First Voice

Employment Support and Income Assistance

Engagement Summary Report

Spring 2016

NOVA SCOTIA

Executive Summary

This report is a summary of the Employment Support and Income Assistance First Voice Engagement sessions held in February and March of 2016. The results provide a window into the conversations we had with clients about their hopes for a better program. During each session, we spoke specifically about how we could improve outcomes for clients, reduce the program process and participants' paperwork burden, and encourage and enable greater participation in both the labour market and within the community. Participants identified areas for consideration to improve the program. We have grouped them into the following themes:

- Financial Need

- Trust and Respect

- Service Delivery and Programming

- Job opportunities and Incentives to work

- Social Inclusion and Income Assistance stigma

- Poor Health

Valuable input was received and recommendations have been identified and advanced to ensure the feedback and considerations offered are embedded in the ongoing ESIA transformation project work. Our hope and intention is that First Voice participants will not only *feel* that their voice was heard, but will also *see* how their ideas and recommendations improved the ESIA program.

The First Voice engagement sessions were successful because many ESIA clients took the time to actively, openly, and honestly participate. We are grateful to those who participated in-person at a focus group session and to those who completed our survey, wrote emails, or called our project team. We thank them all for the important role they played in informing the transformation of the program.

We would also like to thank the leaders from our service provider community who facilitated the focus group sessions. This work could not have been done without their expertise and support.

Introduction

In 2015, the Department of Community Services (DCS) began the process of transforming how programs and services are designed, delivered and managed province-wide. Through transformation, DCS is aiming for a modern Employment Support and Income Assistance (ESIA) system that limits administrative burden while ensuring that client's needs are met, that clients are able to be active in their communities, and that clients have positive interactions with staff of the department.

The Department is aware that current program supports and services need to be more accessible and responsive to the needs of participants. As a result, the department has set out to change and modernize all aspects of ESIA programming and delivery operations to better serve Nova Scotians, to enhance our client-oriented focus to achieve better results, and to sustain core social programs. This work has come to be known as **ESIA Transformation**.

The vision for ESIA is to transform the traditional welfare system into a stronger, more sustainable system with modernized programming focused on targeted interventions for different types of clients, to achieve better and more specific outcomes. Ultimately, we want clients to have more control over their own finances. Ultimately we want to promote independence. We want a system that enables faster decisions, involves less paperwork, gives easier access to programs and training, and helps clients find employment sooner.

Transformation is happening in a gated (phased) approach. The Department is currently in Gate 2, which to date has primarily involved targeted stakeholder engagement sessions for ESIA, and will be followed by a broader community engagement later in the process. The first round of targeted engagement happened in the summer of 2015 with about 200 representatives of community groups, service providers, and advocates and about 100 ESIA frontline staff. The next round of engagement was focused on First Voice engagements: engaging clients with lived experience. The information gathered during First Voice engagements is crucial in developing a new program that meets the needs of the people we serve. The objective of the First Voice focus groups and client survey was to engage and listen to clients early in the transformation process to get their feedback and views on what a transformed ESIA program could look like. This feedback better positions us to design program changes.

The Engagement Process

In February 2016, in an effort to ensure that as many program clients as possible had an opportunity to present their views, a letter was sent to about 26,000 households currently receiving Income Assistance. The letter invited clients to offer feedback through a survey and/or participate in a series of focus groups.

