action front and they may have a broader viewpoint.” (Participant 2)

Consultation with other groups enabled the tenant lobby to present a broader tenant perspective focused not only on crises. The broader tenant perspective articulated the views of middle-class as well as low income tenant populations. While other participants said they were not part of the broader network, they recalled the extensive exchanges of information with other tenant organizations and the sharing of deputations to ensure consistency:

“I don't know if I was part of their formal coordination, but I do remember circulating my brief to some people. To me, it was more like an informal thing. I don't remember any big meeting ... I would have shared it with the Federation of Metro Tenant Associations and some legal workers that I've worked with.” (Participant 3)

The impact of the network on others working on tenant protection issues was extensive. Information was shared with those formally affiliated with the network. Another participant recalled the meetings as broadly based:

“I do remember that I guess we considered this is going to be a brief on behalf of a coalition to save tenants' rights. It's not necessarily only to do with the law and legal rights and complaints about legal problems. But there are legal workers there and lawyers. Also coming to those meetings was people from the CAW, people from Older Women's Network ... It's an aspect of tenants, not their only issue.” (Participant 6)

Broad representation encountered accusations of representing a small group of people. Participants clearly saw extensive consultation within their own sector as key to influencing outcomes.

**Gaps in Knowledge.** There was consideration of the availability and quality of existing empirical studies on tenant issues. Most participants identified a lack of data and knowledge gaps on the issues that they presented to government. Several identified specific knowledge that they would have found useful. Almost all identified the lack of good empirical data and using all of the relevant studies available at the time:
"The information that's out there is not great. If I hadn't found these, this section wouldn't have existed because it wasn't like I found a whole bunch and extrapolated these ones. This was all there was. It was slim pickings out there as far as student renters were concerned. It was slim pickings on students and their income backgrounds... There is very little work done on demographics... On some level, people just don't want to know, I think, because they'll be scared of what they're going to find." (Participant 1)

Most participants described the absence of empirical studies on the experiences of their constituencies. Additionally, the organizations of the participants do not have the resources to conduct primary research, however, and therefore must rely on the work of others.

To enhance the credibility of their claims, some participants cited studies carried out by the real estate industry. One organization cited a survey carried out by real estate consultants that found that most landlords used credit checks and references (Centre for Equality Rights in Accommodation, 1997). Most, however, do not rely on income information to screen tenants. Another survey of tenants carried out for the Fair Rental Policy Organization on Bramalea Limited buildings in 1988 and 1993, revealed no correlation between default and higher rent to income ratios (Centre for Equality in Accommodation, 1997). The participant commented on the limited evidence on income discrimination issues:

"There weren't that many actually. There wasn't much evidence on it. So I pretty much covered what there was, but again it was a matter of what emerged during the course of hearings as the most reliable information... One thing that we've just been dying to get but it would be so difficult is there really is such a lack of any kind of useful study of, for example, newcomers and young people whom we were focusing on to some extent, that renting to someone who didn't have a landlord reference and didn't have a credit reference. Our argument was that landlords should rent to those people and not refuse to rent to them just because they're new tenants or don't have an existing credit, and we're absolutely convinced anecdotally that particularly with newcomers, that if there was a study done on the risk of default for newcomers who have no landlord references and no credit references that in fact they're at low risk for default." (Participant 4)

The kind of information that would have been useful was the availability of rental housing and the ability to find housing. One participant identified a need for ongoing surveys of tenants to provide information about housing problems.
D. Key Theme Area IV: How Professional Policy Analysts Disseminate Their Policy Ideas in the Public Domain

This higher-order theme refers to communication of issues to the public through government processes and the media. It includes how advocates construct their briefs to communicate with particular audiences attempt to persuade others to support their position.

Defining Issues in the Language of the Intended Audience. Some participants discussed how they translated their knowledge into the language of the intended audience. For example, the current political environment emphasizes cost and cost reduction and this is the language used in both the public and private domains. Some participants therefore expressed their concerns about government policy initiatives in terms of anticipated costs to government:

“A lot of times we try to put the information in the context of spillover cost: ‘If you do this action, these things will happen which will be more costly ...’ There’s a lot of pieces of knowledge or information out there. How do you organize it to gear to the particular audience, but also push the envelope a little bit sometimes beyond what their headspace is.” (Participant 3)

Translating the evidence at hand in terms of cost efficiency was seen as an effective strategy that governments could understand.

Getting on the Public Record. In a process that many participants described as a “public relations exercise,” it was important that positions be recorded on the public record. In fact, considering the non-receptivity of the government, having their views on the public record seemed to be a foremost consideration in the decision to participate in public hearings. Most participants believed the government had already decided on the policy such that their contributions would have little impact on the final outcome:

“At least it gets on the public record. I know that they take absolutely no notice of those things. I’ve almost stopped doing it.” (Participant 7)

Although most participants were demoralized by the process of presenting to the Committee on General Government, doing so made them feel that they were doing something on behalf of the populations they represent.
"The second presentation was more to say we presented, that you’re on the Hansard and to actually show your members that it’s something you’re continuing to work on and to make a final point to the government.” (Participant 1).

"... we wanted to highlight the most obnoxious parts of the bill in a public forum where we got to speak, it got recorded and people could see it on TV if they were bored enough to watch the Ontario Parliamentary channel." (Participant 2)

"... The Opposition members look at you and they’re very connected, but the others were just - I didn’t feel that it went well at all in terms of that. You just feel that you’re getting on the public record.” (Participant 3)

“Even if we had accomplished nothing in terms of the actual legislation or the regulations, we accomplished a lot just in terms of things we got on the record.” (Participant 4)

Other reasons were also given for providing a deputation. For example, some discussed the deputation in terms of providing information for their constituencies. As one participant said:

“The point of our participation was also to inform and mobilize our own members to the potential problem and something they should be concerned about, they should care about, and they should critique the government about, to try and bring about that kind of change.” (Participant 1)

Mobilizing a constituency was described by many participants as an important outcome of their advocacy work.

The Role of the Media. Participants spoke of how their ability to have any impact on public opinion was more likely when the media was present during their presentations at the public hearings:

“If you can get the best brief, if you can present your brief at some time of day when the media is there, then I think that works very well. That’s where I’ve found things are much more listened to if the media is listening at the same time.” (Participant 7)

It was necessary to know how to use the media to disseminate a message:

“... a large part of your public persona is when you’re out there in a medium that’s very public.” (Participant 1)
Nevertheless, most participants did not mention the media and their role in conveying information and particular perspectives about an issue. In fact, most participants were disappointed with media coverage of their efforts:

“I did feel the coverage was quite thin. We didn’t really manage to get a lot of coverage, considering how important the issue was. I’m not sure whether that was our failing or there was a lot going on. It sounded a lot like a lot of other issues were happening on the labour front. It was all part of the same old story: Rotten Tories beating up on people again.” (Participant 2)

The media were not seen as capturing the perspective of the tenants on the issues raised by the Tenant Protection Act. Coverage was seen as inadequate and as undermining their ability to influence the policy outcome.

Influence of Knowledge on the Policy Change Process. Although the goal was to influence the policy process, the results of these attempts were clearly unsuccessful. Participants saw that they had little influence on the final form of the Tenant Protection Act. One participant considered the impact of the brief of his coalition to have been largely on the civil servants and Opposition politicians:

“If it had any influence, it had influence on the advice that the civil servants gave to the politicians. I don’t think that any of the politicians, apart from some of the Opposition members ... Maybe that’s not fair. I think it helped the Opposition members to put together their amendments.” (Participant 2)

One participant described his experience before the Committee on General Government. Steve Gilchrist, a Conservative MPP and Parliamentary Assistant to the Minister of Municipal Affairs and Housing, is recorded in Hansard as agreeing with the participant. Mr Gilchrist said:

“At the outset, let me just say categorically we agree with you. It’s certainly not the intent of this bill as it’s drafted or when it comes through for third reading to have anything that would promote discrimination against any groups, particularly those who are starting out in the workforce for the first time or are recent newcomers to Ontario ... There’s nothing in this bill, there’s nothing the ministry has ever said that would lead anyone to believe that 30% is being contemplated as a rule. While the numbers that have been crunched here are fascinating, and I accept them at absolute face value, and based on the status quo a 30% rule would be devastating if that was applied indiscriminately, where is anybody proposing a 30% rule?” (Legislative Assembly of Ontario, Official Report of Debates, Thursday, June 12, 1997, p. G-3881).
The participant viewed the impact as having forced the government on the defensive to clarify its intention regarding the use of income by landlords provided by the legislation:

"Whether it was the result of our submissions or the result of just our misreading of it ... By the time we appeared before the committee, Keith Norton, the Chief Commissioner, had already written a letter to the Premier and to the Minister expressing alarm ... There had been some publicity on it. They were ready and their position was moving. And you'll see it move throughout the hearings in fact where they become more and more energetic about affirming that they had no intention of legalizing the 30% rent-to-income rule. So that was good, even though we didn't change the legislation." (Participant 4).

Participants therefore can be seen as having scaled down their expectations of their impact on policy outcomes. Other participants considered their impact on policy to be limited to practical, non-controversial issues:

"Some of our suggestions. I don’t know how many of those were adopted. Some of them were very practical. non-political. non-controversial. many of which they didn’t accept ... Partly. I think it’s: ‘Anything these people would say, we’re not interested.’" (Participant 2)

Participants did not perceive their knowledge claims as having had strong impact on the political process since government politicians were not interested in their perspectives. One participant further suggested an attempt to shut out the tenant advocacy organizations from the process and minimizing the extent of their knowledge contributions to the provisions of the Tenant Protection Act.

E. Key Theme Area V: How Politicians Perceived the Knowledge Claims of Professional Policy Analysts

Politicians attitudes towards activists represents an important dimension of the current political environment. Several participants saw politicians as denying the validity of their data and other knowledge claims. Government politicians discredited activists which reflected the broader political ideology driving the reductions in social spending.

Politicians Dismiss Toronto Evidence as Atypical. All participants reported that politicians dismissed their Toronto-based evidence as atypical since the government was considered to be anti-Toronto. One participant reported on a strategy that moved beyond a Toronto focus:
“One thing we tried to do which I don’t think we did too successfully is to make sure that we got input from people outside Toronto because people from Toronto don’t seem to have greatest amount of respect from this government ... They’re [the Government] able to classify issues as Toronto problems and then say, ‘Well the rest of the province doesn’t care ...’ We did make efforts to try to get people from other parts of the province involved. It was always on our minds that they were going to throw this up in our faces if this is just a tenant problem, but the problems are heightened in Toronto because of the vacancy rate problems and just because of the sheer numbers of people involved here.” (Participant 2)

Most participants spoke of how politicians at both the federal and provincial levels invalidated knowledge claims that activists brought to the process, while participants in Toronto felt particularly shunned by this government.

Politicians Dismiss Tenants as Special Interests. A broader concern was identified related to discrediting tenants and organizations that advocate on their behalf as special interests. Participants attributed this perception to all levels of government, with greatest emphasis towards the federal and provincial levels. Some participants suggested that governments deliberately designate all advocacy organizations as special interests in order to undermine their contributions:

“I think the attempt of the government to relegate groups like ours to be thought of as special interest groups. The government listens to lots of groups that have a special interest like landlords and owners of all sorts of things, companies, and so on. They have their own special interests. It’s just that if you want to diminish in the public eye groups like this, you would do what the government has done at times ... With lots of groups they say, ‘Oh, that’s just a special interest groups.’ as though to say, ‘That group only are here to grind their own axe,’ and since we don’t think we’re grinding our own axe, we think we’re helping to make a point for people who aren’t as able to make the point themselves.” (Participant 5)

F. Key Theme Area VI: How Professional Policy Analysts Address Dilemmas in Political Advocacy

The current political environment leads to dilemmas in advocacy work. These dilemmas reflect on both substantive issues and more general concerns of promoting a social welfare perspective in the current political environment. As noted, most participants considered the current political environment to be particularly unreceptive to a social welfare perspective. Three central dilemmas emerged from the interviews.

Affordable Housing as Human Rights Versus Housing Issue. This dilemma centres on the issues raised by government attempts to introduce vacancy decontrol (Section 116) and amend the human rights code
(Section 200) to allow income to be used as a tenant selection criterion in the Tenant Protection Act. The dilemma was described as an ongoing debate within the housing advocacy community. One participant suggested that tenant advocates choose either one or the other issue of vacancy decontrol or the human rights amendment on the use of income criteria by landlords in the selection of tenants. The inclusion of both provisions was seen as dividing the tenant advocacy community by forcing advocates to decide which fight they were prepared to wage. It was also suggested, however, that the NGO community had marginalized equity issues:

“There’s a slightly more complex thing related to what I was telling you about the hidden divisions within the housing and anti-poverty advocacy communities where I think there’s a tendency for some of the most, this is how I would put it, that the issues of the most vulnerable groups, the issues of women in housing and homelessness examples, tend to be marginalized more in the NGO community than they use to be. The kinds of solutions that have dominated the agenda on the left, for example, and among housing advocacy groups and so on were focusing on rent control and social housing supply. There were huge equity issues in those solutions that aren’t being addressed.” (Participant 4)

Another participant from the legal clinic community was aware of the split and noted that some legal clinics were involved in arguing the case before the Ontario Human Rights Commission. The participant disagreed with the assertions made about the split within the advocacy community:

“The bill forced the housing advocacy community to make a choice on which issue to protect, and it was understandable that an agency dedicated to equality rights was concerned about this split since the Tenant Protection Act had made irrelevant several years of its work on this issue. From our point of view it was not worthwhile to pursue the amendment to the Human Rights Code. Basically, no, we don’t recommend that our clients pursue the Human Rights Commission route because it doesn’t provide an effective remedy in a reasonable time period for most people. There is a problem of perspective. The Human Rights amendment was really important to one group. The Tenant Protection Act screwed up all their work. There were many problems with the Tenant Protection Act. We had to decide how important the Human Rights amendment was in the scheme of things. At that point we were still waiting for a ruling on the income discrimination case. The amendment was important to --- because it is their mandate.” (Participant 2)

Most participants identified the elimination of rent control as a policy change with negative implications for the low-income tenants with whom they work. Two participants argued against both vacancy decontrol and the human rights amendment in their deputations on the Tenant Protection Act. This split highlights and is related to other dilemmas that most participants identified in doing advocacy work.
Reluctance Among NGOs to Engage in Political Advocacy. Participants identified a fear among NGOs of losing funding as a result of political advocacy that opposes government legislation. Funders discourage NGOs from political advocacy and may threaten to cut funding. Some suggested this attitude among funders predated the Conservative government. This issue does not support the idea of participatory democracy:

"The movement away from participatory democracy, and I'm not one who blames it all on the Harris government. I saw some of it starting under the previous NDP government where in fact our first experiences was being told that we had relied on from provincial sources was contingent on promoting government policies as opposed to opposing them. So there are changes that have happened over the last decade that have had a profound effect on the kind of advocacy that is done by groups that previously relied on government funding, where there's much more political manipulation of NGOs than there ever was before ... Any that were funded by provincial sources were very nervous about getting involved. We did notice that as a big difference in the nineties from the eighties where you would never have an NGO saying they weren't going to show up at a hearing and speak out against legislation that would impact on their constituency because of fears of losing funding. That happened a significant number of times in organizing on this one where people agreed with us but they wouldn't speak out for fear of losing their funding ... in the tight fiscal environment NGOs were concerned. Whether they were charities or government-funded, they would be concerned about losing their ability to continue to do the work that they do and would be put in difficult situations in that way." (Participant 4)

Several issues are identified by this passage. In particular, it highlights the challenges for the social welfare community produced by the current political environment. For example, during the period from the 1980s to the 1990s there is less willingness of NGOs to participate in hearings for fear of losing their funding. NGOs that do not agree with government policy are being silenced. Most participants shared this concern.

One participant also identified the additional difficulties experienced by NGOs when they engage in political advocacy:

"There's some self-censorship, 'Oh, we shouldn't stick our neck out. We could lose our funding.' Funding programs that exist now are more conservative than they used to be. I know that the health centres used to have advocacy that got cut out. I attribute this to corporatism, kow-towing to business." (Participant 6)

The participant made links between these dilemmas and the dominant political ideology. Most participants saw this development as further marginalizing a progressive social welfare perspective.
Settling for Micro Management Versus Transformational Policy Change. This dilemma highlights the difficulty for these activists to bring about significant progressive political change as opposed to small-scale, non-controversial changes. The issue also highlights how little impact most participants felt they were having on the policy change process. One participant framed the dilemma in the following terms:

"The ethical dilemma for people like me is do you try to make more gains based on your evidence and based on your own ability to argue the merit of your position? Do you try to make small gains? Or do you, in fact, back off and just embarrass the hell out of the government? We came to the conclusion, we actually talked about this, it was better to get the small gains in the best interests of the people who use food banks it was better to get at least some kind of little things in there than it was to do what we might have been more comfortable with which is publicly embarrassing them. But that's only going to last ... as long as people think they can get the small gains, then it's going to be lost, isn't it? ... I don't feel constrained in what I publicly say right now... But I am trying to get those small gains. But that's all you're going to get with this government. (Participant 7).

The participant identifies how little tenant advocates and others working on behalf of marginalized populations influence the policy change process. Their influence appears to be limited to non-political, small policy changes that do not make long-term, positive change in the lives of their constituencies. Other participants discussed the impact their deputations on the Tenant Protection Act in similar terms. Activists felt sidelined by the government because their potential contributions were limited to small, non-controversial changes. Even then, such recommendations had to be compatible with the political ideology of the government.
Chapter 6  
Analysis of the Findings on the Case of The Tenant Protection Act, 1997

The case of the tenants and the Tenant Protection Act (TPA) is an interesting study of how professional policy analysts and citizen activists used knowledge to bring about policy change in tenant protection and rent regulation. The case identifies some of the epistemological and political assumptions that influence the knowledge selection and dissemination activities of professional policy analysts and citizen activists working on behalf of low-income tenants. The case also shows that policymakers not only reject the knowledge claims that some groups bring to bear on the policy change process, they marginalize groups that oppose their views. It also shows that while the government may agree with the information they bring to public discussion, such acceptance does not necessarily result in the changes advocated by the civil society actors.

These issues are discussed under the following organizing ideas: Ways of Knowing about a Social Issue; Different Ways of Using Knowledge about a Social Issue; The Prevailing Policy Paradigm in Housing Policy: Advocacy Coalitions in the Housing Policy Community; and Political Identity and the Role of Political Ideology. These issues emerged during interviews with participants. Hence, they provide a basis for understanding the data and what they mean for policy change in the current political environment.

6.1 Different Ways of Knowing About a Social Issue

The case of the Tenant Protection Act confirms Park-Habermas knowledge concepts. The professional policy analysts emphasized the use of knowledge that was grounded in their own experience. Some collected their own primary data through systematic research processes consistent with positivist assumptions about knowledge and evidence. They also used legal analysis and arguments and anecdotal evidence which have elements of instrumental, interactive and critical ways of knowing. Law is developed through interactive processes of legal debate and judicial rulings. As such, it is considered an objective language. Both law and anecdotal evidence can be used to critique existing social arrangements and promote social change. The selection of knowledge in this case suggests that the participants believe that there is an objective world of causes and outcomes that can be studied and understood.

Critical knowledge was reflected in the interpretation of the Tenant Protection Act and what it represented for low-income tenant populations. Implicit in their analysis of the Act and its implications was a critical understanding of the relationship between tenants and landlords as unequal in a capitalist system.
The professional policy analysts highlighted the neo-liberal ideology of the Harris Conservative government as driving the changes to tenant protection. They synthesized instrumental, interactive and critical knowledge to yield a body of knowledge and evidence on the experience of low-income populations in the rental market that challenged vacancy decontrol and use of income criteria in the selection of tenants.

Another aspect of the critical perspective in this case was that policy analysis in this sector is highly participatory and collaborative. The participants were all professional policy analysts who worked with other tenant organizations and with volunteers associated with their own agencies. The case also illustrated that these activities are highly focused and time-limited. When there is a perceived threat to social justice such as those recommended by the Tenant Protection Act, intensive knowledge activities and highly focused consultation and collaboration will occur. Diverse knowledge and evidence, including instrumental, interactive and critical forms of knowledge, will be used to protect the interests of vulnerable populations at risk of experiencing negative effects of proposed policy changes.

By drawing on instrumental, interactive and critical ways of knowing, the professional policy analysts and the citizen activists in this case study created an epistemology of social marginalization or risk. Risk is vulnerability to or threat of negative effects on individual or collective welfare. Tenant and other social policy advocates perceive risk as a social phenomenon that threatens the housing security of vulnerable populations and increases their risk of becoming homeless. The legal clinics and other human service agencies espoused a view that advocates collective responsibility to protect vulnerable individuals and groups in a society from social risks such as homelessness. In contrast to this view, the Ontario Conservative government responded to social risk by reducing the role of government in the public sector (Progressive Conservative Party of Ontario, 1994). The government presented its approach as commonsensical. Moreover, the government justified reducing or eliminating social programs to reduce public expenditures as best for the public interest. The concept of risk and associated knowledge claims presented by the government were contested by the group examined in this case study.

The notion of an epistemology of social risk suggests an approach to building knowledge that conveys the lived experience of vulnerable populations within a collaborative policy analysis process. These lived experiences constitute a form of interactive knowledge. While the epistemology is based on the lived experiences of socially marginalized populations, professional policy analysts who work with such populations have devised a way of knowing to convey these experiences.

These issues are reflected in the sociological literature. This case may be seen as the Canadian instance of Beck's (1992) concept of risk. Beck argues that advanced industrialized, capitalist societies
create and distribute wealth and risks unequally in society. Risk is related to what Beck calls the “slow crisis of modernity and industrialized society” in which risks are socially produced. According to Beck, advanced capitalist societies politicize risk. Risk refers not only to the risk to vulnerable populations, but is contested in terms of the potential political, social and economic effects of policy decisions for markets and capital. In addition, political responses to alleviating risk are highly politicized.

The perspective of tenants is marginalized in the public domain. The analysis of the Tenant Protection Act and its potential effects on vulnerable tenant populations conducted by the legal clinics and others involved in tenant issues challenges the government. It also provides a basis for mobilizing the constituency of low-income tenants against the government’s proposed changes to rent regulation. The majority of government politicians were not receptive to this view. The receptivity of government members to the this group of professional policy analysts and other groups is shaped by their perceptions of the population being represented. Politicians perceived this group as representing a powerless constituency.

6.2 Different Ways of Using Knowledge About a Social Issue to Lobby

This case illustrates the different approaches, or strategies and activities, to using knowledge an issue identified in the conceptual framework. These strategies include legal, public relations, political-strategic and personal stories.

The legal approach consisted of using the law and legal research to challenge a proposed change to the existing tenant protection laws. The professional policy analysts in this case were lawyers, legal workers and social workers with knowledge of the tenant protection laws and how they work. They used their knowledge of the issues and legal research to challenge the position of the government. The use of this approach reflects a specialized awareness of key issues and arguments to challenge the proposed changes. They used legal arguments and their knowledge of case law which are considered objective and authoritative. Their ability to articulate their position on the issue reflects their knowledge of tenant protection laws.

The public relations strategy involves identifying and marketing a political message to a specific audience. The public relations approach refers to the logistics of presenting a political message, including staging, timing, marketing and structuring or framing a political message for maximum impact. The participants described such activities as targetting their perspective to an audience. They structured their message to draw media attention. Some participants identified the importance of timing their briefs before the Committee on General Government to draw maximum media coverage. Their goal was to attract also public sympathy for their issues and perspective.
The personal stories approach is the use of personal narratives and stories of individual tenants’ experiences of finding affordable housing in the private rental market. The professional policy analysts usually presented these stories in the absence of tenants who were willing to come forward to present their personal experiences. The use of personal stories is strategic. The stories would be selected on the basis of how compelling they are to illustrate the key issues from the perspective of low-income tenants. The personal stories were seen by the participants as particularly persuasive with politicians. Nevertheless, most participants doubted that these stories had any effect on the Conservative members of the Committee on General Government.

The political-strategic approach refers to planning activities and selecting evidence and knowledge to lobby the political system. The participants in this case study understood the political system and how to work it. They made decisions to lobby government and Opposition members of the legislature. They prepared briefing material for the Opposition parties in particular to assist them with their critiques of the legislation.

6.3 The Prevailing Policy Paradigm in Ontario Housing Policy

The case confirms Hall’s (1993) policy paradigm and Sabatier’s (1993) concept of the policy community. There have been discernible changes in policy in Ontario between 1975 and 1999. In the early 1970s, the federal government was concerned with fighting inflation. The federal government created the Anti-Inflation Board in 1975 and recommended that the provinces adopt anti-inflation measures. This concern led to the introduction of rent control in Ontario as an anti-inflation measure. The Davis Conservative government and subsequent Liberal and NDP governments in Ontario initiated efforts to improve upon rent regulation. All three governments were also committed to the provision of social housing.

The Harris Conservative government represents a departure from these commitments. As a neoliberal government, it argued for deregulating rent control. The view of the government is based on the premise that a functioning market must not be overburdened by regulations. From this perspective, it is important to protect the existing housing stock and new construction. The government did not eliminate rent control. Its proposal for vacancy decontrol which allows landlords to raise rent when an apartment becomes vacant must be considered in conjunction with its decision to withdraw from social housing. The government believes in the market, and views social housing and rent control as competing unfairly with rental construction. It also believes that the market can supply new rental housing and promised rental
supplements to assist low-income tenants. Rent supplements turn low-income populations into consumers in the private rental market. Yet, the government has not introduced rent supplements. In the view of the government, it has not ended rent control. It removed unfair competition in the form of social housing and artificially low rents by rent control in the existing rental housing stock. This view contrasts with the previous three provincial governments, one of which was Conservative, that were all committed to rent control and to providing social housing. The dominant policy paradigm in housing has shifted from a commitment to social housing and tenant protection such as rent control to neoliberalism with its belief in the market as the best allocator of resources, in this case new rental construction.

6.4 The Type of Policy Change

The change from rent control to vacancy decontrol illustrates Hall’s (1993) concept of paradigmatic policy change. The change brought about by the Harris government is a radical departure from the commitments in housing policy of previous governments. The change was in the overall policy goals of housing policy. The TPA provides for one annual rent increase while maintaining the formula for calculating rent devised by the NDP government in its Bill 121 (Rent Control Act, 1992). Tenants are protected from high rent increases provided that they do not move. It introduces vacancy decontrol such that rents can be increased when a new tenant moves into a unit. Landlords can have only annual increases within the guideline set by the Ministry of Housing.

The introduction of vacancy decontrol was a practical solution for the government. First, it achieved its goal to deregulate the rental market while appearing not to do so. Second, because vacancy decontrol deregulates one apartment at a time, it prevents tenants from effectively organizing against rent increases. The amendment to the Ontario Human Rights Code allowing landlords to screen tenants using income criterion is also paradigmatic change. Low-income populations are vulnerable to this criterion since they tend to lack references and credit ratings which landlords will take into account in making their assessment. Thus the Act empowers landlords to control access to rental housing with negative implications for low-income and other vulnerable tenant populations.

These changes seen together with the withdrawal from social housing reflect a neo-liberal policy objective of reducing the role of government in social provision. The reduced state role meets another objective of the government to reduce the deficit.
6.5 Advocacy Coalitions in the Housing Policy Community

The dominant policy paradigm reflects the political ideology of the majority coalition in the housing policy community. The core beliefs of this coalition is the use of the market to allocate goods and services. The majority coalition consists of landlord and development organizations such as the Fair Rental Policy Organization (FAIRPO), the Urban Development Institute, and organizations for small landlords and property managers. This advocacy coalition was the minority coalition between 1975 and 1995 when the emphasis was on rent control to ensure affordable rental housing. Between 1987 and 1995, tenants were in the majority coalition. The Liberal and NDP governments supported rent regulation and social housing. Both governments introduced legislation to improve the rent regulation laws.

The Tenant Protection Act introduced vacancy decontrol that benefits landlords and the development industry. During the public hearings on the Act, FAIRPO attributed the shortage and deterioration of rental housing to rent control (Hansard, 19 June 1997). FAIRPO and other landlord and development industry organizations advocated complete phasing out of rent control. They consider rent control to have impeded the construction of new rental properties.

The minority coalition in the housing policy community now consists of legal clinics, seniors advocacy groups such as the Older Women’s Network, service agencies that serve low-income populations such as child and family welfare agencies, as well as volunteer tenant organizations. The legal clinics present issues of social marginalization and equity that affect a small proportion of tenants who are low-income and likely to be life-long tenants. Linking with other tenant groups was a strategic decision to present a broader tenant perspective and create benefits for low-income tenants. The coalition also worked with tenant organizations in other communities across the province to ensure they were broadly geographically based. They are committed to ensuring access of low-income and other vulnerable tenant populations to quality, affordable housing. They perceive rent control as an important measure for ensuring access.

The minority coalition is now marginalized in the political process because they oppose the policies of the government. They are also Toronto-based which reduces their credibility in the eyes of the present government. The political message of this coalition also contributes to its marginalization in the political process since it challenges the policies of the majority coalition represented by the government.
6.6 The Role of Political Identities

The case of the tenants is an exemplar of political identity marginalizing a group in the policy change process. The citizen activists and the professional policy analysts in the tenant coalition did not expect to influence the final outcome of the Tenant Protection Act since their view challenged the ideological perspective of the government. They represented low-income tenants who lack political influence. The Act perpetuates the vulnerability of these populations to high rents, discrimination by landlords, and their social and political marginalization. Allowing the use of income criteria to screen tenants enhances the power of landlords.

This case shows that political influence is related to political identity. The way in which political identity is constructed depends upon the societal and political context. Political identity develops from societal perceptions of what constitutes differences (Schram, 1993). This then leads to the identification of 'otherness'. The political identity of this particular group of tenants was defined by low-income and their tenancy. These tenants will likely be permanent tenants with little chance of becoming homeowners because of their low income. These characteristics contribute to their political and social marginalization. The dominant policy paradigm constructs an identity of this population as authors of their own problems due to their low income and need for public measures to protect them from risk. The emphases of this government on individual responsibility and a reduced government role in social provision reinforces their political and social marginalization. Social structures reinforce these identities.

This case also demonstrated that social structures such as the media have a role in reinforcing some perspectives and political identities over others. The media underreported the perspectives and knowledge brought to bear by tenants. They seemed to have little interest in presenting alternative perspectives to those of the Harris government. By underreporting such perspectives, the media approves certain perspectives and political identities over others and thereby supports the prevailing political ideology. The media is a structure that decides what is news and whose perspective will be reported, thereby upholding the perspective of the government and silencing its opposition.

Gamson and Wolfsfeld (1993) argue that media norms and practices and the broader political environment can significantly influence the framing of issues and whose interpretation and meanings will be heard:

"Not only are certain actors given standing more readily than others, but certain ideas and language are given a more generous welcome. It is not simply that certain ideas are unpopular – some are rendered invisible." (p. 119)
Gamson and Wolfsfeld also argue that an unequal relationship exists between social movements and the media, since movements need the media to convey their story to the larger public and the media has a central role in the construction of meaning. In addition, they argue that the media select a story line for reporting events and develop arguments and images to support particular frames which can enhance or undermine different groups. They add that while the media are also embedded in this frame, media norms and practices and the broader political culture influence the framing of stories and perspectives that arise.

This explanation locates the media at the centre of this issue and imbues it with considerable independence. Gamson and Wolfsfeld de-emphasize the role of the broader political environment in shaping the behaviour of the media and what they define as news to the activities of social movements in the public domain. The media can influence the coverage given to an issue and particular groups. By focusing on the media, the explanation does not consider broader structural issues, such as the role of political ideology, in shaping these activities and the receptiveness of the media and the government towards some groups in civil society. Moreover, Gamson and Wolfsfeld seem to ignore the often close association between the media and the dominant political ideology and the state.

The government has more access to the media than do advocacy groups. Moreover, the media often share the political ideology of the government. They benefit from sharing that ideology by their access to key government officials. This access was denied those who represented marginalized constituencies and held opposing views (Hacket & Gruneau, 2000). Gamson and Wolfsfeld's analysis is thus incomplete. It may be more accurate to argue that the media reinforce the dominant or prevailing political ideology and may have an interest in upholding the dominant ideology.

The case of tenants reflects the influence of the media in filtering stories (Hacket & Gruneau, 2000). There was little attempt by mainstream media to present the arguments and concerns of low-income tenants. They fail to identify the influence of the broader political environment and the effects of public policy on the experiences of low-income populations. In short, the media approves news stories through perspectives that may reflect the political and social values of the dominant political interests in a society. The attempt to minimize the experiences of low-income populations reflects particular political values. The media constitute a structure that can influence public opinion about different groups of political advocates and policies.
6.7 The Role of Political Ideology

The findings of this case study demonstrate the impact of political ideology on government decision-making. Since the ideology of the Harris government reflects a preference for the market to manage housing, rental housing is seen as an area best left to the market.

Neo-liberalism is a political ideology that is committed to a market economy as the best allocator of resources and wealth in a society (Coburn, 2000). It also perceives individuals as motivated by material and economic considerations and competition as the primary market instrument for innovations. Most critics distinguish neo-liberalism from neo-conservatism on the dimension of broader social values. Neo-conservatism supports traditional family values particularly with respect to religious traditions as well as free-enterprise economic tenets. Coburn argues that the "essence of neo-liberalism, its pure form, is a more or less thoroughgoing adherence, in rhetoric if not in practice, to the virtues of a market economy, and, by extension, a market-oriented society." (p. 138). Neo-liberalism suggests a certain rigidity in policy responses to social problems such as presented by housing and the particular difficulties experienced by low-income populations.

The case also demonstrates that knowledge selection and its use by non-government and government itself is political. The Ontario Conservative government presented its marketization of Ontario society, and its overall individualist approach to public policy, as common sense. The government cited only studies that supported the elimination of rent control, citing it as an obstacle to construction of rental housing. Its views are grounded in an ideological perspective of fiscal management. Its ideology or discourse enabled the government to conceal its agenda of deregulation and reduced government. It appropriated the language of tenant protection to conceal its agenda to deregulate the rental market and remove what it perceived as impediments to rental housing construction. The overall effect of its ideology has been to marginalize the social policy perspective espoused by tenant and other social policy advocates.

According to Beck and other critics, individualism is the prevailing ideology of the postmodern, advanced industrialised world. This ideology is influential because it is presented as "commonsensically true" (Howe, 1994). Howe argues that in advanced capitalist societies the ideology of individualism is strongly associated with notions of "deservingness." Jenkins (1982) argues that individualism can be defined as "a way of looking at the world which explains and interprets events and circumstances mainly in terms of the decisions, actions and attitudes of the individuals involved" (p.88). In other words, we can no longer speak of collective responsibility of the larger community towards vulnerable populations. The emphasis on individual responsibility is consistent with neo-liberal ideology.
As noted, the Harris government, while adhering to neo-liberal values, may have used ideology to support intuitive or preexisting views of mean-spiritedness towards vulnerable populations and the role of government in social provision. The Premier and many of the members of his government are small businessmen from small Ontario communities. They may lack empathy for problems of large urban centres such as Toronto. In addition, much of their support lies in the areas outside Toronto. The case may reflect the influence of personal characteristics of political representatives on their conservative political views.

What is perhaps equally relevant and not addressed by neo-liberalism is social risk, particularly for vulnerable populations. Building on Howe's (1993) contention about an ideology of common-sense, Culpitt (1999) argues that neo-liberalism has vitiated the interventionist welfare state and replaced it with a much contracted welfare state which is justified as common-sense. Consistent with other neo-liberal critics, Culpitt suggests that "the practical expediency that arises from a rhetoric of common-sense defines any opposition as 'unreasonable'" (p. 4). That is, any opposition is considered indefensible.

The welfare state and other social policies such as rent control have provided some protection to marginalized populations from risks such as poverty and homelessness. The Harris government contends that individuals can protect themselves against such risks as poverty or homelessness. Socially marginalized populations such as low-income tenants are not protected. Vacancy decontrol increases their risk of becoming homeless. Inequalities increase as a result of neo-liberal policies. So long as this ideology prevails, the definition of social policy concepts such as social need, poverty and homelessness will be contested by government and by citizens. One dimension of the task facing social justice advocates is the need to reinvent the language of social welfare and endow it with principles of social justice.

The underlying issue is the contested issue of tenant protection. It is contested because the government has appropriated the concept of tenant protection. Tenant protection had meant rent regulation which implied collective protection against social risk. The participants interviewed for this case advocated collective responsibility to protect vulnerable populations against such social risks as homelessness. The Harris government presented vacancy decontrol and an amendment to allow landlords to use income criteria to screen tenants as tenant protection. The government could well argue that the amendment to the Ontario Human Rights Code would protect low-income tenants from renting premises that they cannot afford.

The emergence of contested social policy concepts highlights the various factors that may influence who is heard by policymakers. These can all be seen as manifestations of individualist and mean-spirited political ideology. Political ideology influences all levels of the policy process, including the receptivity of policymakers to various political actors and perspectives.
The case demonstrates that knowledge development and its uses are political whether used by government to achieve its goals or by civil society actors to influence policy decisions. Governments can appropriate knowledge presented by its opposition to silence its opposition and achieve its objectives. The government of the day is not a neutral arbiter of societal conflict. It has a political agenda. It also has the power to exclude actors with opposing views from the political process as suggested above. Political ideology and the agenda of the government act as filters that screen input from diverse groups in society with different claims on the government.
Chapter 7
History of Ontario Government Policies on Hospital Financing
and the Case of Women's College Hospital

Beginning in the mid-1970s and through the 1990s, federal and provincial governments attempted to control the cost of health care. Much of the debate has focused on a perceived need to reduce health spending by shifting the emphasis from institutional to community-based care. This chapter begins with a brief consideration of some of the major federal and provincial policy changes in hospital financing during this period. It then discusses Bill 26 which created the Health Services Restructuring Commission and initiated the restructuring of the hospital sector. The chapter briefly examines the first anti-merger campaign at Women's College Hospital (1989 to 1990) and the campaign against closure of the hospital in 1995.

7.1 Hospital Financing in Ontario

Federal legislation has influenced the course of health care in Canada. Rachlis and Kushner (1994) show how since 1947 both federal and provincial legislation emphasized financing hospitals and hospital services. In 1948, the federal Liberal government created the National Health Grants program which was used chiefly to build hospitals. In 1958, the federal Liberal government introduced the Hospital and Diagnostic Services Act. This Act saw the federal government paying 50 per cent of hospital and hospital services costs to provinces in a cost-sharing arrangement. The provincial plans were required to be comprehensive, accessible, universal, publicly administered and portable, the five pillars of the Canadian health care system.

In 1977, the federal government introduced the Established Programs Financing Act which replaced fifty-fifty cost-sharing with block funding (Rachlis & Kushner, 1994). The federal contribution was calculated separately from provincial health spending changing the way in which health care would be funded. This Act initiated a process of contracting the public health care system.

By the mid 1980s, most hospitals in Ontario were running deficits. In 1988, the provincial government—concerned about escalating hospital expenditures—released a report on hospital deficits that consisted of independent reviews of management practices at 23 hospitals with recurring deficits. The government was determined not to provide additional funds to relieve hospital deficits, but did recommend increased funding to hospitals in communities with growing populations. Following release of this report, Ontario Minister of Health Elinor Caplan announced that the Liberal government would not

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assist hospitals that introduced new programs without prior approval of the government (Maychak, 1988). From 1985 to 1989, operational funding for hospitals increased by approximately 39 percent. The Liberal government expected hospitals to operate within their budgets as approved by the Ministry of Health.

7.2 NDP Policy on Hospital Financing

The election of the first NDP government in Ontario coincided with a recession carried over from the late 1980s. In response, the NDP government embarked on a program of reducing costs throughout all of its ministries. Anxious to control health care expenditures, Treasurer Floyd Laughren announced that hospitals would be among those to receive the lowest transfer payments in recent history.

In addition to reducing the size of conditional grants to hospitals, Health Minister Frances Larkin announced reforms that were intended to maintain the provincial health care system. Identifying the issue as a management problem within the system rather than a lack of funding, Larkin stated the intention of the government to reallocate resources. Among these reforms were a thorough review of the hospital system, including funding formulae, program priorities and administration; development of a new drug program to reduce an escalating number of prescriptions being issued by doctors; and a shift from treatment to health promotion and disease prevention (Wilkes, 1992). Of these, the proposed review of the hospital system was obviously the most important for the hospital sector. In Toronto, the Metro Toronto District Health Council (MTDHC) was charged with carrying out this review and reporting back to the Minister.

7.3 Metro Toronto District Health Council Hospital Restructuring Committee Report

In 1994, the Ontario Ministry of Health mandated all of the District Health Councils in the province to make recommendations for restructuring their communities' hospital sectors. They addressed such issues as which hospitals would close, specified the number of hospital workers that would be laid off as a result of restructuring, and identified services to be eliminated or consolidated with other hospitals.

In Toronto, the MTDHC formed the MTDHC Hospital Restructuring Committee (HRC) to examine the acute hospital system and make recommendations to reorganize the system (MTDHC, 1995). The HRC recommendations focused on the delivery of patient care by Metro Toronto hospitals and considered the potential effect of hospital restructuring on other health system components (HSRC, 1997). The project consisted of three phases. The first analyzed the necessary size and capacity for Metro hospital services from 1994 to 2001. In the second phase, the HRC examined the hospital system configuration options and presented a final report to the MTDHC in September 1995. The final phase involved public
consultation on the recommendations of the HRC at its end in November 1995. At that time, the MTDHC made a formal submission to the Minister of Health. Yet by then, a change in government had occurred.

In June 1995, the Conservative government of Mike Harris was elected. The new government’s Minister of Health Jim Wilson received the MTDHC report with its recommended significant reconfiguration of the hospital system in Metro Toronto. This reconfiguration involved consolidation of existing hospital activities at fewer sites and enhanced hospital service networking to ensure co-ordination and patient access (MTDHC, 1995). The report argued the proposed changes would increase hospital resources available for patient care. Among the recommended changes were the following:

- reduction in the number of emergency departments from 21 to 14 sites that would be better distributed geographically and centred on urgent and emergency care;
- consolidation of adult, tertiary, and quaternary care at three sites: University Avenue Hospitals (including consolidation and clinical integration of programs at Mount Sinai, Princess Margaret and Toronto Hospital); St. Michael’s Hospital site; and the Sunnybrook site (combining Sunnybrook Health Science Centre and Women’s College Hospital);
- The Hospital for Sick Children would remain the main provider of paediatric tertiary and quaternary care for Metro Toronto and beyond its borders: the Clarke Institute of Psychiatry would remain a free-standing facility providing service, teaching and research in psychiatry.

In addition, the MTDHC recommended consolidation of secondary level acute care from 14 to 10 community acute hospital sites. The following would be retained: Centenary Health Centre: Etobicoke General; North York General; Queensway General; Scarborough General; Salvation Army Scarborough Grace Hospital; St. Joseph’s Health Centre; Toronto East General and Orthopaedic Hospital Inc. Additionally, Northwestern General and Humber Memorial would be merged at the Humber location; and North York Branson and York-Finch would be merged with inpatient activity at the York-Finch site.

The Conservative government supported the general direction for restructuring proposed by the report. It went ahead to draft Bill 26, an omnibus bill that addressed a number of social and health services, but also created the Health Services Restructuring Commission.

7.4 Bill 26 and the Health Services Restructuring Commission

In November 1995, Minister of Finance Ernie Eves introduced Bill 26 (The Savings and Restructuring Act) which changed provisions in approximately forty pieces of legislation in the Treasury.
Health and Municipal Affairs Ministries (Toughill, 1996). The government passed the bill on January 31, 1996. The intent of the bill was to reduce public spending by improving the delivery of public services. The Act created the Health Services Restructuring Commission (HSRC) and empowered it to close and merge hospitals across Ontario in order to eliminate within two years $1.3 billion from the hospital budget. The HSRC drew upon the planning reports prepared earlier by the District Health Councils – similar to the MTDHC report described above. These efforts addressed such issues as which hospitals would close, specifying the number of hospital workers who would be laid off as a result of restructuring, and identifying services to be eliminated or consolidated with other hospitals.

In his analysis, Harden (1999) argues that the Harris government's reform agenda aimed to move quickly to integrate centralized control over fiscal restructuring “while decentralizing the responsibility for, and consequences of imposing austerity programs” (pp. 212-213). This approach had significant implications for reconfiguring the 44 hospitals in Metropolitan Toronto. Among the most contentious recommendations of the report was the proposal to terminate inpatient care at the Women's College Hospital and Wellesley Hospital sites.

7.5 Women's College Hospital: Proposed Merger with Toronto Hospital

7.5.1 History

The Ontario Women's Medical College was founded in 1911 as a response to the refusal by the University of Toronto in the late nineteenth century to accept women as medical students. The College provided an opportunity for women to study and practice medicine and evolved into Women's College Hospital. In 1960, the Hospital sought affiliation with the University of Toronto and became a teaching hospital. The Hospital began to accept men as staff members in the mid-1960s.

By the mid-1980s, Women's College Hospital was among several hospitals running a deficit. As of September 1988, the Hospital had a deficit of $2.5 million (Lownsbrough, 1990). The hospital approached Minister Elinor Caplan for more funding, and received two one-time-only bridge grants of $2 million for the 1988-89 and 1989-90 fiscal years (Lownsbrough, 1990). The grants were provided on the condition that the hospital eliminate its deficit. In October 1989, the board voted in favour of pursuing a merger with the Toronto Hospital which had merged with its western division, Toronto Western Hospital, in 1986. Women's College Hospital's medical staff association and other staff opposed the proposed merger. The Friends of Women's College Hospital formed and worked with the medical staff association against the merger.
7.5.2 Friends of Women’s College Hospital

The Friends of Women’s College Hospital was funded by a former hospital board member who opposed the proposed merger (Lownsbrugh, 1990). The group hired two paid staff and mobilized public support. Friends sought legal advice on the legal issues involved and the options available to challenge the Hospital Board to prevent the merger. Although Friends had no intention of initiating legal action, Friends’ legal counsel and the lawyers for the Hospital’s doctors developed a joint strategy to litigate should it become necessary. Friends also learned how to credential shareholders to vote on the merger.