For the focus groups, a graphic design served as the agenda highlighting six major areas of focus:

- **Needs** – *Do you have needs that are not being met? What are you doing without?*

- **Control over your life** – *Where do you feel you have control over your own life? Where don't you have control?*

- **Social Inclusion** – *Is it important to be included in a community? What prevents you from feeling like you belong?*

- **Jobs and the Labour Market** – *What gets in the way of you getting and keeping a job? What types of help do you need to get a job?*

- **Service Delivery** – *What makes a good caseworker for you? How can we communicate better?*

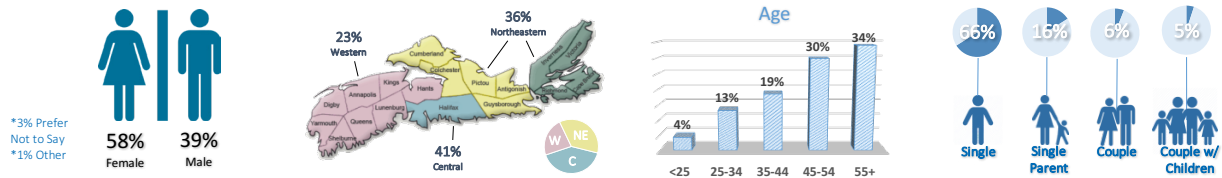- **Safety and Security** - *What keeps you up at night?*
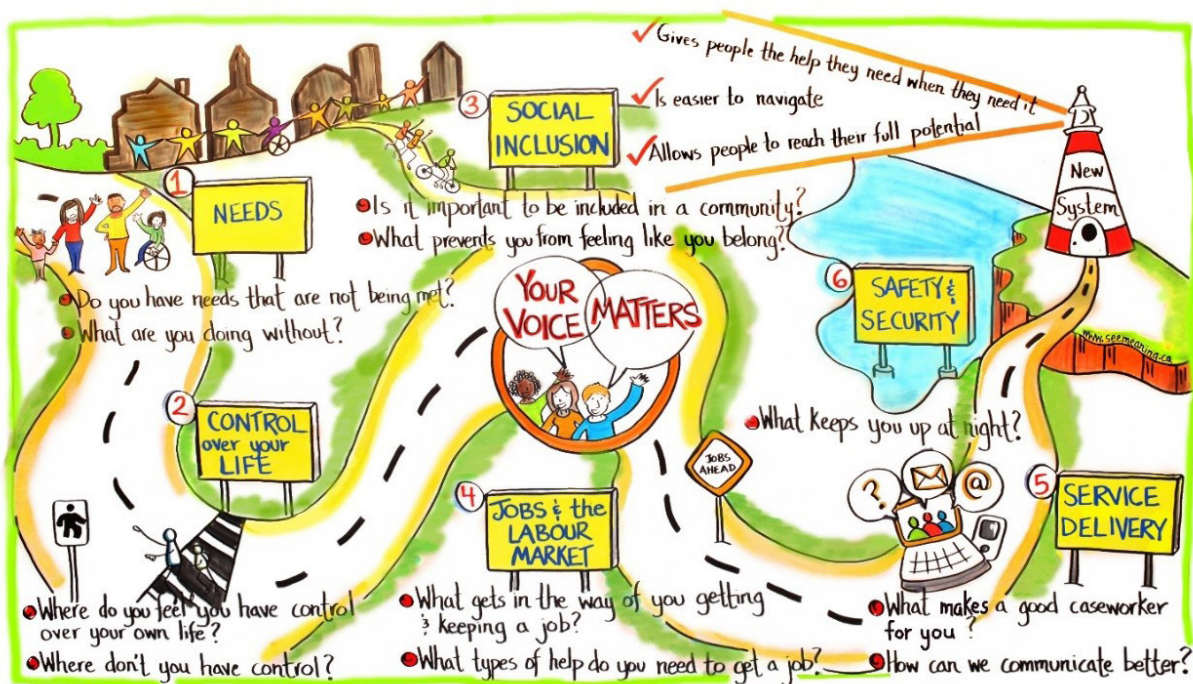
Client Response