Friends held a series of public meetings between November 1989 and January 1990 on the proposed merger. The pro-merger board members sought an injunction to block the Friends’ meeting of hospital shareholders on the merger on January 24, 1990. When the injunction was denied, the 15 pro-merger board members and the Chair and Vice-Chair of the board all resigned. At the Friends meeting, 648 of 700 shareholders in attendance voted against the merger. Upon the election of a new board that opposed the merger in February 1990, the Friends of Women’s College Hospital dissolved and turned over its records and supporter lists to the Women’s College Hospital Foundation.

Between 1990 and 1995, the hospital considered its existence secure. Nevertheless, health care costs continued to be a pressing concern for the Ontario government. In anticipation of changes in the policy environment, the Hospital began to shift some resources towards outpatient care. As noted, the MTDHC report recommended a major reconfiguration of the hospital sector in its district. In particular, Women’s College Hospital was to merge with Sunnybrook Health Science Centre. Sunnybrook would take the burn units from Wellesley and Scarborough General Hospital sites and consolidate the musculoskeletal/rheumatology programs of Wellesley and Women’s College Hospitals and Sunnybrook Health Science Centre. While the Women’s College Hospital’s programs would be relocated at Sunnybrook Health Science Centre, it would retain a “distinct women’s health identity” at Sunnybrook. Women’s College Hospital would be responsible for developing and maintaining this identity. The Hospital joined forces with the resurrected Friends of Women’s College Hospital to mount a public campaign to prevent this proposed merger with Sunnybrook.

In addition, Women’s College Hospital negotiated a partnership with Wellesley-Central Hospital to avert closure of both hospitals. In 1994 to 1995, Wellesley had merged with Central Hospital. The partnership between Women’s College and Wellesley hospitals was considered compatible since the hospitals had complementary clinical areas of strength. Wellesley, a downtown hospital, was recognized for its urban health and HIV-AIDS programs. Although the HSRC apparently had initially encouraged the negotiations between the hospitals, it ultimately rejected the partnership and recommended closure of both
hospitals and their amalgamation with other larger hospitals. Wellesley was to be merged with St. Michael’s Hospital. The Central Hospital was designated to become an ambulatory care centre for HIV-AIDS. The HSRC also recommended the creation of the Sherbourne Corporation as a research arm. While the Wellesley-Central Hospital continues to exist as a legal entity, its future status has yet to be determined.

Women’s College Hospital began litigation against the HSRC in August 1996, but ended its lawsuit when the HSRC offered to negotiate. In the end, the hospital’s site at 76 Grenville Street would remain open as a separate corporate entity and be reconfigured to provide women’s health programs as an ambulatory care centre. In addition, Women’s College Hospital legally ensured its existence in legislation through Bill 51 (An Act to amalgamate Sunnybrook Hospital and Orthopaedic and Arthritic Hospital and to transfer all assets and liabilities of Women’s College Hospital to the amalgamated hospital). The legislation received Royal Assent in June, 1998. The Act provides a management agreement for the conversion of Women’s College Hospital to become and manage an ambulatory care centre for women’s health. The Act also stipulated that all of its assets and liabilities would be transferred to the amalgamated corporation to be known as the Sunnybrook and Women’s College Health Science Centre.

Of interest in this study is how the Hospital used knowledge in submissions and in other advocacy activities to influence the HSRC. The Hospital Board and Friends prepared several submissions for the Commission. These submissions highlighted the Hospital’s history of service to women and its contributions to women’s health. They also criticized the methodology of the HSRC, particularly that the HSRC had underestimated the cost of restructuring. Most important among these submissions was *Maintaining Women’s Health* (1997) in which the hospital articulated its goals:

- independent governance;
- focus on women’s health programs;
- an academic women’s health centre at the hospital site at 76 Grenville Street; and
- a central role in the proposed Women’s Health Council in which the Women’s College Hospital Centre for Research in Women’s Health would be integral to the Council.

The hospital prepared other submissions to the HSRC, all with the same emphases articulated in this earlier document.

The next section presents the findings from interviews carried out with key strategists of Women’s College Hospital’s campaign and participants associated with Wellesley Hospital. Participants responded to questions about their perceptions of knowledge, different types of knowledge, and their uses in
political advocacy. More specifically, participants discussed how they used knowledge in their campaign to fight the proposed merger of Women's College Hospital with Sunnybrook.

7.6 Findings of the Case Study on Women's College Hospital

This case study considered the range of issues related to the use of knowledge within the broader political environment in which Women's College Hospital strategists worked to influence the policy change decisions of the HSRC. The case examines the selection and use of knowledge in advocacy, particularly in the hospital's submissions to the Health Services Restructuring Commission. It also considers the use of knowledge in such strategic actions as negotiating the alliance to avoid closure with Wellesley Hospital. Some themes correspond with those identified in the previous case on tenant advocates and the Tenant Protection Act, while others are specific to the case of Women's College Hospital and the hospital restructuring process.

Ten participants were interviewed about how they used knowledge in their political advocacy on behalf of the hospital. Seven participants were strategists for Women's College Hospital and two participants were associated with the former Wellesley Hospital. One participant is a health policy analyst in Toronto. The series of ten interview questions, upon analysis, revealed a number of first order themes. These were then classified into 10 broad themes related to such issues as the role of political ideology on the hospital restructuring process, various knowledge types, and use of knowledge in advocacy activities. The following code system indicates the numbers of respondents identifying each theme: 'All' refers to all ten respondents; 'many' refers to 6 to 8; 'most' refers to 4 to 6 respondents; and 'some' refers to 2 to 3 respondents. When a single respondent articulated a view, this is so indicated.

The first order and second order themes identified in this case study are shown in Table 2. Political Realities: Political Ideology Plays a Defining Role discusses the overarching importance of political ideology in the restructuring process. How Ideology Led to Certain Emphases in Restructuring specifically examines how ideology influenced the restructuring process. Participants identified the various elements that shaped the restructuring process. How Professional Policy Analysts Use Different Types of Knowledge examines participants' approaches to knowledge and their selection and use of knowledge in political advocacy. There is emphasis on the collaborative approach to knowledge building adopted by the strategists.

Why Women's College and Wellesley Hospitals' Outcomes Differed explores how each hospital tried to influence their final outcomes. Participants compared the outcomes and the influence of Women's College and Wellesley Hospitals. They also identified the different actions each hospital initiated and how
these may have influenced each hospital’s final outcome. It also considers the role of knowledge and how identity, in particular socio-economic status or social class identity of the constituencies of each hospital, may have played a role in the access of each group to political power and its ability to influence policy outcomes.

A. Key Theme Area I: Political Realities: Political Ideology Plays a Defining Role

In order to understand how knowledge was used, the case study must be placed within a political context. This category of themes refers to the political environment in which such issues as hospital restructuring are embedded. Several themes contribute to this category. They consist of themes that refer to the broader political context and those that refer to the HSRC process. Participants discussed how the HSRC’s approach to health care restructuring was embedded in the broader political context.

*Federal Policy Changes.* The influence of political ideology was seen in federal health care policy dating from the early nineties. Federal policy changes were seen as having reduced federal contributions to provincial health care systems. These changes were perceived as triggering a crisis in the provincial health care system, thereby necessitating further cuts and rationalization of health services in Ontario. One participant identified the larger issue as jeopardizing the national health care system as a whole. Participants also identified the political agenda of the Harris government as having a significant role.

*Government was determined to save money.* Responding to a question about the key health issues in 1995, participants identified how political ideology has led to emphasis on cost-cutting and how this had affected the quality of health care. Cost-cutting efforts intensified under the Harris Conservative government since cost-cutting was consistent with its ideology of reducing public expenditures and the role of government. Participants saw this ideology as permeating all aspects of health care policy and identified numerous illustrative trends. One participant said:

"I think that the debate is also part of a general push to change the way the private sector individuals and entrepreneurs and the way people view the role of government. The extension of that is that governments like Mike Harris’ government ... view frailty as a marketplace opportunity and sickness as a market niche." (Participant 6)
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As seen by this participant, political ideology was a significant variable in understanding the behaviour and policies of the Harris Conservative government. The focus on rationalizing health costs was attributed to the objective of the current government to reduce public expenditures. Some participants argued that contrary to the Harris government's assertions of improving health services and health, its policies had increased poverty and health inequalities:

"On the broadest level, making more people poor through housing policies, welfare cutbacks and clamping down on welfare people [hurts health] because it's well known that for almost every disease poor people have a higher prevalence of it and live shorter than rich people with the same disease." (Participant 6)

**Government Distanced Itself from the Restructuring Process.** While there was no doubt about the emphasis upon cost-cutting, it was argued that the Harris government created the HSRC in order to distance itself from health care restructuring decisions. Two primary considerations concerning the HSRC and its mandate were identified. One concerned the designation of an independent agency for the task of restructuring. The other pertained to the nature of the powers that Bill 26 conferred upon the Commission.

Some participants argued that the government created the HSRC deliberately to distance itself from the hospital restructuring process. They attributed the distancing to a view that having the Minister of Health receive planning studies (District Health Councils' reports on hospital restructuring) and manage the restructuring process at the ministerial level could have negative political consequences. Another participant observed that the creation of an independent body such as the HSRC enhanced the perception of a non-partisan process. In addition, it was noted that Duncan Sinclair, the chair of the HSRC, a former dean of medicine at Queen's University, was seen as disinterested:

"I think Duncan Sinclair, his background, his reputation, he was seen very much to be a straight arrow, very thoughtful, determined and certainly not in it for any kind of personal gain, and he had no background, political record of any significance so nobody could say, 'Oh that's Duncan Sinclair, that good Tory or that good Grit ...' So I think it's a combination of those factors plus as a former dean of a medical school that is not a physician that also gave him a unique perspective." (Participant 9)

Duncan Sinclair therefore was seen as being ideally positioned to direct the inquiry as he would not personally benefit from the work of the HSRC. Most participants, however, expressed concerns about the powers invested in the HSRC. One participant discussed the nature of the powers conferred on the HSRC by Bill 26:
"I think their approach was significantly shaped by the character, the nature, the flavour of the legislation itself. It was legislation that reeked of unilateral coercive government action and the members of the Commission ... had sweeping authority to force whatever the Commission decided to force. Clearly the government had made the strategic decision to step away from the process to create the buffer so that the Restructuring Commission could act as their SWAT team ... They had been imbued with, in effect, legislative authority, so that they were able to move with force and authority." (Participant 8)

Most participants shared this view. Participants expanded on these concerns by identifying the specific policy directions that influenced the restructuring process.

B. Key Theme Area II: How Ideology Led to Certain Emphases In Restructuring

This category of themes explores the meaning of closing and merging hospitals and the related issue of volume versus quality of care. Participants described the HSRC’s approach to restructuring as rigid. They also considered the potential impact of these emphases upon future health care.

Closing and Merging. The apparent emphasis of the HSRC on closing and merging hospitals was seen by participants as meeting a number of government goals. For example, some participants argued that merging institutions was employed as an economic tool of efficiency though there was little evidence to support such an approach:

"This is the quote unquote knowledge that it is efficient to attach a small institution to a large institution to make a mega-institution with the argument that you can subtract the overhead of the small institution ... You have to believe you can subtract the overhead of the small institution. You have to believe that there will be no expansion to the overhead of the large institution. You have to believe that there will be no monopoly power, that the new mega-institution will have no monopoly power ... So there is a whole slew of assumptions you have to make to believe that there are economies of scale ... and the HSRC just believed them all." (Participant 1)

Other perspectives were expressed that linked merging with a larger world movement that promoted particular economic practices to achieve specific global economic goals. Such goals preceded the election of the present provincial government. Some participants argued that the emphasis on closing and merging began under the NDP government in the early 1990s. The Rae government was seen as largely responsible for much of what followed in 1995 and thereafter. One participant agreed with an Ontario Coalition Against Poverty spokesperson that, “Bob Rae was a warm-up act for the Harris government.”
(Participant 6) Another participant described the process as driven by issues concerned with the state of the physical plants of hospitals:

"There were too much bricks and mortar. I think we weren't able, regardless of -'s ability, to demonstrate the American reality of increased market share, increased savings, increased brand loyalty, increased fundraising capability if you move to a federated model of brand equity. There was a committed ideology to too much bricks and mortar and closing hospitals and shotgun marriages." (Participant 2)

The focus on closing and merging hospitals was seen by some participants as meeting broader ideological goals. Closing and merging occurred under the guise of improving health care but, rather than resulting in improvements in Ontario health care, was done to meet a larger political ideological goal propagated by powerful groups:

"There's no evidence that the NDP government, the Tory government and the Commission are correct that indeed this is a more efficient, better system ... The merger mania that has gripped our world and that is redefining all of the power lines is it simply moved by osmosis into the health sector and the simplistic not evidence-based, but powerful arguments because powerful, rich people made the arguments and promoted the arguments that mergers were good and necessary. So far, it's won the day without the evidence to support it." (Participant 8)

The participant links the thrust to close and merge hospitals in the restructuring process with the dominant political ideology of the day. Closing and merging hospitals was associated with quality of care issues, but some participants thought that these issues were not considered by the HSRC. There were other suggestions on the reasons for the emphases of the HSRC. One participant felt that closing and merging hospitals was consistent with a shift from in-patient to out-patient care that had largely already occurred prior to the HSRC mandate:

"There had been an enormous shift of care from the inpatient to day surgery and out-patient service and so there was a need for a reduction in inpatient acute beds and a shift in resources into the broader continuum." (Participant 5)

The participant refers to measures undertaken by several hospitals to reduce their costs. Supporting this view, one participant noted that Women's College Hospital had also shifted a significant proportion of its budget to out-patient care in anticipation of the HSRC intention to close and merge. The decision to make this shift was a strategy to be seen as working within the policy intentions of the government.
Volume Versus Quality of Care. Most participants identified an emphasis on the volume of care provided versus the quality of the care as another effect of political ideology. Participants attributed these features of the restructuring process to the government’s determination to reduce costs. Some participants identified balancing quantity and quality of care issues as having increased the complexity of hospital restructuring in Toronto:

“When you get into the turf of Toronto your starting point is 44 independently governed hospitals. You have an enormous complexity, number 1. You also have multiple possibilities. Number 2… you’re trying to balance issues of quality, physical plant, proximity to populations and there isn’t one right answer.” (Participant 5)

Some participants identified the difficulty of measuring quality of care issues and considered quality of care to be an important component of the mission of Women’s College Hospital. One participant noted that during the campaign against the proposed merger with Toronto Hospital, the Friends undertook extensive efforts to document the work of the various departments to emphasize the quality of patient care. Concerning evidence that was considered valid to demonstrate this, participants identified the HSRC’s emphasis on quantitative evidence over qualitative data.

HSRC’s Emphasis on Quantitative Evidence. A range of issues relating to closing and merging and the emphasis on cost reductions was identified. For example, a concern among several participants was the HSRC’s emphasis on quantitative evidence relating to the condition of the physical plant of a hospital, the number of patients receiving care, and the number of procedures carried out at a given hospital. For example, one participant argued:

“The commission thought its case was stronger if it cloaked everything in its own empirical analytical work which would tell, you for example, how many babies were born at each hospital, but wouldn’t tell you the kind of quality of the experience.” (Participant 5)

In addition to these concerns, some participants characterized the HSRC as having no interest in new knowledge, the uniqueness of institutions, health care alternatives, and quality of care issues. Some participants thought the HSRC relied on a limited knowledge base of economies of scale. Such a view was seen as resulting in compromising the quality of care provided by the hospital sector. One participant remarked:
“These people are so rigid that I don’t think if they read something that didn’t fit their schema they would just skip it.” (Participant 1)

Thus, participants perceived a closed-mindedness among the commissioners. Some argued that many of their concerns were verified during cross examination of HSRC members in the lawsuit the hospital brought against the Commission in August 1997. This emphasis on quantitative evidence was seen also as closing off opportunities for the public to influence decision-makers.

Lack of Public Debate. The HSRC process was described as having a number of deficiencies. Most of these concerned public consultation on health care restructuring. Some participants criticized the HSRC for failing to provide an opportunity for public dialogue:

“I think it failed to do several things. One is to have open debate and discussion about what the role of hospitals is because I think implicit in their decisions were what seemed to be a value of the Commission, and maybe the government’s, was hospitals are not places for caring for people other than in an acute phase of illness ... the public had a right to have a debate about what should the role of our hospitals be. The role had been defined for them by the government and the Commission.” (Participant 6)

The concerns about lack of opportunities for public input were related to diminished opportunities to influence decision-makers. Some participants stated that the government did not listen to alternative views. Sometimes advocates were unable to arrange meetings. For example, the Minister of Health Jim Wilson, at the outset of the HSRC’s work on Metropolitan Toronto, refused to meet with Women’s College Hospital (Participant 4). Some participants noted that cross-examination during litigation revealed that the HSRC had not read the Hospital’s submissions. Participants suggested that access to the Minister of Health improved with the appointment of a new minister whom they saw as committed to women’s health and willing to work with them.

C. Key Theme Area III: How Professional Policy Analysts Used Different Types of Knowledge

This category refers to the uses of knowledge and evidence in advocacy on behalf of the Hospital. Epistemology is an important tool in understanding advocates’ approach to knowledge, and how they analyze political issues and their approach to political advocacy. Most participants identified general types of knowledge for advocacy, its substantive content, and other more specialized types of knowledge they
brought to the process. The following sections consider the epistemology of the strategists for Women’s College Hospital and how it shaped their selection of knowledge and evidence.

*Feminist Issues and Feminist Policy Analysis*. Participants identified feminist analysis and feminist issues as shaping their interpretation of health services restructuring. They used these to show how they constructed the evidence case to protect the hospital. They viewed the hospital as committed to feminist principles, as a pioneer in women’s health research, and as having a history of providing quality health services to women. Women’s College participants traced the feminist roots of the hospital to its founding as a response to the discrimination of women by the University of Toronto Faculty of Medicine in the late nineteenth century. It was argued:

“... without the word being used, it was defined as woman-driven and woman-centred and woman-positive at its founding ... in direct response to discrimination from the University of Toronto ... you wouldn’t necessarily use the term ‘feminist’. but if you look at what was said and you look at the values and whatever the defining term was, it was about equal opportunity.” (Participant 8)

Whether the term ‘feminist’ was used at the founding of the hospital was not the issue for most participants. They stressed the hospital’s unique history of service to women and women’s health issues. The uniqueness of the Hospital was also expressed in terms of its organization of power and its collaborative approach to care. Most participants described the organization of power at the hospital as non-hierarchical:

“... the kind of power is in most institutions reserved for doctors and protected for doctors, but that had not happened in the Women’s College culture to the same degree.” (Participant 8)

Underpinning this uniqueness was how the hospital was governed by and for women. Women were seen as having a different approach to care, to organizational structure and power. The participant added:

“One of the things about Women’s College is that it was a very activist organization and it had a corporate culture that was not highly bureaucratized. So people didn’t spend a lot of time writing reports about what they were doing, and people weren’t sufficiently in the academic stream of the university and didn’t identify their successes as being primarily that they published ... there was tons of really creative, groundbreaking stuff going on, and nobody was taking the time to write up because very few of them were on an academic tenure-track to seek that particular reward.” (Participant 8)
Several participants identified the hospital’s multidisciplinary, collaborative and non-hierarchical approach to care as unique to Women’s College Hospital and as characteristic of an institution governed by and for women. The approach is reflected in the observation of some participants that Women’s College physicians did not necessarily lead teams. It was noted that a social worker started and is now director of the Centre for Sexual Assault. Selection of leaders was based on merit; that is, staff were chosen to lead on the basis of their skill set. One participant expressed it succinctly:

“No one has ever been able to be an arbitrary, unilateral king at Women’s College. You don’t even get to be a queen at Women’s College. You just don’t. Leaders don’t last long there.” (Participant 8)

The uniqueness of the hospital was also reflected in the recurring idea that the Hospital was “more than bricks and mortar.” This refrain was meant to highlight the uniqueness of the Hospital and to criticize the focus of the HSRC for insufficient attention to quality of care issues.

Some participants cited as further evidence of the Hospital’s uniqueness its mission statement that articulates a values perspective and women’s health principles. Participants identified the patient-centred, woman-centered approach to health care as guiding the Hospital’s approach to obstetrical care. Its cardiac research on gender differences in heart attacks was also cited as illustrating this emphasis.

Also cited as evidence of the hospital’s uniqueness and contributions were the international honours awarded to Women’s College Hospital. These awards include the designation of the hospital as a World Health Organization Collaborating Centre for Women’s Health in the western hemisphere. A participant lamented:

“Since it was valued in the rest of the world, it was a little bit of a question as to why it wasn’t valued in Ontario.” (Participant 7)

Therefore, participants considered the hospital as a model of gender equity and unique in the western world. One participant noted that Women’s College Hospital has provided a career path in medicine for women:

“No one had actually done an audit to see how many assistant professors, how many associate professors, how many full professors. What percentage of full professors at U of T come from Women’s College? A very large percentage. I think you could say, without this little institution
that's an incubator for women in medicine in terms of a career path, where would women in academic medicine go without this institution that allows them to become a chief?” (Participant 2)

Another issue of concern was how to publicly present the Hospital in advocacy. Strategists promoted the Hospital for work on women’s health that extended beyond the city limits of Toronto by supporting health systems for women in other parts of the province. One participant argued:

“We really tried to elevate it to the social policy thing of, ‘We speak for women’s health. We do women’s health. Women’s health is different from simply hospital restructuring.’ We kept saying this goes beyond bricks and mortar.” (Participant 4)

This was related to the larger objective of positioning the hospital as a provincial resource on women’s health in the same way that Hospital for Sick Children was a provincial resource for children’s health. It was emphasized that Women’s College Hospital was already performing such a role in women’s health for the province. This was particularly the case in the treatment of sexual assault victims. Participants noted that the hospital had shared its approach to the treatment of victims of sexual assault with other health care venues across the province.

*Collaborative Policy Analysis.* Participants characterized the Hospital’s approach to policy analysis and knowledge as collaborative. This was clearly attributed to the nature of hospital governance adopted by Women’s College. Participants described how all staff levels were involved in discussions. This collaborative approach was adopted to gather information about the work of the hospital to prepare arguments in support of submissions to the HSRC. Participants identified the consultative and collaborative process as an important lesson of the 1989 campaign that key strategists employed in the 1995 struggle.

In 1989, Friends of Women’s College Hospital and the hospital physicians merged their efforts to fight the proposed merger with Toronto Hospital. During the first struggle against the proposed merger in 1989, extensive consultation with staff was carried out to learn about the nature of their work:

“It was really a form of participatory research ... I was translating that for use in our legal arguments and I was also spending quite a bit of time working one on one or in small groups with key players within the hospital to further develop their understanding of what was going on ... It was a very thoroughly processed process with a high level of ownership and involvement with every segment of the organization having feed-in and feedback opportunities.” (Participant 8)
Communication within the organization was seen as important in the 1989 campaign in building support among staff to oppose the proposed merger with the Toronto Hospital. The hospital board and Friends also cooperated on the campaign by contributing information and preparing submissions. Participants noted that several members of Friends wrote chapters of its submission to the HSRC, "Why the Take-over of Women's College Hospital Won't Work." Friends collaborated with members of the hospital board to produce the large submission entitled, Maintaining Women's Health. The hospital board hired a professional writer to prepare the document with guidance from a member of Friends and a board member.

A participant noted that in 1995 hospital staff were consulted and invited to meetings to present their views and were kept informed of all activities and decisions undertaken by the strategists. A participant remembered initiatives to involve staff and synthesize all views:

"It was Friends that initiated and what happened was the Friends convened the initial meetings around litigation strategy and it was a 'be there or be square' thing. It was by all means to all members of the board, please come. To the doctors, please come. But the bottom line was we're going to do this anyway." (Participant 8)

This consultation with staff was identified by some participants as both a key component of the hospital campaign and consistent with the mission of the hospital.

**Documenting Knowledge Claims and Achievements.** This activity gained importance for the hospital in the first anti-merger campaign in 1989. Some participants noted that until 1989 the hospital had not recorded its achievements. Some participants noted a reliance at that time on anecdotal evidence during the 1989 campaign and prior:

"... We just thought we'd better start writing this stuff down. Everything was held in people's heads. Really, up until '89 nothing had been written down in terms of what were our philosophy, principles and protocols ... We weren't able to justify anything. In the '89-'90 battle I remember some of the anecdotes we used." (Participant 2)

The previous emphasis on anecdotal evidence and its shortcomings forced the Hospital to document their claims. Most participants also recognized the importance of preparing documents for the public record.
Submissions and documents prepared for the HSRC served several purposes. First, participants considered that the documents provided a foundation for their advocacy activities and provided information and knowledge to the HSRC.

“This was a foundational work. So it had a lot of effect for the decision-makers as a ground of retreat and had a lot of assuming that they want to go there, it had a lot of effect on our ability to educate our supporters and to arm them.” (Participant 4)

Second, participants identified the submissions, particularly *Maintaining Women's Health*, as education tools. *Maintaining Women's Health* (May 1997), which was prepared by the Hospital board, identified the three pillars or non-negotiables/essentials that the hospital wanted to protect which guided subsequent negotiations with the HSRC. The pillars were a downtown location, academic women’s health, and independence and control. One participant described the submissions and in particular the three pillars identified in *Maintaining Women’s Health*, in particular, as driving the hospital’s advocacy activities:

“A group of us just got together from within and beyond the board and put together a bare-bones document and a strategy and just started pushing, and this [Maintaining Women’s Health] was one of the first things. When you look at this, this didn’t really have a specific about take Women’s College and leave it alone, or move it here and do that. This was just trying to make the argument about ... what we needed to do was to have a platform and an institution it spoke for, the value of women’s health models ... The three pillars ... ended up driving our negotiations and everything we did.” (Participant 4)

One participant identified these background and other source documents as means for informing the supporters of the hospital, of ongoing issues and providing a basis for all other submissions. They also guided other advocacy activities undertaken on behalf of the hospital. *The Case for Women’s College Academic Health Care Centre and Network and Our Future as the Women’s College Academic Health Care Collaborating Centre*, were examples of background documents that provided facts and guided the advocacy work:

“There was a lot of background work that was already done and it was basically going through and analyzing stuff and rejecting things that we didn’t think were right in terms of the HSRC’s financial things and other things ... and putting a lot of stuff in terms of women’s health.” (Participant 7)
The participant refers to the process of selecting and discarding information. Participants referred to documents as evidence, but noted that it is difficult to separate the influence of the documents on the political process from other advocacy activities. According to one participant, the influence of documents was:

"A lot and none. A lot because if the political environment, the political will, is created it is safe haven. It’s clear evidence upon which people can rely or fall back to. Yet it also was a lot because this [Maintaining Women’s Health] became kind of the bible." (Participant 4)

The participant clearly saw the documents as source material to ensure consistency in the messages the Hospital conveyed through all its activities. Participants agreed that documents are important:

“It’s hard to unbundle the documents from the force of personality and presentation from the leadership of Women’s College Hospital ... I think the documents helped in terms of making somewhat of a substantive case, but it’s hard to know which was decisive.” (Participant 5)

"... it’s important that they [documents] be consistent because if you didn’t bother to submit them it’s easy to dismiss. ‘... we didn’t get any reports from Women’s College, so I guess it’s not necessary.’... I think it gives you credibility and we say, ‘Here’s our body of knowledge and our credibility.’ (Participant 1)

Thus, documents were not only considered as being evidence but also as a means of enhancing credibility in the public domain. Participants agreed that providing documents to support knowledge claims is important. Nonetheless, most participants doubted that the HSRC or any government body read their submissions.

Advocacy activities of Women’s College Hospital were therefore guided by the hospital’s submissions to the HSRC. The submissions were seen as having a central role in structuring other activities and as a key element of the larger advocacy strategy. Their development highlights the consultative approach to the selection of knowledge and evidence.

Emphasis on Traditional Knowledge. Participants also identified several types of knowledge that they used in building their case for the hospital. Participants noted increased efforts to draw on empirical evidence to support their claims. Indeed, most participants viewed empirical evidence as crucial. One participant argued:
"I think it’s important to have a good empirical case.... So my view is anybody that actually has evidence, like real hard case, empirical evidence stands a better chance than if they don’t.” (Participant 5)

The participant also acknowledged the difficulty in using empirical evidence to demonstrate the importance of issues such as patient patterns in hospital use. For example, the participant noted that people may go to a particular hospital for certain services and not others. Showing such patterns of use is difficult to support empirically. Most participants identified the importance of ensuring that the hospital’s submissions to the HSRC were based on facts.

Use of Anecdotal Evidence. Most participants viewed anecdotal evidence as powerful in communicating policy ideas. They cited the testimony of women who received care at the Sexual Assault Centre at Women’s College Hospital as having had a decisive role in convincing the HSRC to leave the Centre at Women’s College Hospital and not move it to Toronto Western Hospital as initially recommended. Although this reaction seemed inconsistent with the Commission’s preference for data on numbers and volumes, it suggested that anecdotal evidence or narrative is powerful because people respond to personal evidence. One participant, however, argued that anecdotal evidence carries little weight:

“The anecdote is often elevated to being evidence. The health world is filled with claims and they’re put forcefully and there’s often very little evidence or only anecdotal evidence to support them. The health sector has run for a long time on the claims largely of providers, often claims motivated by the desire to get more resources from government.” (Participant 5)

The participant tied this issue to a tendency to overstate knowledge claims, particularly a hospital’s firsts during the HSRC mandate. Firsts are medical discoveries and innovations such as when a hospital is the first to develop or use a test, or pioneer a program in a health field. This participant was determined that the hospital support its claims with broader evidence of verifiable facts. The participant argued:

“I thought that they weakened their case if they went forward and it was shown that ... what they were saying wasn’t in fact the case. And since some of these documents were more than empirical, let’s actually say how many cases and how many dollars, and what are we good at. A bit of tendency frankly to overclaim. The mission sometimes overwhelmed the reality.” (Participant 5)

It was noted that later discussion identified those developments that were firsts at Women’s College Hospital. The participant saw a role for anecdotal evidence, but said that these assertions should be
empirically grounded. This was a key issue for most participants in presenting a defensible case to decision-makers.

*Integrating the Perspective of Decision-makers.* Participants considered how to incorporate their concerns as compatible with the policy objectives of decision-makers. One participant identified the importance of understanding the perspective of decision-makers by citing as an example a submission prepared by a male supporter entitled, *Straight from the Head: The Business Case for the Holistic Model of Women’s Health at Women’s College Hospital* (Friends of Women’s College Hospital, 1997). It incorporated the case for preserving the hospital within a business perspective which the key strategists considered to be consistent with the view of the provincial government and the HSRC. Another participant expressed this view in terms of framing one’s goals as compatible with the objectives of decision-makers and accepting the need for health services restructuring:

“*We weren’t fighting the fact. We were only fighting the how ... So we positioned ourselves as fellow-travellers as understanding, as not balking at the fundamentals.”* (Participant 4)

Framed in this way, the Hospital appeared to accept the overall policy goal of government to restructure health care. The Hospital accordingly focused its advocacy efforts on influencing how the restructuring was carried out and implemented. To achieve this, most participants highlighted the importance of legal arguments and analysis in building the hospital’s case.

*Use of Legal Arguments and Analysis.* Participants identified the use of legal arguments and analysis both in the 1989 and 1995 anti-merger campaigns. They learned the benefits of a legal approach in 1989. Yet in 1995, the Hospital board was reluctant to consider litigation. The initiation of legal analysis came from Friends of Women’s College Hospital.

During the 1989 campaign the issue was defined as a shareholder fight. The Friends determined who was considered a shareholder in the hospital’s bylaws and learned how to credential supporters as shareholders in order to vote on the proposed merger. Friends sought legal advice on litigation options, although litigation was not pursued. A participant noted that in 1995 the board of Women’s College was wary of litigation since it involved litigating against the present government. A participant recalled different circumstances between the 1989 and 1995 campaigns that influenced the decision to litigate:
We had much more control in the first battle because it was a shareholder battle. We conducted a reverse takeover battle and our client base ... by and large, were shareholders and the litigation was private litigation between stakeholders. The litigation that we developed in the nineties in the battle of the nineties had a very different flavour. I had initially a very distinct challenge in convincing members of the board and some of my colleagues ... that we should be doing anything around litigation. There was a real, real, real hesitation because of course we’re going up against government ...... There was a real hesitation partly because everyone know that as soon as you begin to litigate you’re throwing money into a black hole, and no matter what, the government always has deeper pockets.” (Participant 8)

Participants perceived legal arguments and analysis as strengthening the case of the hospital. Some participants considered this approach as providing important skills for advocacy. A participant presented the strengths of building a legal case:

“It requires a lot of information-gathering and information synthesis. The process of developing your legal argument is an excellent discipline for advocates ... You must articulate in ways that very detached, quote unquote objective listeners can hear and understand the values that you’re fighting for ... litigation in ‘95–'96 once again forced us back into the mode of updating and in many cases rediscovering the values of the work that was being done and trying to find ... the language to articulate that reality so that it was defensible, so that it met standards that were articulated by the Commission as being the criteria for what the Commission was doing.” (Participant 8).

This approach was tied to the development of rational arguments that would be defensible to decision-makers and later in court. They presented the Hospital’s values and mission statements in legal language. The emphasis on legal analysis was initiated by the board in 1995.

Deconstructing Arguments. Participants also discussed how they met the arguments of opponents with evidence. A participant remembered that in 1989 Friends of Women’s College Hospital recognized the need to be able to counter the opponents’ assumptions. With respect to this argument and others, she remembered advising a Friends colleague:

“We need to find a way to deconstruct what’s being presented here. We need to satisfy ourselves that they’re telling the truth because so much hinges on their argument ... if we don’t pull that linchpin out of their argument, then their argument is going to prevail. And in good conscience we also have to make sure that we have done our own research and reached our own informed conclusions ... if we differ substantially on the desired outcome.” (Participant 8)
Participants described the process of deconstructing the arguments of the hospital’s detractors and preparing their own arguments. Through this process, they learned how to draw broad public support. Related to building support was the effective use of the media to publicize its case.

*Using the Media.* The Friends of Women’s College Hospital learned the value of media support in the anti-merger campaign in 1989. A participant noted that one of the founders of Friends of Women’s College Hospital taught the other Friends about speaking to the media:

“We had learned to make a noise. There are many people who deserve a lot of credit for the media aspect. That was a very important part of our piece. — taught us a lot about being outspoken and getting press.” (Participant 3)

The Friends of Women’s College Hospital had supporters in the media during both campaigns. In 1989, Doris Anderson, a prominent Toronto Star columnist, devoted her columns to discussing the proposed merger with the Toronto Hospital. In 1990, she became a member of the Friends slate of candidates for the board of directors of the Hospital. With regard to the 1995 campaign, participants identified the positive impact of Toronto Star columnist Michele Landsberg who also wrote regularly about Women’s College Hospital.

*Use of Political Strategy.* Most participants identified political strategies of using the political process and mobilizing a constituency to achieve policy change. Strategists for the hospital were able to reach politicians at Queen’s Park. They attracted the support of some government and many opposition members. In particular, participants identified the importance of the support of the opposition parties:

“We had amazing support from the NDP and Liberals as well that this is something we had made a political issue. They knew we were very well connected there in terms of the opposition. Gerrard [Kennedy] and Frances [Lankin] and Marion [Boyd], they were seriously helpful.” (Participant 2)

Another participant highlighted the ability of the strategists to work the political system to bring pressure on the politicians:

“[The HSRC] understood that we weren’t going away and that the Minister [of Health] wanted a solution, and the Premier wanted a solution. We had some back channels available to us so we knew what the Premier and certain key cabinet ministers were saying, doing, and where their alliances lay. And we had some pretty powerful supporters in cabinet who were, however, treading
extremely carefully because they couldn’t a) in fact or b) be seen to in any way interfere with the HSRC, and yet had found ways to say to the HSRC, ‘We don’t care quite how you do it. Make this work.’” (Participant 4)

The hospital strategists were therefore able to bring to bear sufficient political pressure on the HSRC and the government such that the government wanted the matter resolved. The ability to mobilize a constituency was another important lesson of the anti-merger campaign in 1989. Tied to this effort was the ability to build a volunteer organization such as Friends of Women’s College Hospital in 1989. Staff had “nurtured the community and connected new people to the core values of the hospital.” One participant identified the loyalty of patients and staff:

“One of the things we knew was how to put together an organization of 10,000 people because we have such a loyal bunch of patients and staff. The membership of Friends was over 10,000 and in 1989 we had probably 9,000.” (Participant 2)

When Friends disbanded, it turned its resources and lists of supporters over to the Women’s College Hospital Foundation. These lists of supporters provided a starting point for mobilizing the hospital’s constituency in 1995. Participants identified several activities that mobilized their constituency. Among these were postcard campaigns. Two participants remembered the postcard campaigns as effective:

“One of the things that — was successful at is getting people, women, from virtually every riding in the province to write their local MPP to say, ‘I use Women’s College,’ or ‘I value Women’s College,’ or ‘Here’s what it means to me.’” (Participant 4)

“We sent these postcards to every MPP. So we could send you a postcard saying, ‘Why is Isabel Bassett closing Women’s College Hospital?’ And we had these posted and we had kids running out putting these things up on lampposts at night. And there was a lot of crowd reaction to this but it was a huge thing to organize. All over Toronto, we had kids going out with these glue pots and paint brushes and slapping up all these postcards! Thousands of postcards delivered to MPPs and then we came along with another postcard. We had blue postcards and pink postcards as men and women, so they couldn’t say we only heard from women. We asked that they be sent by one or the other and we knew how many were sent because we got those counted. There were about 27,000 of those postcards that actually arrived at Queen’s Park. (Participant 3)

Knowledge is Political. Participants also discussed how knowledge is used to serve particular purposes. This theme was evident in how participants articulated their perspectives on the HSRC, the health care restructuring process, and their own advocacy activities. One participant framed the issue in terms of
Women's College Hospital as a small institution and therefore better positioned to develop knowledge on women's health issues:

"The argument is that an autonomous institution that's governed in the interests of women has more potential to develop knowledge that is of special relevance to women, that all knowledge in a way is somehow political. And so when males typically head up and rise to head organizations, the knowledge of that organization may in some way be in the interests of males ... So knowledge in some way is a function of economic interest and the autonomy to create the knowledge to serve that interest." (Participant 1)

Power and knowledge were seen as separate entities by some participants as they reflected on the final outcome for the Hospital. One participant suggested that it was not lack of knowledge but lack of power that leads to restructuring decisions. One participant seemed to equate access to financial resources as power: "I've come to the conclusion that if you have bottomless pockets you can do almost anything ..." (Participant 7). Another key strategist for the Hospital concluded:

"Was there any other kind of knowledge? If there was I don't know it because at the end of the day ... our success was not derived from facts and figures and hard knowledge." (Participant 4)

The participant makes an important point about the nature of the political system and suggests that influence on public policy is achieved by other means than knowledge. The next category of themes considers Women's College Hospital's decision to form an alliance with Wellesley Hospital. It also outlines areas of compatibility between the two institutions as well as the perceptions of each hospital towards the other.

D. Key Theme Area IV: Why Women's College and Wellesley Hospitals' Outcomes Differed

The proposed alliance between Wellesley and Women's College Hospitals was a strategic decision to avert closure for both hospitals. The HSRC recommended closing both hospitals and merging them with larger hospitals. Women's College considered alliances with other hospitals before agreeing to Wellesley. Participants identified several reasons why such an alliance would be useful. They also considered the different outcomes for Women's College and Wellesley Hospitals. Participants speculated on some reasons why these outcomes may have differed. Six themes described this issue: Compatibility of Institutional Culture and Speciality Areas; Dynamics of Power and Control in Relation to Gender;
Mobilizing Versus Alienating Constituencies; Consequences for Decision-Makers; Influence of Advocates; and Social Class Issues.

**Compatibility of Institutional Culture and Speciality Areas.** Most participants identified the compatibility between the cultures and clinical areas of the two hospitals. Participants noted that, while Women’s College Hospital considered a number of potential partners among the downtown hospitals, it chose Wellesley since both were downtown hospitals and faced potential closure:

“They had started to cooperate together and had done some exchanges of personnel and cooperation of programs. It wasn’t a lot but it was significant enough that they seemed to get along o.k. on that basis. They were perhaps driven together more by necessity than an initial love affair. ... They [Women’s College Hospital] really had Sunnybrook, Wellesley and St. Mike’s to look at. St. Mike’s wouldn’t wash because of the requirements of Catholic health. I suspect maybe it found Sunnybrook too big and so I think more by process of elimination they came to Wellesley ... There was good compatibility with Wellesley.” (Participant 9)

“It came about because the first HSRC report suggested this Sunnybrook connection, Women’s and Sunnybrook. We said that is not a good combo and here are all our reasons ... We sought an alliance with a downtown institution and many institutions were thought about. Toronto Hospital was not high on anyone’s list because we’d just five years previously been, we thought we’d already said no to that suitor and it was unlikely we were going to get a warm welcome back ... I think Sinai felt that it wasn’t in their interests at that time to join with us ... The only other hospital on tenterhooks was Wellesley. So, that made a lot more sense because we had to merge with somebody. At least it was close and it was much easier to do.” (Participant 3)

It was recognized that forming alliances appeared to be the only option available to avoid closure. Apart from potentially facing similar fates of closure, the hospitals recognized each other’s areas of speciality. For example, most participants recognized Wellesley’s urban health program as compatible with Women’s College Hospital’s commitment to women’s health programs. A participant associated with Wellesley observed:

“The two things that were the main match and they felt would give them a strong argument with the Commission which was something both would not feel threatened by the other. Wellesley’s commitment to urban health and under no circumstances would Wellesley give up that commitment and Wellesley felt strongly that its big ace in the hole was their leadership and innovation in matters related to urban health. From a Women’s College perspective Wellesley didn’t have any particular lead on women’s health issues, nor any problem with women’s health issues, and therefore they both have these fields of expertise that they could bring to the table, and because they were somewhat close in size.” (Participant 9)
Both hospitals had found a partner that did not appear threatening to the areas in which each felt it had unique strengths. A participant with Women’s College Hospital said:

“I think both hospitals have aspects that were unique. For example, Wellesley had a great program with the community and they had done a lot of work with the Associate Dean of Medicine at the University of Toronto for many years to establish their relationship with the St. James Town Group, and so they said they were the community medicine people ... Women’s College on the other hand had addressed its efforts more broadly first of all because it was all women and therefore half the population. But more importantly, it had established programs whereby patients came here from all over the province and a few from outside to have their annual check-ups and those old days of what was called the Cancer Detection Clinic. (Participant 3).

Both hospitals recognized the need to identify and highlight their strong points. These strengths represented evidence of the unique programs they offered the community. These elements appear to have been the starting point for negotiations between the two hospitals. Neither hospital knew what, in the end, the criteria for the HSRC to retain a hospital would be. A participant noted:

“The HSRC was in the process, as with all processes, playing their cards very close to their vest and not really letting out any particular line of thinking. They may have said. I can’t remember. They may have said near the beginning they were impressed with the Metropolitan Toronto report [MTDHC report on hospital restructuring], clearly taking that into account.” (Participant 9)

Hospitals, therefore, worked with little knowledge about how the HSRC would approach restructuring. Hospitals responded to the lack of direction and information from the HSRC by positioning themselves in terms of what they perceived to be their strong and unique clinical areas. Another participant identified Wellesley’s HIV-AIDS and addictions-methadone programs as important programs. Some participants identified its transition from a hospital representing the more affluent north end of the Rosedale neighbourhood to working with local neighbourhoods around the corner such as St. James Town which is a low-income and ethno-racially diverse neighbourhood.

One participant, however, argued that Wellesley with its urban health and HIV-AIDS programs was more compatible with St. Michael’s Hospital. Wellesley was seen as responsive to the downtown neighbourhood in which it is located. The participant added that Wellesley’s involvement in urban health and with the gay and lesbian communities were recent. However, the participant identified compatibility between Wellesley and Women’s College Hospitals in terms of the constituencies each hospital represented:
"I guess because of Women's College's focus on women's health and the Wellesley's very recent focus on the gay and lesbian communities that there were two groups of patients who traditionally were not well served by the health care system so therefore there might be a natural alliance. Beyond that, one looks at all the clinical services, was there compatibility in clinical services? Was there compatibility in physical location? Which building would they use, Women's College or the Wellesley one? All sorts of issues flow from that." (Participant 6)

Dynamics of Power and Control in Relation to Gender. In addition to the areas of compatibility and the history of collaboration between the two hospitals participants, participants also identified areas of tension between the hospitals that occurred during the negotiations for the alliance. A central concern identified by several participants was whose chief would head a department in the alliance. Issues revolved around power and control in relation to gender, since many department chiefs at Women's College Hospital were women. A participant associated with Women's College Hospital said:

"We went a long way down the road with that merger. In fact, all the Wellesley maternity stuff was at Women's College for almost a year. Now it got a little creaky when they talked about whose boss was going to get used, whether it was Wellesley or Women's." (Participant 3)

A Wellesley participant also detected a gender dimension on this issue:

"The bait was for all those departments and programs was who was going to be chief and there was going to be a competition. And there was a view by some at Women's College that there should be some type of preference for a woman. Now it might have been, all things being equal, we choose a woman. I think that was the view. Of course, I can actually say all other things are equal, any two is impossible. So there was that view which may have made the Wellesley feel somewhat threatening." (Participant 6)

Most participants shared this view about power issues and the dynamic of gender. One participant -- who was opposed to the alliance -- expressed the Wellesley-Women's College alliance and the merger with Sunnybrook Health Science Centre in terms of power and dominance:

"The independence of Women's College Hospital is not about viability. The independence of Women's College Hospital is about control of a renegade culture by the dominant culture, and in the Wellesley alliance it was largely Wellesley as the vehicle for dominance by the University of Toronto, and then it switched to Sunnybrook. It was Sunnybrook as the vehicle for dominance by the University of Toronto." (Participant 8)
A participant associated with Wellesley Hospital reported that he did not detect a deliberately patronizing attitude on the part of Wellesley negotiators towards the representatives for Women’s College Hospital, but a lack of awareness of feminism among the Wellesley physicians:

“The whole notion of feminism, feminist ideology and philosophy and history was brand new to a lot of the Wellesley docs... I just had these deja-vu from the 1970s when I heard some of the discussions... I think there are also some people at Women’s who took a view that, because - not many - one or two individuals but who were in leadership positions took the view that because a man was voicing an opinion that automatically vitiated any legitimacy or merit to his opinion. So the point wouldn’t be listened to. It was who was saying the point. What I was trying to say was listen to the merit of the argument. (Participant 6)

The participant identifies tension during the negotiations on several issues. Another participant associated with Wellesley suggested that Women’s College negotiators considered Wellesley Hospital to be a “second-class facility”, and clearly saw itself as a “first-class academic facility.”

One participant discussed the different ways in which each hospital perceived the alliance, with Women’s College Hospital perceiving it as being about power:

“In a sense the Wellesley was a more conventional general public hospital. The Wellesley came out the way I think anybody else would have which is to say, ‘Well, what are our program strengths? What are your program strengths? And how do we put this together and decamp the programs that are weak and subscale at Women’s over and vice versa so we end up with much stronger programs? That wasn’t the level on which Women’s College Hospital saw the discussion. They weren’t resistant to having that discussion, but the precursor discussion was really around governance, ownership, control. Really about power. Women’s College Hospital at the leadership level saw the Wellesley as in some ways an ideal partner because they felt the Wellesley was much less mission-driven and that Women’s College Hospital could ascend in a value sense be the dominant culture post the merger.” (Participant 5)

Women’s College Hospital was therefore concerned about being submerged in any merger in which it participated. Participants recognized that as the smaller hospital in the proposed partnership Women’s College Hospital had more to lose in a merger. Some participants suggested that while it preferred to be left alone, Women’s College pursued the alliance. The HSRC had encouraged the alliance. In the end, the HSRC rejected the alliance in its final report.
Mobilizing Versus Alienating Constituencies. Most participants identified the ability of Women's College Hospital to mobilize its constituency. One participant compared the ability of Wellesley and Women's College Hospital to mobilize their constituencies:

"The Wellesley had a far less powerful constituency. So I think some of it was the clarity of Women's College Hospital's constituency and their ability to mobilize which I would say is second only to the Montfort." (Participant 5)

Women's College Hospital represented a more politically viable constituency. The participant compares this ability with Montfort, the Francophone hospital in the Ottawa area that successfully litigated against the provincial government. The participant considered Montfort to have had a stronger political case in terms of the language issue than Women's College Hospital, since the Prime Minister and the Premier of Quebec weighed in to defend the hospital. Women's College Hospital viewed itself as representing half the population. There was also consideration of issues that hampered Wellesley Hospital in its fight.

Most participants argued that some board members of Wellesley Hospital exhibited behaviours that diminished their influence with decision-makers. For example, some participants felt that some Wellesley board members not involved in the alliance negotiations distrusted Women's College Hospital. Also, some Wellesley board members expressed anti-Catholic sentiments and propagated claims about St. Michael's Hospital that undermined its influence. Some participants argued that the anti-Catholic sentiments alienated some Catholic members of Wellesley's own staff. One participant identified several problems that undermined Wellesley Hospital's efforts:

"The main thing was the board's really vicious personalized attack on the Catholic Church and St. Michael's Hospital ... You should not underestimate the detrimental effect the board's behaviour had on decision-makers right up to the Premier's office and probably in the courts, although the courts aren't supposed to judge on these matters. Their legal judicial decisions were all wrong... I think it was a big mistake and had a detrimental effect by alienating and antagonizing decision-makers." (Participant 6)

In addition to these concerns, Wellesley Hospital was described as having alienated its constituencies. Unlike Women's College Hospital, Wellesley was unable to build support and mobilize its constituencies. Participants pointed to internal issues on the board of Wellesley Hospital, such as lack of unity and diverse visions at the board level and an unwillingness to compromise. Two Women's College
Hospital negotiators argued that Wellesley Hospital had room to manoeuvre and failed to pursue opportunities such as becoming an ambulatory care centre for HIV-AIDS patients. It could have offered to provide health care such as abortion services that a Catholic hospital would not provide.

Consequences for Decision Makers. For some participants, Women’s College Hospital strategists had influenced the process such that the political outcome had implications not only for the hospital, but also for decision-makers. They suggested that the Women’s College Hospital strategists would not let the government forget if WCH was closed. The HSRC reversed its decision on Women’s College Hospital and designated it as an ambulatory care centre for women:

"I think it was some sense of responsibility to the health of women ... None of the students were counted. There are thousands of them. I think there was realization that, 'Oh, there is a large population in Toronto, and you’re shutting an accessible facility and substituting something that they won’t be able to get to.' So I think it was out of a sense of responsibility that they said. Well, we should do something." (Participant 1)

"I think they saw it as a political liability. I don’t think it was any of the brilliant arguments. It was votes. How can you bash this little gem of a hospital?" (Participant 2)

The change suggests that the HSRC altered its decision as a result of pressure brought to bear by the hospital and its supporters. Another participant associated with Women’s College agrees:

"... there was a sense, much as the government didn’t want to be involved, that the consequences of full closure would flow to the government. The group at Women’s College would never forget, never forgive. They were pretty bloody minded about it. This was very important to them ... I think that played into it and determination counts in politics." (Participant 5)

Participants did not identify any aspects of Wellesley’s closure that created consequences for decision-makers.

Influence of Professional Policy Analysts. Participants identified several aspects of Women’s College activities that contributed to the change in outcome for the hospital. Among these were its determined advocacy and persistence. A participant identified a willingness to make noise and its ability to use the media to its advantage:
"I think Women's had a broader scope to what it was contributing and we were also mouthy and obnoxious and not because we wanted to be. That was the sort of irony about it. There isn't one of those people who wanted to be out there shouting and blowing any whistle." (Participant 3)

Women's College Hospital advocates perceived the Hospital as having a broader focus than Wellesley Hospital. It also indicates reluctance on the part of the key strategists to adopt some political strategies such as demonstration on the lawns of Queen's Park where Women's College Hospital supporters blew whistles. Most participants associated with Women's College Hospital defined their influence in terms of focused advocacy and constructive efforts:

"I think the determined advocacy by Women's College Hospital. I think in a sense the Commission also felt that Women's College Hospital tried to be constructive on one level that they'd put forward an alternative that the Commission would buy." (Participant 5)

In addition to the persistence of Women's College Hospital, the participant identifies the multiple levels at which the hospital operated. Another participant alluded to these different levels and identified litigation as a political resource for the hospital:

"Litigation. Muscle, Push-back. Defiance. Public Sympathy. Resources. We were very lucky because we were able to persuade -- to take the chair of the board ... One of the reasons, this is not something that's necessarily well understood, but women in Canada and some other countries ... women in Canada have successfully used litigation. We used it in the first Women's College battle. We used it in a way that wasn't expected. The Toronto Life article on the retrospective noted that and one of the things said was how we were one step ahead of them all the way. It's largely true and it's because we were prepared to litigate. We were prepared to do whatever it took." (Participant 8)

The ability to anticipate the actions of others was also important in their negotiations with Sunnybrook:

"... we either had current knowledge or got it very shortly thereafter about who it is they were trying to talk to in the Premier's Office, the kind of back channels they were developing. That could have been better, faster, bigger, but at the end of the day we usually found what they were up to as far as back channel manoeuvre, and we were usually able to shut them down in some fashion or neutralize them." (Participant 4)
Anticipation was clearly an important aspect of the strategy for the hospital and was a lesson the
strategists had learned in the first anti-merger campaign in 1989. Another related issue that helped the anti-
merger forces in 1989 was the ability to mobilize the hospital's constituency.

Another important area was the differences in the hospitals' connections to marginalized
populations and issues related to social class. These issues may have heightened tensions between the
hospitals during the alliance negotiations.

Social Class Issues. Social class issues can contribute to understanding the hospital restructuring process.
Participants suggested that Women's College Hospital had more political experience and political
connections, and represented a politically more viable constituency than Wellesley Hospital. The
possession of such skills and connections were linked to the social standing of the advocates for Women's
College Hospital:

"I think they were better - more strongly politically connected and had a much stronger political
constituency. They had this group, the Friends of Women's College Hospital. They had a group of
powerful, affluent women that were politically connected and I think that made a big difference.
The Wellesley didn't ... Sure, the gay and lesbian community was a strong community, but its link
with the hospital was a relatively recent one. I don't think it was as intimate a link. I think that and
who the hell cares about people in hostels and immigrants? They had no power. The other thing
Women's College Hospital did have, some of them, but not completely, was they had more street
fight political experience than almost everybody who was a negotiator at Wellesley." (Participant 6)

The social class of the constituencies represented by each hospital played a role in the outcome for
each hospital. Participants acknowledged that women as a group seem to be more politically viable and
attractive in some quarters than, for example, homeless populations. Higher social class was seen as
providing political voice. Homeless populations, for example, have lower status and lack a political voice.

Supporting this view, some participants described Women's College as a middle class institution.
It was also suggested that Women's College Hospital representatives were more comfortable with what
was characterised the "carriage trade" end of Wellesley's practice. The following identifies the reaction of
Women's College negotiators to the constituencies of Wellesley Hospital:

"... the most striking thing in the Women's-Wellesley discussion is the first time a group from
Women's College went to visit the Wellesley they came back shocked, horrified, appalled that it
was filled with smelly, kind of horrible, street people that they didn't want in their hospital. So, I
think any notion that Women's College Hospital was as much about servicing the poor as the
Wellesley kind of vanished. Women's College had much more comfort level with the carriage trade end of the Wellesley and was much less comfortable with the low income and that whole kind of cohort. So when you look at it you had some very prominent women, particularly Conservative women, on the board of Women's College Hospital. Insiders in the Conservative Party ... This was in some very significant ways a debate among elites.” (Participant 5)

Along similar lines, another participant suggested that some Women's College Hospital physicians were uncomfortable with these downscale populations:

“At one stage some of the doctors weren’t sure that their downtown clientele would be amused to be anywhere near the scruffy people, AIDS people, which was one of the whole points as far as I was concerned in that exercise of listening to that nonsense.” (Participant 9)

Framing the hospital restructuring process in this way provides different insights into the negotiations of the alliance. The participant also raises the question of how compatible the hospitals were. Another participant ventured that Wellesley was more compatible with St. Michael's Hospital given Wellesley Hospital's urban health program:

“St. Michael's was always the most natural partner to try to establish an arrangement with because of the two serving the poorest group and most discriminated against groups in the city ... And in fact I think that the actual work it did, too, was much closer than with Women's and the class of people it served was much closer than with Women’s.” (Participant 6)

Interestingly. Women's College Hospital participants did not perceive themselves or the institution as exclusive or middle class. They saw themselves as diverse and representative of all women. A participant associated with Women's College Hospital noted their reaction to this assertion when it was made in 1989:

“The allegation of elite white women hurt us badly and it isn’t how we saw ourselves at all. It was really important that we walk the talk of a diverse, inclusive institution.” (Participant 2)

This participant's remarks suggests that Women's College Hospital strategists saw themselves as representative of a broader cross-section of the population of women. Social class issues for some participants, however, are important to understanding the hospital restructuring process itself and the
outcomes that it yielded. Certainly, social class issues raise the spectre of power and political voice and the allocation of resources among groups in society to influence public policy outcomes.

Some participants argued that Women’s College Hospital had lost as had Wellesley Hospital. Some Women’s College participants viewed the victory as minor and argued that the hospital was still insecure. In their view the hospital had lost its independence. Some participants speculated that Sunnybrook Health Science Centre might swallow Women’s College Hospital, in spite of the legislation that legally protects the existence of Women’s College Hospital.

The next chapter considers the issues raised by the themes in this case study. It also examines the responses to the questions raised at the beginning of this study that address issues concerning knowledge selection in political advocacy and political identity. It also considers the role of political ideology in policy change and how it determines the influence that social policy activists will have on the health policy change process.
Chapter 8
Analysis of the Findings of the Case of Women’s College Hospital

The case of Women’s College Hospital and its struggle against closure between 1995 and 1998 provided an interesting example of how professional policy analysts use knowledge to change a political decision. The epistemological and political assumptions of the Women’s College Hospital key strategists informed their knowledge selection and their other activities. The case showed that a variety of factors can influence the relative importance and receptivity of policy makers to different actors and types of knowledge in the policy process. It also showed that civil society actors can create political implications for the government of the day if it does not produce the policy change desired by the civil society actors. Also, civil society actors can influence government policy-making using different types of knowledge in deliberate ways.

These issues are based on the findings of the case of Women’s College Hospital and its efforts to avoid closure between 1995 to 1998. It considers the findings under the following organizing ideas: Ways of Knowing: Different Ways of Using Knowledge About an Issue: Policy Paradigm and Policy Change: Advocacy Coalitions in the Hospital Sector; The Role of Political Identities; and The Role of Political Ideology. These ideas are drawn from the interviews that were carried out for this case study and from the conceptual framework presented in Chapter 3.

8.1 Different Ways of Knowing About a Social Issue

The approach of the Hospital to selection of knowledge and evidence was affected by the emphases of the Health Services Restructuring Commission (HSRC) as well as the commitments of the Hospital’s board. The case of Women’s College Hospital confirms Park-Habermas ways of knowing. The HSRC emphasized instrumental knowledge in its use of objective indicators such as volume of care issues, program levels, clinical activity, and the state of the physical plants of hospitals. These emphases reflect a positivist-rational approach to health policy analysis. By using objective indicators the Commission could depoliticize the restructuring process. They tried to separate values from the health care issues that they addressed.

These emphases are consistent with critiques of the positivist/rationalist approach to policy analysis. For example, Albaek (1995) argues that rational policy analysis, heir to positivism, attempts to imbue political action and policy activity with the attributes of science. Science is concerned with a methodical, detached approach to data collection and analysis of policy alternatives.
From a feminist perspective, Hawkesworth (1988, in Phillips, 1995) criticizes positivism as having a “misplaced concern with objectivity” about the influence of personal experiences. Biases and perceptions of the observer are seen as hampering the understanding of the phenomenon under study. Hawkesworth argues that this concern with objectivity conceals “the real ... which is the role of social values” as exercised by feminism to reveal how social values such as racism and sexism “filter perception, mediate arguments, and structure research investigations” (Phillips, 1995, p. 255). In other words, positivism strips social phenomena from their social and political context. Feminism is a form of critical knowledge.

The strategists for Women’s College Hospital integrated instrumental, interactive, and critical ways of knowing. The instrumental way of knowing is illustrated by the use of such specialized forms of knowledge as studies on the differences in cardiology for women compared to men. Also, the structure of the arguments made by the strategists of the Hospital was developed within the parameters of instrumental/positivist approach to knowledge and evidence. They sought verifiable evidence about the Hospital. In addition, they used legal arguments which they considered to be an objective language to convince the HSRC of the importance of keeping Women’s College Hospital open. Legal arguments and analysis have elements of instrumental, interactive, and critical ways of knowing. They are developed through legal cases. Legal arguments are made using verifiable evidence and judicial rulings. The judicial rulings that arise from legal cases are considered authoritative and demand discipline in the construction of cases. By their selection of knowledge, the strategists believed that there is an objective world of facts and objects that can be studied and understood.

The strategists also used a form of interactive knowledge drawn from their experience in the earlier struggle against a merger in the late 1980s. The previous struggle in 1989 informed the use of legal arguments and analysis in the struggle against closure in 1996 to 1998. In both struggles, legal arguments and analysis were seen as essential to making the Hospital’s case defensible. During the period 1996 to 1998, the Hospital interacted with other hospitals, carrying out discussions with Wellesley to form an alliance to avoid closure of both hospitals. The strategists also interacted extensively with members of the government and Opposition parties to make its case and build political support. The strategists also used anecdotal evidence about Women’s College Hospital -- another form of interactive knowledge. Anecdotal evidence proved to be a powerful and persuasive political tool for the Hospital.

The interactive way of knowing was also reflected in the Hospital’s participatory consultation with all staff levels. This form of communication was a deliberate attempt to be representative and accountable to the Hospital’s staff and helped deflect criticism that the views expressed by the Hospital were those of a small number of people. During the struggle against merger with Toronto Hospital in 1988-89, the
strategists also used participatory research methods to gather input from staff about the nature of services delivered at the Hospital. The strategists, however, determined the public message of the hospital and how it would be delivered to government and the larger public. The strategists ultimately had the power to shape the message of the Hospital and how it would be delivered to the broader public. They also instructed the public on activities they could carry out to help the Hospital.

There were elements of a critical way of knowing. The Hospital's strategists contextualized health care from the perspective of women and highlighted issues of power, gender equality and women's access to health services. Friends challenged what they perceived as a traditional definition of political power and authority in the restructuring process.

For the most part, the issues and concerns of Women's College Hospital are consistent with themes identified in feminist literature (Phillips, 1995). Feminist policy analysis involves a conceptualization of how knowledge is created and used. It therefore has important epistemological and methodological implications. Elaborating Hawkesworth's (1995) critique of positivism, Phillips argues that at the core of feminist research is a critique of positivism that challenges positivist tenets of “a static, perspective less ‘truth’ and objective, ‘neutral’ concepts of knowledge” (P. 243). Phillips argues that feminist analysis considers knowledge claims to be “forms of discourse” and examines how social structures and individuals produce systems of meaning and influence policy outcomes. She also argues that feminist epistemology does not necessarily involve a wholesale dismissal of all systematic inquiry and quantitative methodologies. Its goal is to “contextualize and situate inquiry” (p. 255): “all knowledge is situated, not only relative to the investigator, but in a specific historical, social, economic, and political context” (p. 256).

Phillips, however, de-emphasizes some aspects of feminist work. One of these areas is the role that feminists outside the academic community have played in defining feminist issues. The women's movements is recognized as having been much more influential in defining gender based issues than academics and researchers. Indeed, Women's College Hospital introduced gender into the restructuring process as an important health issue that could be jeopardized by the proposed changes to the hospital sector. The Women's College Hospital strategists could draw on the importance of political advocacy to all feminist agendas. Political advocacy can be seen as a “given” in the women's movement in a way that may not be the case in other areas.

The Women's College Hospital strategists demonstrated a commitment to systematic inquiry. They also contextualized the restructuring process by introducing gender and women's health issues as different from those of men. The selection of knowledge was made with a focus on knowledge and evidence that
highlighted verifiable contributions and assets of Women's College Hospital. The strategists defined gender differences in health care in a political context in which these issues were being neglected. The political advocacy carried out by the strategists was necessary to highlight these issues, since the HSRC's criteria did not appear to have recognized them.

The differences in approaches to knowledge used by the HSRC and Women's College Hospital can be understood as a clash of world views. It is a clash insofar as the Hospital emphasized quality of care, while the HSRC emphasized objective indicators such as the number of procedures carried out at a hospital to justify hospital closures. Consistent with its mandate established by the provincial government, the HSRC narrowly framed the restructuring process as one of survival for Women's College and other hospitals in Toronto and across Ontario. The effect of this framing was to limit debate and depoliticize the process, and potentially silence opposition to the restructuring process and how it was carried out. It can also mask elements of the government agenda that were presented as commonsensical.

8.2 Different Ways of Using Knowledge About a Social Issue to Lobby

The Women's College Hospital strategists used the legal, public relations, personal stories and political-strategic approaches to lobby to keep the Hospital open. They did not create new knowledge, but repackaged existing knowledge about the Hospital and its approach to care. They incorporated legal, public relations, personal stories, and strategic-political approaches.

The legal approach was reflected in how they structured the arguments to make a case for the Hospital. An important goal in the 1996 struggle against closure was to present the case of the Hospital in an objective language by presenting verifiable evidence. Legal arguments and analysis were used to structure their briefs to the HSRC and the public message of the Hospital. The legal approach was a systematic approach to collecting evidence and formulating arguments to counter the HSRC's decision. Women's College Hospital strategists used legal action to make the HSRC change its decision from closing the Hospital to allowing it to remain open as an ambulatory care centre for women's health.

A public relations approach consists of defining and marketing a political message, targeting an audience, and using the media. The Women's College Hospital launched a public campaign emphasizing the Hospital's history of service to women and its approach to care to demonstrate its uniqueness as a hospital. In short, the Hospital conducted a highly successful public relations campaign. It transcended its status as just another hospital. The Hospital also used public strategies such as the postcards to MPPs for both men and women to ensure their message was received by the majority of politicians as inclusive and not only about women. The strategists effectively used the media. They timed and staged events such as
the whistle demonstration in front of the provincial legislature and the human chain from the Hospital
doors to the HSRC offices provided opportunities for media coverage.

The personal stories approach was reflected in the use of anecdotal evidence. Personal stories are
narratives or individual stories. The example cited by several interviewees was the testimony of former
patients of the Sexual Assault Centre at Women's College Hospital. This testimony persuaded the HSRC
to change its decision to move the Centre to Toronto Western Hospital and allow it to remain at Women's
College Hospital on Grenville Street. The Friends of Women's College Hospital had previous experience
of using the personal story or narrative approach during the campaign against the merger with Toronto
Hospital. Much of the evidence during the 1988-89 struggle was anecdotal. The personal stories approach
proved to be a powerful political tool that helped galvanize the broader public and attracted media
attention. The strategists' use of anecdotal evidence was political and strategic. They selected personal
stories that were consistent with the public message of the Hospital and ensured an impact on the media
and the public. This use of this approach universalized Women's College Hospital's message, and thereby
enhanced its relevance to the broader public.

The strategists combined the political-strategic approach with legal and feminist approaches. The
political-strategic approach consists of an understanding of the political process and planning how to work
the political system. This approach consists of identifying access points to lobby decision-makers and
applying pressure to bring about the desired policy change. It also involves using a form of interactive
knowledge including political knowledge and awareness gained from experience working the political
system to achieve particular policy outcomes. The strategists were experienced lobbyists who had worked
on several political campaigns and other struggles, including the Hospital's 1988-89 fight against the
merger with Toronto Hospital and in other political struggles. They knew the political system and how to
use the system. This awareness was enhanced by the connections of some board members to the
Conservative government. The strategists were also relentless lobbyists. They identified opportunities to
present the message of the Hospital and knew how to mobilize the Hospital's constituency.

The feminist approach and analysis was reflected in several ways, but usually presented in a
manner that was consistent with the policy goals of the restructuring process as stated by the HSRC. The
Hospital used elements of this feminist analysis to advance the cause of the Hospital but did not challenge
the premise of the restructuring process. For example, the Hospital highlighted gender to draw attention to
the uniqueness of the Hospital, quality of care issues, its approach to care, and its history of service to
women. The public argument of the Hospital emphasized women's health issues and its ability to deliver
efficient, cost-effective service within the dominant paradigm of health. Through the identification of
these issues, the Hospital showed itself to be consistent with the government's goal to achieve efficiencies in the hospital sector.

8.3 The Prevailing Policy Paradigm in Ontario Health Policy

The dominant policy paradigm in health is concerned with reducing health expenditures and the size of government. The Harris government was concerned with achieving economies of scale in one of the most expensive provincial policy areas. The ways in which hospitals provide patient care had not kept up with technological changes that had reduced the need for long hospital stays. Previous governments had recognized the need to alter hospital management procedures and control costs. The government did not attempt a paradigm shift, although it has marketized some health areas such as long-term care. The prevailing policy paradigm in health cannot be described as neo-liberal, since the government has increased state control through centralization. In fact, the Harris government has moved to centralized decision-making as an instrument to control hospital spending. It moved more quickly on the same course of action advocated by previous provincial governments and followed up on the NDP government's intention to restructure the hospital sector through closures and hospital mergers. The government was more willing to act because it wanted to reduce the deficit and recognized the unlikelihood of a smaller health budget.

The Harris government distanced itself from the restructuring process by establishing the HSRC to carry out this work and empowering it to make the final decisions about hospital closures. The government chose to delegate this decision-making because it did not view closures as ideological decisions and saw no political implications for itself in making such decisions.

The change that occurred in the hospital sector does not easily lend itself to classification using Hall's (1993) typology of policy change. As it had promised in its Common-Sense Revolution, the government reconfigured the hospital sector as a measure towards reducing the provincial deficit. It fundamentally changed the fiscal framework of the province from decentralization to centralization (Harden, 2000).

The Harris government did not attempt a major change in public philosophy of health care in Ontario. Nor did the government privatize the hospital sector. The Harris government recognized the public's commitment to a publicly funded system and increased state control and direction as it has done in education. Increased state control under the Harris government has often occurred at the expense of democratic process. Such changes are conservative and not neo-liberal.
8.4 Advocacy Coalitions in the Ontario Health Policy Community

Within the health policy community in Ontario, the core beliefs of the majority coalition were commitments to the traditional medical model in a publicly funded health care system and to the quality of care. The majority coalition consisted of health care providers such as hospitals and other institutions, and professional associations such as the Ontario Medical Association, and the Ontario Hospital Association. Since the development of the public system, the medical, hospital and insurance interests have supported the system (Tuohy, 1992). It ensured public funds to do what they were already doing. Also, these groups recognized that they would not lose power. Indeed, they would continue to have a strong role in the coordination and management of a public system.

The minority coalition consisted of groups and individuals who advocated an alternative vision of health care involving preventive health care, primary care reform and the provision of community-based care. This coalition is also concerned with the remuneration of physicians and advocates shifting from a fee-for-service system to salary. The coalition consists of public health advocates such as Michael Rachlis and Carole Kushner, and consumer groups including the various consumer health coalitions for specific populations with high health care needs such as the homeless, people with AIDS and seniors. During the NDP mandate, this coalition was part of the majority coalition committed to ensuring access to health care.

Within the provider or majority coalition, the members were not equal in their influence on the government and the HSRC. While each hospital engaged in activities to protect itself from closure, the influence of each hospital seemed to be based on their physical size. Wellesley, Women’s College and Doctors Hospitals were small hospitals that may have been seen as expendable. Wellesley and Doctors Hospitals were sacrificed, while larger hospitals such as Toronto Hospital and Sunnybrook Health Science Centre were expanded by merging with smaller institutions. Toronto Hospital leads the University Avenue Hospital Network with Mount Sinai and Princess Margaret as partners. Sunnybrook absorbed clinical departments from Women’s College Hospital and the Orthopaedic and Arthritic Hospital. Toronto Hospital and Sunnybrook Health Science Centre emerged from the restructuring process with their identities intact. Both hospitals are the dominant partners in these mergers. Both hospitals adopted an business-efficiency ethos consistent with the orientation of the Harris government.

8.5 The Role of Political Identities

Political identity needs to be examined both in terms of the concept of gender in feminism presented by Women’s College Hospital in its public campaign and the broader political environment in which its strategists attempted to influence policy change. The Hospital’s key strategists were primarily white, professional men and women who had high social status stemming from their professional
credentials and extensive political experience. There were high profile women with experience in the previous struggle against the merger with Toronto Hospital in 1989 and connections to the larger women's movement. They had the skills and resources to mobilize a constituency and mount a campaign to challenge the HSRC. They possessed political acumen to know how to work the political system and make connections with politicians. These credentials, political connections and political skills are elements of political identity and enhanced their influence in the provincial policy arena. Their social location provides insight into the nature of their feminism and their use of gender as a category and their ability to influence the outcome for the Hospital.

Gender was argued in terms of women's access to health services and what the strategists perceived as devaluing women's health issues by the HSRC. The strategists made gender in health services an important issue in the restructuring. The strategists promoted an understanding of gender that appealed to all women without differentiation by social class, race or sexual orientation among other differences. It assumed a common gender experience among women. This universalizing approach helped draw in women regardless of their class, ethno-racial background, education level or sexual orientation to help save the hospital. This construction of gender assisted in achieving some success for the Hospital in the restructuring process. The undifferentiated political identity of women was powerful since it suggested that the Hospital was representative of the population of women of Toronto. This approach may have appealed to the Harris government since it prefers the image of an affluent population which is its constituency. Affluence coincides with deservedness. The goal of the Hospital's key strategists was to be inclusive in order to unite women in the fight against closure. They perceived the Hospital as providing services and conducting research to benefit all women. In some sense, the struggle of the Hospital gave all women who had previous associations with the Hospital a political voice. This process helped to raise the profile of gender and to ensure that women's health issues were not lost in the restructuring process.

The introduction of gender into a policy debate is consistent with the feminist literature (Phillips, 1996). The feminist literature considers gender as a social and political construct and the construct of gender advanced by Women's College Hospital was consistent with liberal feminism (Phillips, 1995; Spelman, 1988). Liberal feminism does not differentiate among social class, ethno-cultural issues or sexual orientation. In addition, liberal feminism was a sufficient premise upon which to unite women on the issue. This conception of gender separates it from the broader political environment in which feminist activists seek change.

Jenson (1994) argues that political struggles develop in a "universe of political discourse" which defines the boundaries on what will be considered legitimate claims and important actors in a political struggle. This universe also "determines the possibilities for alliances and advocacy strategies, and limits
what are deemed by policy makers to be feasible policy options” (P. 257). Jenson argues that power relations in that universe are rarely equal, and that state institutions have power to “determine who will be represented by structuring how representation occurs, by inviting certain people to consult and being more accommodating to some collective identities than others.” Jenson’s view locates political struggles in a broader political context, not as realms unto themselves, but as occurring within a specific social, political and historical context.

The Hospital’s fight against closure symbolized women’s fight for equity in the larger society, although in this case it focused on women’s equity in health care. The focus was on traditional medical services which reflects the political orientation of the prevailing policy paradigm. Unlike most other hospitals, Women’s College Hospital identified and effectively marketed its uniqueness. The Hospital used its hospital status and its history of service to women to boost its political status. Its distinctive features, particularly as a hospital with a speciality in women’s health, the sexual assault centre and other programs for women, helped to transcend its status as just another hospital. Women’s College Hospital and its constituency had political voice combined with considerable political experience, as well as the resources to litigate against the HSRC although it was initially reluctant to litigate against the government. Thus, litigation, political timing and highlighting gender differences helped Women’s College Hospital. More importantly the ability to mobilize a constituency and the identity of its constituency aided Women’s College in its political fight with the HSRC.

The success of Women’s College Hospital is also attributable to its acceptance of change. The Hospital presented gender and women’s health issues within the dominant discourse of achieving economies of scale and fiscal management. The political message of the Hospital highlighted its service to women and women’s health within the discourse of efficiency. In the Women’s College Hospital Board’s submission, “Maintaining Women’s Health Values in the Context of Change” (Women’s College Hospital, 1997), the Hospital recognizes the choices to be made by the HSRC and its commitment “to working with you [HSRC] to help you achieve appropriate restructuring” (p. i). The Hospital articulated a role for itself within the context of restructuring recommended by the HSRC. It suppressed its internal differences to present a united public front.

The Friends of Women’s College Hospital (Friends) expressed a more critical view of the restructuring process than the Women’s College Hospital Board. Friends focused on issues of power and control with respect to women and maintaining women’s access to specialized health services. In its submission to the HSRC, Friends expressed its opposition to the proposed merger of Women’s College Hospital with Sunnybrook Health Sciences by highlighting the impact on patients many of whom lived or worked close to the downtown site. For Friends, the independence of Women’s College Hospital was not
about viability. The Hospital suppressed the Friends view to maintain a conciliatory stance towards the HSRC and the government, using only those elements of the Friends' perspective that highlighted the uniqueness of Women's College Hospital. This position was a deliberate political strategy to increase political support to preserve the Hospital.

Another dimension of the struggle of Women's College Hospital during the restructuring process was that the Hospital managed to do an end run around the tactic of divide and conquer of the Conservative government. The strategists accomplished this feat by using a generic construct of gender that would unite rather than divide women as a group. There were opportunities to exploit differences such as accentuating gender differences while uniting women as a group for a cause in the restructuring process. In some respects, it may be less their success of universalizing the experiences of women than sabotaging any attempt by the government to divide the constituency of the Hospital.

The political identity of policy makers may have a significant role in determining which civil society actors will have political voice. In this case, the HSRC members were primarily white and middle class which may have predisposed the members to listen to those of similar social standing. Although the Hospital de-emphasized class, it was a defining issue in the restructuring process. Indeed, the different outcomes for Women's College Hospital and Wellesley Hospital highlights the role of class in the restructuring. Historically, Wellesley Hospital had been associated with the affluent neighbourhood of Rosedale in north Toronto, but only in recent years began to recognize and serve socially marginalized populations in neighbouring St. James Town. During the 1990s, it was recognized for its HIV/AIDS and Urban Health programs for low income and homeless populations. These populations, however, tend to be fragmented and not easily mobilized. Among other difficulties that hampered Wellesley in its struggle to survive was that its constituencies lacked political voice. Thus, political identity raises the question of who has political voice particularly in a political environment that has scaled down the welfare state as a deficit reduction measure.

The use of feminist policy analysis by Women's College Hospital was shaped by the emphases and orientation of the HSRC. The HSRC was invested with the authority to determine who had legitimate claims on the system, specifically in terms of what knowledge and evidence were considered acceptable and would inform the restructuring process. This standard played an important role in determining which group of civil society advocates would influence the policy change process. Those civil society actors with the skills and ability to communicate in an objective language had an edge. This standard excluded some groups from the process, particularly those populations that are fragmented and not easily mobilized.
8.6 The Role of Political Ideology

Political ideology has a significant role in policy development. Ideology is often overlooked particularly with respect to political developments, the identification of key issues by government and how these issues will be addressed. It can affect which civil society actors have a political voice and the extent to which civil society actors can influence public policy. These issues in turn are related to class and ethno-racial identity, among other significant dimensions, but social class or social location are particularly important elements. In other words, political ideology has a role in legitimating and reinforcing systems of inequality and privileging some knowledge claims and types of knowledge over others and determines the civil society actors who will have political voice and influence policy.

The hospital restructuring process in Ontario presented in the case of Women's College Hospital illustrates the presence of both dominant and challenging ideas. The emphases on survival, closure and merging and cost reduction reflects a political ideology or system of ideas for understanding the social world. The political ideology of the Harris Conservative government determined the nature of the HSRC and its powers, and also the hospital restructuring process. The government invested sweeping powers in an arms-length body to carry out its cost-reduction program.

Some critics have described the Harris Conservative government as neo-liberal in its orientation. In the literature on neo-liberalism, Teeple (2001) and Coburn (2000) identify the market as the central idea of neo-liberalism. Coburn identifies the main tenets of neo-liberalism as: recognition of markets as the most efficient allocators of resources in production and distribution; a conception of society as consisting of autonomous individuals driven solely by material and economic considerations; and competition as the primary market source of innovations.

This case reflects an orientation towards fiscal management and economic efficiency through centralization that has the potential for weakening the role of the public sector. The government identified the goal of efficiency for the hospital sector and used economic tools of merging and closing hospitals to achieve this goal. It used the state to achieve efficiencies in the hospital sector. While the government is properly located on the right of the political spectrum, it did not deregulate or privatize the hospital sector. The emphasis on fiscal management within the framework of reflected the determination of the government to reduce hospital funding, recognizing institutional care as one of the most costly components of the health care system. The government rationalized the hospital sector by downsizing the number of hospitals in Downtown Toronto.

The rational approach to hospital restructuring was reflected in what was accepted as knowledge and evidence in a changing social and economic context. The emphasis on fiscal management reduced the impact of civil society actors. Although they had legally secured the existence of the Hospital in
legislation, most Women’s College Hospital participants associated with Friends considered themselves unsuccessful in their efforts and lacking political power to achieve the outcomes sought for the hospital.

In making these changes, the government initiated a process that produced a different type of state, one that is less responsive to the needs and interests of some civil society actors. The government redefined the political and economic agenda for Ontario as fiscal management. They made these changes without privatizing the health care which is celebrated as a Canadian institution. That is, there are political implications for any government who attempts to dismantle the system.

In summary, this chapter showed how Women’s College Hospital used elements of feminist policy analysis in its struggle against closure between 1995 and 1998. Women’s College Hospital and the HSRC reflect different approaches to knowledge and evidence. The HSRC exhibited a rational approach to policy analysis and in its acceptance of knowledge and evidence. The commission focused on the use of objective indicators such as the number of procedures carried out at a facility and the number of beds available. Women’s College Hospital emphasized quality of care and its unique approach, in particular its service to women and women’s health needs. The Hospital introduced a particular construction of gender to mobilize its constituency. By doing so, it thwarted the usual tactic of the Harris Conservative government to divide and conquer constituency groups. The relative success of the Hospital can be attributed to a number of factors. Among these is its use of gender and its status as an institution.
Chapter 9
Conclusions

The cases of the Tenant Protection Act (TPA) and Women's College Hospital (WCH) examined how professional policy analysts and citizen activists concerned with social and health issues used different types of knowledge to influence the policy change process. Knowledge use in this context refers to instrumental, interactive, and critical ways of knowing and how these are conveyed to policy makers. The cases illustrate the extent to which civil society actors can influence the policy change process and the role that knowledge plays in their advocacy for policy change. They also illustrate the extent to which collaboration between professional policy analysts and citizen activists can be achieved.

The cases identify factors that can restrict the influence of progressive civil society actors. These factors include an emphasis on deficit reduction by governments and the political ideology of the government of the day. Indeed, among the most important factors identified in both case studies are the effects of political ideology and political identity such as social class or social status. The histories of Ontario housing and health policies presented in Chapters 5 and 7 suggested that previous governments aimed to accommodate different interests, whereas the current Conservative regime has accentuated divisions between groups. The political ideology of the Ontario Conservative government emphasizes reducing public expenditures which is consistent with its larger agenda of reducing the role of government in social provision.

The following sections consider the similarities and differences between the two cases. The chapter also considers each component of the conceptual framework presented in Chapter 3. The sections are organized around the following key ideas: Different Ways of Knowing About a Social Issue; Different Ways of Using Knowledge About an Issue; Collaborative Policy Analysis; The Prevailing Policy Paradigms in Ontario Housing and Health Policy and Policy Change Outcomes; Advocacy Coalitions in Ontario Housing and Health Policy Communities; Public Perceptions of Health and Housing Policies; Implications for Social Work: Making Connections; and Implications for Future Research.

9.1 Different Ways of Knowing About a Social Issue

The conceptual framework presented in Chapter 3 draws from Habermas' (1968) theory of critical knowledge. Habermas equates certain types of knowledge with power and domination. He argues the nature of knowledge depends upon the actors and their intended use of the knowledge they create. Park (1993) refined the ways of knowing identified by Habermas into instrumental, interactive and critical
knowledge. Instrumental knowledge is developed within the parameters of positivist assumptions about knowledge usually through the use of systematic experimentally oriented research processes. Quantitative statistical procedures are usually used to analyze the data that result from these processes. Interactive knowledge is equated with lived experience and knowledge acquired through dialogue in a community. This knowledge is based on "connectedness and inclusion" (Park, 1993, p. 6) in which members of a community share experiences of living in a particular locale by speaking with one another. Critical knowledge is defined as reflective knowledge that considers the role of power, control, and social structures, and how these contribute to conditions of inequality. All three ways of knowing can be used by professional policy analysts and citizen activists to lobby governments to bring about particular policy outcomes.

The TPA and WCH cases demonstrate the use of instrumental, interactive and critical ways of knowing. In both cases, the actors were professional policy analysts who believed that there was an objective world of causes and effects that could be studied and understood. This epistemological belief is consistent with positivism. In the TPA case, the professional policy analysts presented their agencies' own primary research and/or other studies to support their case against vacancy decontrol and the amendment to the Ontario Human Rights Code that allowed landlords to use income criteria to screen potential tenants. WCH cited its own research on gender differences in health issues such as cardiology. They also used additional research done by others to challenge the methodology of the Health Services Restructuring Commission (HSRC).

In both cases the use of instrumental knowledge was strategic. In the TPA case, the professional policy analysts selected research that demonstrated the impact of vacancy decontrol on vulnerable populations. WCH cited studies that highlighted the importance of gender in health and hence the need to preserve the Hospital to conduct research on gender differences in health. TPA and WCH participants found that quantitative studies were less persuasive in influencing policy makers than interactive knowledge.

In both cases, the professional policy analysts used interactive knowledge extensively. Both cases demonstrate the use of anecdotal evidence, a form of interactive knowledge acquired through interactions between professionals and clients. The professional policy analysts in the TPA case used anecdotal evidence in the form of the experiences of their clients with landlords to illustrate the negative impact of the provisions of the TPA. In the WCH case, there was considerable reliance on anecdotal evidence, particularly in the Hospital's campaign in 1989. Anecdotal evidence helped highlight the quality of care provided by the Hospital and proved to be a powerful political tool for WCH. They were able to use
evidence based on experiences such as having a birth or being born at the Hospital with which people could identify. In the case of low-income tenants, anecdotal evidence did not have the same effect, since their experiences lacked universal resonance with the public.

The cases demonstrate different uses of interactive knowledge. In the TPA case, the professional policy analysts used interactive knowledge to build an oppositional case against the TPA. They outlined the harmful implications of the Act such as forcing tenants who may need to move to remain in their apartments to avoid high rent increases. WCH used interactive knowledge to highlight its uniqueness and align its goals and objectives with those of the HSRC. This was a deliberate strategy to avoid closure. WCH was ultimately more effective in its use of interactive knowledge than were the professional policy analysts in the TPA case.

In both cases, communication was important for building support for the advocated policy changes. Interaction among professional policy analysts representing tenants occurred as they informed each other about the Tenant Protection Act and its provisions. The interaction between legal clinics and those working outside the housing field was an important means of communicating concerns about the TPA and its implications for low-income tenants. Through these interactions, professional policy analysts and citizen activists identified key issues that they presented in their briefs on the Act. The legal clinics and other organizations also built a province-wide coalition for advocacy on tenant issues to coordinate efforts during the public hearings.

In the case of WCH, interactive knowledge was an important component of its campaigns in 1989 and 1995. WCH interacted with hospital staff, board members and Friends to build a team and mobilize its constituency. The strategists identified internal differences and managed to suppress these differences in their public campaigns. In the 1995 campaign, they interacted with other hospitals as they contemplated alliances with these other hospitals to avoid closure. The key strategists also had political experience, another form of lived experience. With this awareness, the WCH strategists were able to anticipate the activities and positions of Sunnybrook Health Sciences Centre during negotiations to amalgamate the two hospitals.

In both cases the professional policy analysts interacted with the media which is potentially another form of interactive knowledge. Knowledge may be acquired by both the analysts and the media as a result of such interactions. The media can potentially learn about the cases presented. Similarly, the analysts may learn about media concerns and their perspectives. The media were not responsive to the concerns of tenants which was reflected in the lack of media coverage of the activities of groups acting on
behalf of tenants. WCH attracted considerable media attention. The media responded to the stories and arguments presented by the Hospital.

The effectiveness of anecdotal evidence is tied to the use of other types of knowledge, usually instrumental knowledge, to strengthen the message of the anecdotal evidence. Anecdotal evidence was more powerful when presented orally rather than in written form. It has a populist or commonsensical element which appeals to the media and the broader public.

Legal arguments and analyses were used in both cases. Legal research and analysis have elements of instrumental, interactive, and critical knowledge. It is developed interactively through cases and legal debate, and imbued with authority. A judicial ruling on an issue is considered authoritative in the same way that instrumental knowledge is. Legal research and analysis can, and was, used critically in both cases.

For example, the critical knowledge of the professional policy analysts in the TPA case was reflected in their interpretation of the problem and their analysis of its implications for vulnerable tenant populations. It was also evident in how they used legal arguments and analysis to support the concerns of low-income tenants. They identified the implications of vacancy decontrol in forcing low-income tenants to remain in their apartments to avoid rent increases. Other participants interviewed identified the equity issues raised by the TPA, particularly with respect to the amendment to the Ontario Human Rights Code. They saw the amendment as empowering landlords to deny rental housing to vulnerable populations such as new immigrants and young people. In addition, all the participants in the tenant case recognized the role of political ideology, namely neo-liberalism, and its negative effects on vulnerable populations. They did not identify neo-liberalism in their presentations, but their critique of this ideology informed their analysis of the Act.

Critical knowledge was reflected in the WCH strategists' use of gender to critique the HSRC's perspective. They highlighted women's health needs in a social context as experienced by women. They considered the impact of the HSRC's decisions on women as a population and criticized the HSRC for not recognizing the health needs of women. They presented WCH as representing quality care and the values that people associate with the care they received at the Hospital. The Hospital's legal challenge, and the critical knowledge it entailed, ultimately failed in that the challenge resulted in a decision that was consistent with the goals and objectives of the HSRC. The Hospital will become an outpatient facility. All of its inpatient care will be moved to Sunnybrook Health Sciences Centre.

The conceptual framework presented in Chapter 3 extends Foucault's concept of power/knowledge. Power/knowledge is concerned with the power of professions and disciplines to define problems and their remedies. Foucault argues that power is the ability to define truth and the form of
scientific discourse and institutions that are legitimate creators of it. The TPA case did not have a discipline or profession defining problems in the sense that Foucault defines it. The disciplinary group was represented by the legal workers who defined the case described to them by low-income tenants. The case is one in which a discipline acted on behalf of a vulnerable population to defend their interests in the policy process. Similarly, the strategists for WCH acted on behalf of women as a vulnerable population in the health care system because it seemed that the HSRC underestimated the size and needs of this population. The HSRC was accused of excluding some populations of women in its analysis. In addition, the cases demonstrate that the social class identity of the actors — the strategists in the WCH case — determines the influence of the actors on the process. The strategists were white, professional men and women who had extensive political experience and contacts with those ultimately responsible for making the hospital closure decisions.

9.2 Different Ways of Using Knowledge About a Social Issue to Lobby

Different ways of using knowledge refers to the activities and strategies used by actors to present knowledge about a social issue and lobby for specific policy change. The conceptual framework identifies legal, public relations, political-strategic, and personal stories approaches. The professional policy analysts in both cases used all of these approaches in making their cases to government, but there are differences in how the approaches were used in each case.

The legal approach consists of using law and lawyers, legal research, analysis, and arguments to make a case in the political process. In the TPA case, the professional policy analysts responded to proposed changes to the tenant protection laws. They used legal analysis and arguments to convey the potential implications of these changes for low-income tenants.

WCH used legal analysis, arguments, and legal action to force a change in a policy decision that had recommended closing the Hospital. The HSRC had legislative authority to carry out its mandate, yet the Hospital used legal action to challenge the HSRC's decision. Although initially reluctant to litigate, the Hospital had the financial capacity to litigate which contributed to the HSRC's decision to reverse the closure of the WCH site on Grenville Street. In the end, WCH legally secured its existence in legislation.

The public relations approach consists of articulating a message based on a reasoned case, identifying a target audience for the message, and selecting the types of knowledge or ideas to mobilize a constituency. This approach determines how a message will be delivered. Perceived magnitude or severity of the issue affects the effectiveness of this approach. In the TPA case, the professional policy analysts collaborated with staff and citizens of other organizations to define their perspective on the Act and to
determine how they would present their perspective on the proposed changes to the tenant protection laws. Through this process, they identified the change to vacancy decontrol as a key issue. However, the issues of low-income tenants affect a relatively small number of tenants in the province and did not easily draw media or broad public interest. Low-income tenants themselves are not easily mobilized. The message of the tenants challenges the status quo and raises issues of social inequality, power and control, particularly between landlords and tenants, a message not easily understood by the public or the media. The professional policy analysts highlighted what they considered to be extreme cases of tenants' negative experiences to draw public support.

In the case of WCH, the strategists sought input from Hospital staff and the public on the key issues through organized meetings. It seemed, however, that the strategists ultimately had the power to define and deliver the Hospital's message that was meant to appeal to all women. WCH was presented as their hospital with a long history of service to women. Using this approach, WCH highlighted what it considered to be its unique characteristics and mobilized its constituency to support the Hospital's quest for survival. Specific public relations strategies were staging the delivery of the Hospital's final submission to the HSRC on a lifebuoy by a human chain from the doors of the Hospital on Grenville Street up to the HSRC's office at Bay and Wellesley streets. They also used a pink and blue postcard campaign for both men and women to mail to their provincial representatives. They staged a whistle demonstration on the lawns of the provincial legislature to make noise and disrupt the legislature. All of these strategies drew media attention. The WCH strategists were more successful with the public relations approach than the professional policy analysts in the TPA case. The message of the Hospital had broader appeal than that of low-income tenants and contributed to their success.

The personal stories approach consists of the use of anecdotes. Such stories are selected strategically for their capacity to appeal to a broad audience. These are usually personal stories of individuals that have universal appeal. In the TPA case, the professional policy analysts used anecdotes to illustrate the impact of tenant protection laws on low-income tenants. Sometimes, they brought an individual tenant to tell his/her own story to the committee. They perceived politicians and the media as more likely to be persuaded by personal stories than quantitative data. WCH used personal stories of experiences of care at WCH to illustrate the quality of care provided by the Hospital. Anecdotal evidence provided a means to transcend the view that WCH was just another hospital.

A political-strategic approach underlies all of the different approaches to knowledge use. The participants in this study had an awareness of the political system and knew how to use it to achieve their political objectives. In the TPA case, professional policy analysts participated in public hearings and
encouraged tenants in other Ontario communities to prepare briefs for these hearings. Tenant coalitions in Toronto prepared briefing notes to assist other tenant groups politicize and mobilize their constituencies across Ontario. The professional policy analysts in this case identified and used access points into the political system. They sought meetings with the Minister of Housing and with the opposition parties.

WCH as an institution was advantaged by having political influence at Queen's Park. By framing its case as compatible with the goals of the restructuring process, it was not in opposition to the government. The Hospital strategically used a particular construct of gender that assumed a common gender experience among women. In this way it effectively sabotaged the Harris government's usual strategy of divide and conquer. In addition, WCH's success at mobilizing its constituency against the decision to close the Hospital made closing it a potential political liability for the HSRC. The Hospital created political implications for the government, a situation the government sought to avoid by distancing itself from the restructuring process. The threat of litigation and the ability to mobilize its constituency contributed to the outcome for the Hospital.

WCH board members had connections to the Conservative Party that gave it standing to negotiate with the government. The Hospital did not challenge the need for restructuring presented by the HSRC, but challenged the proposed closure of the Hospital. By arguing that the objectives of the Hospital were compatible with the policy goals of the restructuring process, it deliberately aligned itself with the government. WCH was therefore not in opposition or adversarial to the extent that tenants were.

These interactions with the political system are consistent with the notion of politicking discussed earlier in this thesis. Politicking refers to the interactions between civil society actors and government, and with opposition parties. The cases demonstrate that politicking can occur between coalitions within a policy area as well as with governments. Politicking is also communicating with the media to draw public sympathy for a cause.

Another element of politicking begins when civil society actors identify an issue and build a case to achieve a particular policy outcome. The selection of knowledge and evidence for a reasoned case is strategic. Knowledge selection serves political purposes as civil society actors identify their policy objectives and develop arguments to support their positions. These are strategic interactions in Sabatier's advocacy coalition framework.

The case studies demonstrate that knowledge has an important role in arguing a reasoned case. Both case studies demonstrate extensive use of different forms of interactive knowledge such as law, anecdotal evidence, and previous experience in their respective policy areas. Both groups of professional policy analysts repackaged the knowledge and evidence of actual experiences to achieve particular
outcomes. Only one respondent in the tenants' case reported using primary research. Nonetheless, research brought to bear by the professional policy analysts in both cases did not have a decisive role in the final policy change decisions. More decisive it seems was the use of legal action and politicking carried out by the Hospital with the government.

The success of WCH compared to that of the tenants suggests that certain types of knowledge are more valued due to their association with particular groups in a society as argued by Foucault. The political identity of a constituency influences the extent to which their knowledge claims, whether they are instrumental, interactive or critical, will be considered, and permitted to influence policy change outcomes.

9.3 Collaborative Policy Analysis

The conceptual framework for this study defined collaborative policy analysis as a process in which professional policy analysts and citizen activists work together to define a policy issue. These actors then select knowledge and evidence to lobby government for a specific policy outcome. These actors also decide on how the message will be presented. Fischer considers that collaborative policy analysis involves mentoring between professional policy analysts and citizens with both as partners in the process. Actors in both cases in this study engaged in collaborative processes. They differ, however, in the degree to which citizen activists were involved in the core activities of defining an issue and how the related messages were presented.

The TPA case illustrated a collaborative policy analysis process. The professional policy analysts and citizen activists together identified the key issues of the TPA and decided how to present the issues in briefs during public hearings. The professional policy analysts were responsible for preparing briefs that reflected the instructions of the larger group. While the professional policy analysts in the WCH case sought input and ideas from Hospital staff and volunteers during conference calls and from the public at public meetings, the professional policy analysts ultimately had the power to define the shape of the Hospital's message and how it was presented. They also had responsibility for preparing the Hospital's briefs to the HSRC. The WCH case therefore was more centralized in its selection and application of knowledge than was the case for the TPA case. The WCH process was one of consultation rather than collaboration as regards the extent to which citizens were involved in crafting the Hospital's message.

9.4 The Prevailing Policy Paradigms in Ontario Housing and Health Policy and Policy Change Outcomes

The conceptual framework in this study incorporates Hall's concept of the policy paradigm. The policy paradigm is the framework in which policy is developed. It is the prevailing set of ideas as
expressed through discourse in a policy area. The paradigm determines the types of social problems to be addressed by the political system, and the instruments used to address social issues. Hall also devised a typology of policy change. First-order change refers to changes in policy settings, such as decreasing or increasing social assistance rates. Second-order change is change in instrumentation such as using voluntary compliance instead of taxation. First- and second-order change do not alter the overall policy goals. Paradigmatic change involves radical change from one paradigm to another, such as moving from residual state involvement in social provision to the welfare state.

The policy changes in the cases examined demonstrate that the Harris government applied neoliberalism differently depending upon the policy area. In the case of the Tenant Protection Act, the Harris government perceived the market as the solution to boost rental housing construction consistent with neoliberal doctrine. The case of the TPA shows that the government replaced rent control with vacancy decontrol. When considered in tandem with its decision to withdraw from social housing, the change represents a significant shift from housing policies of previous governments. Since the 1950s, when the first social housing units were constructed in Toronto under a Conservative administration, Ontario governments had been involved in social housing. In addition, Ontario had had rent control legislation since 1975. The Harris government saw rent control and social housing as competing unfairly with private sector rental construction. The government belief that the market can provide new rental housing marked a paradigmatic shift from a 40-year commitment to rent regulation and social housing in Ontario.

The changes to rent regulation and the reconfiguration of the hospital sector have accentuated divisions between low- and high income groups in Toronto. Vacancy decontrol will affect low-income/permanent tenants more than other groups passing through the rental housing system. Over time the changes will hamper the ability of low-income populations to access quality, affordable rental housing.

Like earlier governments, the Harris government sought efficiencies in a health budget area in which costs would continue to rise. Recognizing the unlikelihood of lower hospital costs, it could only achieve this goal by directly controlling hospital expenditures itself. The Harris government moved more quickly and aggressively than previous governments because of its stated objective to reduce the provincial deficit.

In health policy, the government maintained and did not privatize the existing health care system. The government used the state apparatus to address the issue of growing hospital expenditures and the restructuring process did not result in a paradigmatic shift as Hall defines it. From the perspective of the hospitals that were identified for closure and merging with other institutions, the proposed reconfiguration from 44 to 32 hospitals was a significant shift. The government, however, acted on trends that were largely
underway and in policy directions initiated by previous governments. For example, some hospitals had begun to reallocate resources from in-patient to out-patient care. In addition, changes in technology had shortened hospital stays, reducing the need for 44 in-patient facilities.

The restructuring process represents policy change, but does not easily fit Hall’s typology. The changes brought about by restructuring resulted in some shifts and therefore cannot be described as instrument change. Neither, however, were these changes paradigmatic in Hall’s conceptualization. They did not result in a shift in the orientation towards hospital care or health care. The changes involved centralization and political control which are not neo-liberal goals, since they expand the role of the state. The changes were consistent with the commitment of the Harris government to reduce services, hospital costs, and the public deficit without changing the public philosophy of health care in Ontario. However, when these changes are considered in conjunction with changes to the health care system brought about by both federal and provincial governments, they can be seen as gradual paradigmatic change as defined by Coleman, Skogstad and Atkinson.

Beginning with the federal government’s Established Programs Financing Act in 1977 which reduced transfer payments to the provinces, provincial and federal governments have introduced measures to curtail health care costs. Although it did not privatize the health care system, the Harris government has privatized elements of long-term care. It seems that the Harris government restricts its use of the market to policy areas which may not attract public notice, since these are health care areas that affect a smaller proportion of the population. The long-term impact of the reconfiguration of the hospital sector will be to decrease the availability of hospital services, particularly emergency services for low-income populations. The Wellesley and St. Michael’s Hospitals were merged and other downtown facilities were closed or were designated to be reconfigured as ambulatory care centres to serve specific populations. There will be fewer emergency departments available to serve low-income populations that tend to live in downtown Toronto.

Neo-liberalism in Ontario has been expressed through fiscal reductions and the use of market preferences in housing and health care areas by the Harris government. It is more apparent in housing; less so in health. Neo-liberalism was more evident in the Tenant Protection Act which suggests that housing policy is more vulnerable to neo-liberal preferences. Nonetheless, the restructuring of the hospital sector involved achieving efficiencies, but may threaten the viability of the public health care sector.

9.5 Advocacy Coalitions in Ontario Housing and Health Policy Communities

Sabatier’s policy subsystem exists within Hall’s policy paradigm and consists of different ideologically-driven advocacy coalitions, within and outside governments, that lobby for policy change.
Members share core beliefs of normative and ontological axioms. Coalitions use knowledge strategically to achieve their policy goals.

Advocacy coalitions are not equal in their ability to influence the policy change process. In each policy domain, there is usually one minority advocacy coalition and one majority advocacy coalition. Minority advocacy coalitions are often sidelined in the political process because they advocate an alternative perspective to the dominant policy paradigm. Majority advocacy coalitions belong to the dominant policy paradigm. There can be conflicts within coalitions as different factions form or drift away when their arguments are rejected by the other members. Sabatier's policy community and advocacy coalitions provide an analytical tool for understanding the location of political actors in the policy change process and their ability to influence policy change outcomes.

The location of each group of professional policy analysts within their respective policy communities indicates their ability to influence policy change outcomes. For example, the professional policy analysts who work on behalf of tenants are in the minority advocacy coalition in the housing policy community. Tenants have a low propensity to vote, and if they do vote, usually do not support the government. The members of this coalition include the legal clinics, seniors advocacy organizations such as the Older Women's Network and Canadian Pensioners Concerned, and family service organizations. Other organizations that advocate on behalf of tenant populations such as post-secondary students are also connected to this coalition. Students are temporary tenants who are particularly sensitive to changes in rent regulation. The legal clinics appear to be the leaders in the field, owing to their extensive experience in mediating landlord and tenant issues, and their knowledge of rent regulation and other tenant protection laws.

The core beliefs of the minority coalition are a commitment to tenant protection involving the rent regulation in the private rental market and ensuring access to quality, affordable housing. The coalition struggles to keep affordability on the public agenda. An important issue for some groups within this coalition is arguing the issues affecting low-income tenants as equity issues. Those members who advocate this view argue that the coalition has soft-pedalled this issue in favour of fighting for rent control and social housing supply. There are those who believe the focus of the coalition should be achieving equity for vulnerable populations, not housing supply issues that they believe only scratch the surface.

The majority coalition consists of landlord organizations such as FAIRPO, and the construction industry. Their core beliefs are a commitment to deregulation of rents in the private rental market and having the market provide housing for low-income populations. This coalition believes that deregulation
will stimulate new rental construction. These core beliefs are consistent with neo-liberal preferences for the market as the best allocator of resources.

In the health policy community, members of the majority health coalition are hospitals, and professional health associations including the Ontario Hospital Association and the Ontario Medical Association. WCH and other hospitals in the hospital sector are also members of the majority advocacy coalition. Their core beliefs are quality of care, a commitment to the delivery of services within a medical model, and support for a publicly funded health care system.

Individual hospitals vary in their influence within the coalition. Some members of the coalition, such as Doctors and Wellesley hospitals, associated with particular populations, and were sacrificed in the restructuring process. During the restructuring process, Doctors Hospital marketed itself as a multicultural hospital and Wellesley Hospital as being connected to the gay, homeless, and other low-income communities. WCH figured in the restructuring process as the women's hospital. As discussed, WCH was more successful in presenting a construction of gender that carried more weight in the restructuring process than other political identities such as social class and sexual orientation. Unlike the professional policy analysts in the tenants' case, WCH belonged to the majority coalition in the health policy community. The minority coalition in health care included consumer health coalitions and others who advocate an alternative vision of health care. This vision consists of a shift from an emphasis on institutional care to community-based care, and a shift from the traditional medical focus to health promotion and the broader determinants of health.

The structures of the health and housing policy communities reflect class divisions. The majority coalitions in both health and housing are representative of the upper classes than those in the minority coalitions. The minority coalitions have less political influence. The housing policy community has been reorganized such that the power has shifted from tenants to landlords.

The health policy community remains much as it was prior to the election of the Harris Conservative government. These differences are attributable, in part, to the different public values associated with each area. Unlike rental housing, health care is valued as a public policy area and as a Canadian institution. Housing and rent control are seen primarily as market issues.

9.6 Public Perceptions of Housing and Health Policies

Political ideology is an important component for understanding the policy change process, policy change outputs and knowledge. Knowledge consists of ideas and ideas permeate the policy change process. Hall's policy paradigm is a vehicle through which political ideology is expressed. Equally important are
public opinions towards policy areas. Views and perceptions about policy areas are important determinants of policy change. The political process and the broader public imbue housing and health policies with assumptions and values. Such factors influence the extent to which civil society actors can influence policy change outcomes in these areas.

Housing in Canada has generally been understood as a commodity that most people are able to pay for themselves. Rental households constitute less than 37% of all households, and tenants in Toronto and other urban centres are not a homogeneous population. Three groups of tenants can be discerned: tenants who live in social housing; tenants in the private rental sector; and permanent or life-long tenants in the private rental sector. Tenants who rent in the private rental sector are for the most part temporary tenants passing through the rental sector on their way to home ownership. They have a low-level commitment to tenant issues. Life-long tenants are low-income people who cannot become homeowners.

Tenants face several obstacles such as a government unsympathetic to the needs of marginalized populations. In addition, legal clinics, leaders in rent regulation law, have small or non-existent budgets for carrying out the advocacy and tenant organizing they need to be effective. The lack of resources clearly limited the range of activities that the legal clinics could undertake such as a legal challenge, although the tenants had good grounds for a legal challenge of the Tenant Protection Act.

Some legal clinics, in cooperation with an organization whose mandate is to challenge income discrimination in rental housing, brought a case of income discrimination before the Ontario Human Rights Commission. They were waiting for a ruling from the Commission during the public hearings on the Tenant Protection Act in June 1997. The Commission route does not produce timely decisions and is too costly for most low-income tenants.

The direction undertaken by the Harris government indicates a commitment to protect the interests of its constituency of middle-class voters. In the end, the moral suasion of the legal clinics did not persuade the government to reverse its decision. Low-income tenants were not perceived as having a stake in the political future of the Conservative government. The government could safely ignore the concerns of this group since it presented no immediate political liability. The market ideology of the government was easily used to alter the conditions in the private rental market to the detriment of tenants. The Act created conditions that favour landlords over tenants, and thereby accentuated class differences.

Health care in Canada is perceived as an entitlement. Institutional care, in particular, has been a cornerstone of federal and provincial health policy. The understanding of health developed within a traditional medical paradigm that emphasized the treatment of illness and disease. Although there has been some shift in the health field to an acceptance of a broader concept of health, this view has not permeated
all aspects of the health care system. The emphasis continues to be upon the institution as a key health care provider. In addition, most people have some contact with the hospital system and develop loyalties to some hospitals over others based on personal experiences and preferences. These loyalties maintain a level of public support for the hospital system as a whole.

In the case of WCH and hospital restructuring, the government was sensitive to public support for a publicly funded health care system and sought efficiencies in this most expensive budget item. There is still a commitment on the part of the government to institutions, particularly hospitals which are symbols of the middle class. Middle-class professionals are more likely to serve on hospital boards than low-income populations. As symbols of the middle class, hospitals have respectability and authority. This endows hospitals with legitimacy in the political environment in the same way that professional policy analysts have legitimacy in the public domain. As such, they are a constituency of the Harris Conservative government. The status of hospitals trumps that of low-income tenants.

WCH had such assets as financial resources, political clout and moral suasion. With the advantage of status accorded hospitals, WCH used elements of a critical perspective in ways that are consistent with the dominant political discourse. For example, WCH’s use of gender in the debate on hospital restructuring further enhanced its political influence. Gender was seen as representing a political constituency that could not be ignored and as having universal appeal to the larger public. The strategists highlighted women’s health needs as unique and different compared to those of men. Health needs of women were equated with the future of the Hospital in such a way that women’s health would be jeopardized if the HSRC closed WCH. By presenting the HSRC as a potential oppressor of women, the Hospital succeeded in scoring political points. They defined the debate such that failure to address the needs of the Hospital would have negative implications for the government. It is not clear, however, that these arguments saved the Hospital from closure. It may have been that the Hospital was saved by having board members who had connections to the government.

In the end, WCH had attracted public support and media profile such that the case became a political liability for the government. The government did not want to further antagonize women, since it already has low appeal among many women, a constituency the government perceived as having political clout. WCH symbolized this constituency and became a cause to mobilize it.

The case studies suggest that governments deliberately alienate civil society groups that oppose its policies from the political process. The cases show that they will listen to some groups over others which accentuates differences between groups. The Conservative government therefore does not encourage the participation of all civil society actors.
9.7 Implications for Social Work: Making Connections

Social workers frequently work in health care settings such as hospitals or community health centres, and in social housing and community agencies that serve vulnerable populations. Their employment is directly affected by public policy. Indeed, their practice is often mandated by public policy. Yet, social workers in these settings are frequently so overwhelmed by heavy caseloads that they may find it difficult to make connections between public policy and their experiences as social workers.

The case studies highlight the gap between the ability of low-income and higher income populations to affect public policy, thereby increasing health and social inequalities. They also highlight the obstacles in advocating on behalf of vulnerable populations and achieving policy change that ensures access to health and housing services for these populations. The policy change process is structured to receive certain types of knowledge claims as legitimate while others are rejected as invalid or atypical. The cases highlight the need for social workers to become politicized to advocate effectively on behalf of vulnerable populations.

The conceptual framework for this research suggests that policy change occurs within the dominant policy paradigm that dictates the language in which policy debates occur, the types of change that will likely occur and which civil society actors will have more access to the political process. Some knowledge claims will more likely be accepted, as will certain types of policy instruments chosen to address social policy issues. The boundaries of a paradigm can dramatically limit opportunities for progressive social policy change. The contextual paradigm must change to one that is concerned with reducing health and social inequalities. The cases of the WCH and the tenants showed how not only certain types of knowledge claims but also certain groups can have more influence than others. The cases showed that it may not be knowledge that influences the outcomes so much as the financial and other resources available for political advocacy. WCH had financial resources to litigate and political connections to force the government to change its decision. The tenants brought legal research, analysis and arguments that the government could not deny. Yet, this knowledge did not result in reversing the decision on vacancy decontrol or repeal the amendment to the Ontario Human Rights Code.

The cases indicate that social workers need an understanding of how the policy change process works and how to influence the process. They require awareness of different types of evidence and knowledge. There is also a need for recognition that the democratic process does not ensure that all voices are heard. Such awareness entails identifying access points to lobby the system to bring about change. Such awareness can be acquired through a knowledge of theories of democracy and policy change to understand the role of political power and its association with certain forms of knowledge and evidence.
Social workers also have a role in bringing evidence about the experiences of this population into the political process.

The case studies also demonstrate that knowledge and certain social policy concepts such as quality and equity are contested. Social workers and others in the social justice field can reclaim these terms and develop strategies to achieve progressive social policy change outcomes.

Finally, the case studies demonstrate who has influence in the policy change process. Social workers need to be cognizant of the effect of political identities of vulnerable and socially marginalized constituencies on their ability to influence policy change. The cases show that collaborative policy analysis with other advocates for vulnerable communities, such as legal clinics, and vulnerable populations themselves, can help to achieve progressive social policy goals. Persistent lobbying will help restore the issues of inequality onto the public agenda.

9.8 Implications for Future Research

The case study approach enables the collection and analysis of rich information on various policy issues. Case studies provide the best vehicle for examining the opinions and perceptions of those who were directly involved with these issues, particularly with respect to their understandings and uses of knowledge and ideas in political advocacy. Trustworthiness of findings can be ensured through prolonged engagement with participants and other methods such as persistent observation and triangulation of research methods.

The limitations associated with the case study are the difficulty of generalizing to other policy areas from one or two case studies. This is apparent as one of the findings of this study is that the impact of political ideology differed depending on the policy area. While the substantive content focused on the housing and health policy areas, the themes and issues that emerged from this study have value for understanding other policy areas. Specifically, concepts related to the effectiveness in influencing policy of various forms of knowledge, the role of ideology and government receptiveness to messages, and the impact of identity upon such receptivity would appear to provide insights into other current policy controversies. These might include potential privatization of municipal water supplies, funding envelopes for cities, responsibility for public transportation, and maintaining environmental standards, among others.

Concerning the cases in this study, the participants were directly involved in the events investigated for this study and were considered most knowledgeable about the issues of interest. To the extent possible, document evidence was used to support the claims of participants. The triangulation of depth interviews and document review showed a strong degree of convergence in perceptions and helped
to identify factors that may have contributed to the difference in influence in each case study. It is nevertheless possible that had other people been interviewed different perspectives may have emerged. The extent to which the conclusions of this research would have been altered is questionable.

The perceptions of participants about particular events and how their use of knowledge influenced these events provide a rich source of insights concerning future research endeavours. Future research could investigate other perspectives not explored in this research such as how citizen activists perceived and selected knowledge in their political advocacy on different issues. Finally, the approach applied in this research provides conceptual tools for understanding the role of knowledge and its uses in political advocacy and social policy change. These tools can be applied to investigate the role of knowledge in other important policy areas.
References


Dear (Name of Participant):

I am a doctoral candidate at the Faculty of Social Work at the University of Toronto about to begin my thesis research. I am writing to invite you to participate in this research as a key informant in a one-on-one interview. My thesis will investigate the extent to which research has played a role in public policy decisions, whether the government commissioned the research and who carried it out. I will investigate key policy decisions in housing and health policy between 1985 and 1999, such as the establishment of the Premier's Council on Health, policy decisions on social housing and other such events.

I have received a doctoral fellowship from the Social Sciences and Humanities Research Council in Ottawa to support my thesis research. Prior to returning for doctoral studies, I worked as a policy analyst at the Social Planning Council of Metropolitan Toronto from 1990 to 1994. I worked on health and urban policy issues, such as long-term care, the Metropolitan Toronto Official Plan, and on a study on the Community and Neighbourhood Support Services Program in Toronto. I also worked on Healthy Communities at the Council, and an evaluator at the Ontario Healthy Communities Secretariat from 1994 to 1996. I was responsible for monitoring the progress of the Secretariat's community development project.

My research will involve document review and key informant interviews. The interview will be confidential. ou will not be named. Nor will you be linked in any way to any information you provide. I will only identify you in general terms, for example: "An informant who was involved in public policy said..." My aim is to find out about your activities at the time and how they contributed to the policy decision, your time and experience, and your views about knowledge and its role in the public policy development process at Queen's Park. I would like to tape the interview only if you are comfortable with this arrangement. Tapes will be kept in a safe and secure place in a locked file cabinet for six years pursuant to University of Toronto policy. I will assign a number to the tape of your interview for identification purposes only. The transcript will be coded. If you decide to withdraw from the study, you may take the tapes and transcripts as you see fit. I ask that you sign the enclosed consent form and I will give you a copy of this form for your records.

.../2
While there will be no anticipated direct benefits to you as a participant, your responses will help contribute to an understanding of the social welfare policy development process, specifically how citizen activists and professional policy analysts use knowledge to influence social welfare policy decisions. I will contact you by telephone to ensure that you have received this letter, respond to any questions you may have, and arrange an interview at a mutually convenient time. I hope that you will agree to participate.

Yours truly.

Toba Bryant (Ms.)
Ph.D. Candidate
Faculty of Social Work, University of Toronto
Tel/Fax: (416) 465-7455

Thesis Supervisor: Prof. David Hulchanski
Tel: (416) 978-1973
Fax: (416) 978-7072
Appendix B

Centre for Applied Social Research
Faculty of Social Work, University of Toronto

CONSENT FORM

Research Project Title: Social Welfare Policy Change Process: Civil Society Actors and the Role of Knowledge

Principal Investigator: Toba Bryant - Ph.D. Candidate, Faculty of Social Work, University of Toronto

I understand that Toba Bryant, Ph.D. Candidate at the Faculty of Social Work, University of Toronto, is conducting a study on the social welfare policy change process by examining civil society actors and how they use knowledge to influence policy outcomes. I understand that this thesis research is intended to fulfill the requirements for the degree of Doctor of Philosophy at the University of Toronto.

I further understand that I will participate in a one-on-one in-depth interview (approximately 1 hour) and may be contacted for follow-up meetings with the principal investigator to cover additional material or clarification. I understand that the interview will be tape-recorded, and that the tapes will be kept in a safe and secure place in a locked file cabinet for six years. I understand that the principal investigator will be privy to the verbatim transcript of my interview. I understand that I can refuse to answer any questions I am asked and may withdraw from the study at any time without explanation. If I choose to withdraw from the study, I understand that I have the opportunity to dispose of the tapes and transcripts if I so choose.

Any questions I have asked about the study have been answered to my satisfaction. I understand that, while there are no anticipated direct benefits to me as a participant, my responses will help improve our understanding of the social welfare policy development process, and how citizen activists and others use knowledge to influence social welfare policy by examining particular health and housing policy decisions in Ontario during the period 1985 to 1999. I understand that I may ask now, or in the future, any questions that I have about the study. I have been assured that no information will be released or printed that would disclose my personal identity and that my responses will be confidential. Reference to me will only be made in general terms. I understand that there are no anticipated risks from my participation as an informant in this research project.

I understand that my participation in the study is completely voluntary, and that my decision either to participate or not to participate will have no effect on me in any way. I further understand that I may withdraw my participation from this study at any time.

I hereby consent to participate in the study.

_______________________________
Signature of Participant

_______________________________
Signature of Witness

_______________________________
Print Name

_______________________________
Print Name

Date

For further information, please call Ms. Toba Bryant, Ph.D. Candidate, Tel/Fax: (416) 465-7455,
or Prof. David Hulchanski, Thesis Supervisor, Tel: (416) 978-1973 Fax: (416) 978-7072
Appendix C

Interview Guides - Exploratory Phase to Discover Key Issue in Housing Policy

1. Interview Guide for Activists, Professional Policy Analysts, and Citizen Groups

1. What is the purpose of your group/organization? Do you have a mission statement or printed set of objectives?
2. What were some issues that you attempted to influence between 1985 and 2000?
3. What is the most recent policy change that you attempted to influence?
4. What were your political goals or objectives?
5. What information did you use to make your case?
6. What activities/strategies did you undertake with respect to that policy change?
7. Did you use research to support your view? How did you use research to further your goals?
8. What challenges or barriers did you encounter in your efforts to present your ideas to the government? Who did you talk to? How did you go about doing this?
9. How did the government respond to your ideas? What evidence is there that they have used them?
10. What role do you think you had/have in the public policy process?
11. How did you disseminate the information to the media and voters?
12. What influence do you think you had on public policy? Was it knowledge or other political pressure that you brought to bear?
13. How responsive is the current political environment to people like yourself?
14. What barriers do groups like yours experience in attempting to influence government policy?
15. Can you identify specific ways in which people or groups like yours can have influence on social policy change?
16. How do you think groups like yours use information/knowledge to bring about policy change? How do you think governments use information/knowledge?
17. What role could information/knowledge have in the public policy process?
18. How would you describe the role of professional policy analysts, citizen activists and interest group activists in the policy change process? Give some examples where you think you had an influence. Some where you did not. What do you think was the reason(s) for these differences?
2. Interview Guide for Policy Analysts in Government (Political Party) Advisors, Deputy Ministers, Cabinet Ministers, Opposition Critics of Health and Housing

1. How do you perceive the role of interest groups, such as activists on homelessness/health care, citizen activists, such as Riverdale Against the Cuts, professional policy analysts such as David Hulchanski, and social movements (labour, daycare movements) in the public policy process?

2. How do you see the role of government in public policy change and how it uses information and forms policy?

3. What role has research had in the policy change decisions that you have been involved with?

4. What were your goals in making the decision that you did?

5. How would you describe the pressures at the time the decision was being made and in what ways did these pressures influence the final policy decision?

6. What difficulties did you encounter within Cabinet, the civil service, etc.?

7. What factors influenced your decision? How did social movements or other extra-parliamentary groups influence your decision with information or other means?

8. What information helped you and the government make the final decision?

9. Which groups met with you? How do you think they tried to influence the decision?

10. What type of outcome had you hoped for?

11. How do governments work to collect input and information from interest groups, citizen and professional policy analysts?

12. How would you describe the relationship of Ontario governments with interest group activists, and citizen and social science activists and groups in discussions to bring about policy change?

13. How would you describe how government and opposition parties use research to achieve their public policy goals?

14. How do government, opposition and civil society actors use the media to relay their message to voters?

15. How have you perceived the role of the media in the policy change process when you were in government/opposition and now?

16. In what do you think that the policy change/policy development process has changed since you were in government/opposition?

17. In what ways do you think the policy change process could be improved?
Appendix D
Housing Case Study on Tenant Protection Act
Interview Schedule

1. When and how did you first hear about the Tenant Protection Package and the subsequent legislation, the Tenant Protection Act?
2. What type of information/knowledge do you think the Harris government was interested in acquiring when it drafted the Tenant Protection Package?
3. How did you go about constructing your brief for the Committee on General Government in terms of what information and other evidence to present in your brief?
4. In your brief, you discuss ...? How did you decide on these issues?
5. How did knowledge/information and other evidence influence the work on your brief?
6. What other information or evidence could you have used or wished you had at the time if you had more time and resources?
7. What other activities, in addition to participating in the public hearings, did you engage in to make your case? Which of your activities do you think had the most influence? Why?
8. What impact do you think you and other tenant activists had on the deliberations through your briefs?
9. What types of knowledge influenced the government's decisions on the Tenant Protection Act?
10. How would you describe the approach of the Harris government to consultation on the Tenant Protection Act in terms of canvassing the views of a broad cross-section of the population, and time dedicated to hearing the views of tenants and other vulnerable groups and its use of the knowledge brought to bear by these groups?
Appendix E
Case Study on Women's College Hospital
Interview Schedule:
Questions on Health Services Restructuring Commission and Women's College Hospital

1. What were the key policy issues facing the Health Services Restructuring Commission (HSRC)?
2. How did the government and the HSRC perceive the public policy issues that needed to be addressed? How would you describe its approach to these issues?
3. What type of information/knowledge do you think the HSRC was interested in acquiring to make its decisions?
4. How did you select knowledge and evidence to make the case to keep WCH open to the HSRC with respect to submissions to the HSRC and other advocacy activities?
5. What knowledge and evidence did you think was important to emphasize about Women's College Hospital to keep it open during 1995 to 1998?
6. What did you learn from the first attempted merger with Toronto Hospital in 1989 to 1990 in terms of knowledge and evidence that you found helpful in 1995-1998?
7. WCH met with Wellesley Hospital to form an alliance. Whose idea was this alliance? Who from each hospital was involved in negotiating this alliance, i.e. hospital presidents, medical staff, boards of directors? What was perceived as being gained from such an alliance? Why did WCH choose Wellesley Hospital for this alliance?
8. What did you see as the common ground between Wellesley and Women's College Hospitals?
9. What do you think accounts for the different outcome for Women's College Hospital compared to other hospitals, such as Wellesley? What knowledge or evidence did you/they bring that allowed it to keep open its Grenville site?
10. What knowledge or evidence do you wish you had had that might have helped?
Appendix F
Chronology of Ontario Housing Policy, 1975 to 1999

1975 Federal Government Establishes the Anti-Inflation Board (AIB)
1976 Rent Review Program transferred from Ministry of Housing to Ministry of Consumer and Commercial Relations.
1979 Assent of Residential Tenancies Act - removes tenants right requiring landlords to justify intended statutory increase.
Federal Housing Minister announces CMHC changes, including non-profit housing assistance;
Residential Rehabilitation Assistance Program.
Introduction of Assured Housing Strategy Package
1986 Passage of Residential Rent Regulation Act and Rental Housing Protection Act
Province assumed responsibility for delivery and administration of non-profit housing.
International Year of Shelter for the Homeless Secretariat.
$25 million shelter subsidy increase in Ontario Liberal Budget.
Introduction of Bill 11, 2-year moratorium on demolition and conversion permits.
1987 Housing First Policy assured affordable housing on provincially-owned land.
Election of first Liberal majority government in Ontario since 1943.
Province gives Metro more funds to build subsidized housing.
Throne Speech promises to increase affordable housing supply.
1988 Province sells land in Metro sites for Housing
$90 million 5-yr. mortgage housing agreement between Province and City of Ottawa.
Federal plans 5,000 homes at Downsview air base.
35-yr Housing deal worth $100 million between Province Roman Catholic Church.
1989 Joint Housing and Municipal Affairs Land Use Planning for Housing Policy Statement
1990 Election of first majority NDP government in Ontario.
1991 - 92 Ministry of Housing increased supply of low and moderate cost housing (an additional 10,000 non-profit housing units) through non-profit and co-operative housing production programs.
$700,000 in new funding to promote home sharing in Ontario communities.
1991 - 92 Partners in Housing ($3.7 million in grants) to support community-based tenant and housing advocacy groups.
Cancellation of Ataratiri, 80-acre redevelopment project in Toronto, due to escalating costs for soil clean-up.
1992 Proclamation of new rent control legislation sets 1993 guideline at 4.9%.
Provincial budget commitment to support 20,000 new non-profit housing units under jobsOntario Homes Program.
Federal-provincial governments cost-share (60/40) development of 3,045 units of federal/provincial non-profit housing in Ontario over two years (to 1994).
Announcement of $5 million in jobsOntario Capital funds awarded to rehabilitate low-rise rental housing.
Introduction of legislation to allow apartments in private homes and provide more flexibility for municipalities and homeowners to negotiate the creation of garden suites.
New Building Code Act received Royal Assent - promote energy efficiency and make building industry more competitive.
1993 Federal Liberal government withdraws from social housing.
1995  Election of majority Progressive Conservative government under Mike Harris in Ontario. Moratorium on new construction of subsidized housing. Introduction of Land Use Planning and Protection Act (Bill 29) - restores local planning authority to municipalities to decide where apartments could be added to houses. Federal Liberal government replaces Canada Assistance Plan which financed welfare and other provincial social services with Canada Health and Social Transfer.

1997  Province withdraws from social housing. Transfer of responsibility for funding and administration of social housing to municipalities. Reduction of average subsidy cost per unit per month from $260 in 1995 to $232 in 1997.

1998  Reduction of average subsidy cost per unit per month for OHC public housing from $232 to $226.
Appendix G
Chronology of Ontario Health Policy, 1985 to 1999

1985 Elevation of minority Liberal government in accord with Ontario NDP, ending 43 years reign by the Progressive Conservative Party.

1986 End to Extra-Billing and Health Premiums in Ontario

1987 Election of Liberal majority in Ontario provincial election.
Creation of Premier’s Council on Health Strategies, precursor to Premier’s Council on Health, Well-being and Social Justice, and creation of Health Strategies Grants Program.
Long-term approach to health care reform targeted at illness prevention and health promotion, a balance of institutional and community-based care, and increase funding for health.

1990 Election of Ontario NDP as majority government.

1990 Funding to women's clinics to provide no-cost abortions, and increased pregnancy leave provisions.
Health care and other benefits to same-sex couples.

1992 Closure of hospital beds, reduce health budget from double-digit levels.
“New” emphasis on illness prevention, health promotion, and building supports in the community for an aging population, and in larger community.

1992 Proclamation of Provision of Advocacy Services to Vulnerable Persons (Bill 74) and Consent to Treatment Act (Bill 109)

1994 Launch of Nurse Practitioner Project


1995 Federal Liberal Government replaces Canada Assistance Plan with Canada Health and Social Transfer.

1996 Creation of Community Access Centres for delivery of long-term care
Community Access Centres to contract for services. All service agencies including for-profit agencies will compete for service contracts.

1996 Creation of Health Services Restructuring Commission (HSRC)

1997-98 HSRC recommends closing Doctors Hospital, The Orthopaedic and Arthritic Hospital, Wellesley Central and Women’s College Hospitals.

1999 End of Health Services Restructuring Commission.
Appendix H
Women's College Hospital Campaign Against Closure
Chronology of Events 1995-1998

Sept. 1995 Metropolitan Toronto DHC Hospital Restructuring Committee releases report on hospital restructuring and recommends merging Women's College Hospital with Sunnybrook Health Science Centre to become Sunnybrook & Women's Health Science Centre.

Nov. 1995 Conservative government passes Omnibus bill that creates the Health Services Restructuring Commission.

March 1996 Women's College Hospital explores strategic alliance with Wellesley Hospital. Wellesley and Central merge.

June 1996 Health Services Restructuring Commission begins work in Metro Toronto and issued request for consultation.

July 1996 Women's College Hospital agrees to join Wellesley Central to form a new hospital. Alliance would allow Women's College to retain a separate board of directors, combined budget with Wellesley of $230 million and one chief executive officer. Merger expected to save $50 million over four years and closing of one downtown building.

Oct. 1996 TGH lays off 322 nurses, most of them registered nurses.

Dec. 1996 World Health Organization (WHO) designates WCH a WHO collaborating centre for women's health in the Western hemisphere.

Dec. 1996 WCH emergency department to close at night for the months of February and March 1997. 125 staff doctors at Women's College Hospital vote to donate their own money and labour to prevent night-time closings of the emergency department. Hospital Board accepted offer.

March 1997 HSRC releases report ordering WCH programs moved to Sunnybrook Health Science Centre. HSRC's final report gives women majority of seats controlling a new health-care mega-centre and opportunity to have a new WCH corporation run women's programs out of the existing hospital building. WCH Vice-chair Jane Pepino vowed to keep 'our people, our programs, our property, our budget intact,' and fight for separate governance.

Mar. 1997 Friends of WCH launches campaign to save hospital and promises constitutional challenge if necessary to fight the ordered closing. Argues closing runs contrary to constitutional guarantees of equal access to essential public services.

April 1997 HSRC extends appeal time to Women's College Hospital and Wellesley-Central Hospital.

May 3 1997 WCH supporters forms four-block human chain to deliver WCH's response to HSRC on a rescue buoy from WCH front doors on Grenville to HSRC offices at Wellesley and Bay Streets.

May 13 1997 WCH officials challenge anticipated savings of closing WCH.

July 1997 WCH survey shows majority of Ontario residents think WCH should remain open.

Aug. 1997 Ontario Divisional Court agreed to hear WCH application for judicial review of HSRC's decision to close WCH. Three-person panel will consider legal challenges of WCH, Wellesley-Central Hospital and Doctors Hospital against ruling of HSRC.

Aug. 20 1997 WCH and Wellesley-Central Hospital supporters deliver petitions to Premier Mike Harris' office. WCH supporters offered tour of its Grenville Street site to politicians.
WCH, Doctors Hospital, Wellesley Central Hospital and Orthopaedic & Arthritis Hospital lawyers presented legal cases to overturn HSRC plans to close hospitals.

Aug. 29 1997  
WCH's legal challenge to HSRC heard by Divisional Court. WCH argued HSRC failed to follow proper legal procedures and allowed no opportunity to respond.

Aug. 29 1997  
WCH dropped court action against HSRC because Commission back-tracked on decision to shut institution. Chief Executive Officer Mark Rochon in a letter to hospital chair Jane Pepino said that WCH could retain its "public hospital status" after merger, even though Commission has ordered boards to merge which WCH requested since March 1997.

Aug.30 1997  
WCH reaches agreement with HSRC to survive as a separate institution under the proposed Bayview hospital corporation. 
Agreement allows continuation of WCH as a public hospital with its own board.

Sept. 17, 1997  
Court upholds HSRC's right to order closure of 11 Metro Toronto hospitals.

Jan. 23, 1998  
Ontario Health Minister Elizabeth Witmer announced that Jane Pepino will head a women's health council.

Jan. 24, 1998  
WCH close to agreement with Sunnybrook Health Science Centre and Orthopaedic & Arthritic Hospital that will protect and expand WCH's role. WCH Chair Jane Pepino said 65 per cent of patients at WCH are treated on out-patient ambulatory basis. Most care will stay at 76 Grenville Avenue.

Feb. 1998  
Agreement with Sunnybrook began to unravel with arguments over seat allotments to veterans on amalgamated board.

June 22, 1998  
Private member's bill legalizes amalgamation of Sunnybrook Health Science Centre, Women's College Hospital and the Orthopaedic and Arthritic Hospital. Sunnybrook site for inpatient services to deliver women's health programs.
Women's College Hospital Grenville site to provide ambulatory or outpatient health care services, research and teaching on women's health in WCH Ambulatory Care Centre.

June 23, 1998  
Minister of Health Elizabeth Witmer introduces private member's bill to legally merge Women's College with Sunnybrook while preserving WCH's distinct entity and keeping open its downtown site at 76 Grenville as an outpatient centre. The bill named the new mega-hospital Sunnybrook and Women's College Health Sciences Centre. Jane Pepino attributed WCH's success to its willingness to compromise.

June 25, 1998  
MPPs endorse legislation to save Women's College Hospital while merging it with Sunnybrook and Orthopaedic & Arthritic Hospital.

Dec.9, 1998  
Health Minister Elizabeth Witmer appoints Jane Pepino to chair Council on Women's Health. Council will advise Health minister on issues relating to women's health, including cardiac disease, teen smoking, eating disorders, maternal and newborn issues and menopause.
Appendix I
Friends of Women's College Hospital Campaign Against Merger
with Toronto Hospital Corporation, 1989-1990
Chronology of Events

1987
Ontario government advises WCH to find partner to share costs. WCH considered mergers with Sunnybrook Medical Centre and Toronto Hospital.

Sept. 1989
WCH board votes to merge with Toronto Hospital. WCH would keep its name, but would lose its own board and have 12 members on Toronto Hospital board. After six years, WCH would have three elected members. For six years, each hospital would keep separate foundation.

Staff motion to table Toronto Hospital proposal for six weeks defeated.

Dec. 1989
WCH doctors propose two alternatives to proposed merger with Toronto Hospital: 1) WCH set up its own community health organization. Doctors would not be paid on fee-for-service basis. Such organizations receive flat rate for each registered patient. 2) WCH enter merger with its own Community Health Organization.

Dec. 1989
Metro Toronto DHC recommends to Health Minister Elinor Caplan that hospital mergers be put to study initiated by the Health Ministry.

Jan. 6, 1990
WCH medical staff plans legal challenge against Ontario government for probe into planned merger.

Jan. 23, 1990
Ontario Supreme Court refuses to disallow meeting to block proposed merger between WCH and Toronto Hospital. 15 members of WCH board who initiated union resign. WCH's Physician in Chief and Chief of Obstetrics resigns.

Jan. 24, 1990
Friends of WCH hold public meeting on proposed merger at Metro Convention Centre. 48 voted against merger and 12 for merger.

Jan. 26, 1990
Toronto Hospital abandons merger.

Feb. 6, 1990
Meeting of hospital members officially elects new board: Doris Anderson, Star columnist; Michael Bliss, UofT historian; Rose Briscoe, former ONA; Cynthia Crawford, ONA director; Eva Czigler, Max Goldhar, past Chair of Hospital Council of Metropolitan Toronto among notable others.