Overall

The overall participation rate in both the focus groups and the survey was very encouraging. Due to the high response rate received from people wanting to participate in the focus groups, the department added three additional sessions to the schedule for a total of 19 sessions. In total, there were 180 individuals who participated in the focus groups and 1758 surveys of which 1073 were completed and used as part of the analysis.
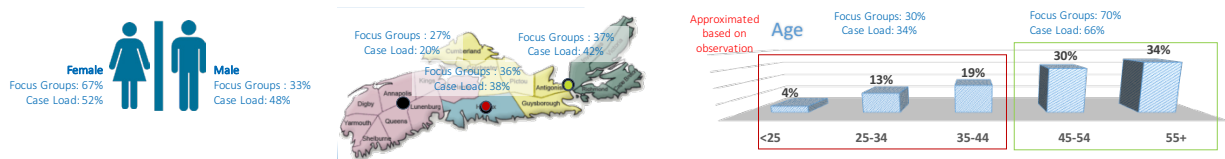
Survey Participant Profile

The majority of survey respondents identified themselves as female, single, and over the age of 45 years.

*3% Prefer Not to Say
*1% Other

58% Female   **39%** Male

23% Western   36% Northeastern   41% Central

Age

4% <25   13% 25-34   19% 35-44   30% 45-54   34% 55+

66% Single   16% Single Parent   6% Couple   5% Couple w/ Children

Focus Groups Participant Profile

The majority of focus group participants were female and disclosed a physical disability, a mental health illness or a significant health issue. The focus group engagement team observed that the majority of the participants were in their late 40s or 50 plus.

Female Focus Groups: 67% Case Load: 52%   **Male** Focus Groups: 33% Case Load: 48%

Focus Groups : 27% Case Load: 20%   Focus Groups : 37% Case Load: 42%
Focus Groups : 36% Case Load: 38%

Approximated based on observation

Age   Focus Groups: 30% Case Load: 34%   Focus Groups: 70% Case Load: 66%

4% <25   13% 25-34   19% 35-44   30% 45-54   34% 55+

What We Heard

Key messages from the focus group consultation and survey responses are summarized in the following sections.

Focus Groups - Summary of Key Messages

Participants in the focus groups expressed appreciation for the opportunity to have their voices heard and provide input in the process. Overall, most participants shared that their interaction with the ESIA program was not very positive. In analyzing participant feedback, their responses were categorized into the following key areas: financial need, trust and respect, service delivery and program inefficiencies, job opportunities and incentives to work, social inclusion and IA stigma and poor health.

Financial Need

During all focus group sessions participants expressed a need for more money to help them in their day to day life. The lack of financial support impacts all areas of their lives including their ability to find safe and affordable housing, and to afford food, transportation, clothing, medication, recreation activities for children, etc. Examples of this include:

- Housing - a safe and affordable place to live; furniture for the house like a bed

- Food - especially healthy and nutritious food - fruit, vegetables and protein

- Transportation - for medical purposes, to come into the office to meet with the caseworker, for social purposes

- Enrolling children in sports and other related activities

What We Heard

Trust & Respect

A number of participants expressed a desire to be treated with dignity, respect and trust. There was general support for the need to provide less intrusive ways of delivering services. Concerns were raised in almost every focus group about the way the current system is designed in terms of eligibility testing and documentation required to prove the need (for example, proving a medical condition for special needs), which results in a lack of trust and respect a client receives from a caseworker. Examples of this include:

- not being treated respectfully when they arrive at our offices for appointments

- feelings of being judged by staff and by the community because they are on "welfare"

- feeling like they were not supported or offered suggestions as to how they can deal with their situations, feelings of being lost and not knowing where to turn for support or direction

- feeling powerless and afraid to ask for what they need

- feeling they were not treated with kindness

- feeling tolerated but not respected by the department

Service Delivery and Programming

This theme speaks to client's interactions with the Department and how the program is delivered. Several issues were consistently raised, including poor and inconsistent service, confusing and complex processes, endless paperwork requirements, difficulty managing monthly payments, requirement to travel to the DCS office to see their caseworker, and that services are not proactively offered. Issues that were raised under this theme include:

- inconsistent support and services among various offices such as one office allowing a person to have a special need and another office saying that we don't pay for it

- trying to determine exactly what medical information is required instead of the need for endless doctor's notes

- asking for the same information over and over again

- receiving income payments only once a month instead of weekly or bi-weekly

- needing to go to the office to see their caseworker without providing transportation assistance to do so

- having a conversation with your caseworker about an issue and not being told that there is help available that could resolve the issue

What We Heard

Job Opportunities and Incentives to Work

This theme refers to the opportunity for a client to progress towards the labour market, get a job and be supported to remain connected to the job. Clients were afraid to get a job for many reasons including their medical concerns, the fear of losing their drug coverage and concerns they did not have anything to offer an employer. Other concerns they raised included:

- being afraid to enter the workforce because the penalty for failing is too severe

- feeling that adequate skills training was not available to them in areas with job opportunities

- feeling that working in a minimum wage job would leave them worse off

- feeling that part-time work could be a possibility for their individual situation but being discouraged by staff to take part-time work over full-time work.

Social Inclusion and IA Stigma

This theme refers to a client's lack of social and community inclusion. Clients feel that there is a stigma associated with being on IA and that they are judged in the community because of it. Many stated they are less engaged in activities outside of their home because they feel ashamed, have no dignity left, and have low esteem and self-worth. In addition they feel they have no disposable income for social activities. Examples of this include:

- feeling like they don't belong where they live

- having no social life because they could not afford to even go out and purchase a coffee with a friend or on the rare occasion when there might be "extra" money to go out for a coffee, the waitress or others in the establishment would make comments such as, "it must be cheque day because (insert name) is here".

- lacking self-confidence and self-esteem and feeling like they did not have anything to offer to society, even in the capacity of a volunteer

- worrying for their children and not wanting this type of life for them

What We Heard

Poor Health

Many of the participants disclosed that they have a physical disability or a mental health issue preventing them from being able to work, to participate in training or in society or to feel good about themselves. Many participants felt the system caused an incredible amount of unnecessary emotional stress that caused and/or worsen health issues. Examples of this included:

- not being able to purchase the healthy food they need to support their medical conditions

- not being able to attend recreational venues to help them get healthy because they cannot afford the membership and do not have access to transportation to get them to facilities or events

- not being able to get adequate supports from the health system to support their needs, particularly services required by those with mental health concerns

- not being able to access certain prescription drugs required to support their medical condition because they are not covered by Pharmacare, often resulting in having to make a decision to take their medication or eat

- not having enough money to purchase over-the-counter medications and medical supplies

Survey - Summary of Responses

The following represent the summary survey findings:

Note: Three of the findings from the survey are in contrast to what was reported during the focus groups. It is possible that clients were not completely clear as to what points the questions were attempting to clarify and, as a result, the questions may have been misinterpreted. These findings are highlighted in italics. We are taking those results with caution.

Adequacy

- 62% of respondents were in agreement that they are not able to meet their basic needs

- 68% of respondents were in agreement that they do not have enough resources to participate in their community

- respondents indicated that food, clothing, and transportation are their greatest needs

- respondents in the 25-35 year age group expressed a greater need for shelter

- females expressed a greater need for medication than males

What We Heard

Interaction with the Caseworker
- *75% of respondents said they are comfortable talking to their caseworker*
- *71% of participants indicated that they need to meet yearly with their caseworker*
- 54% of participants are in favour of dealing with more than one caseworker
- 26% of respondents said they have been referred to a service provider within their community

Simplicity of Service Delivery
- 50% of respondents said that the department asks for a lot of paperwork, but the other half disagreed
- 51% of respondents find that the department takes too long to respond to requests
- 60% of respondents agreed the department requests the same information often

Access to Information
- respondents identified that phone and office visits are the most favourable methods of communication
- the most preferred method of communication among all ages is the phone
- older age groups prefer the internet less and the phone more than those in younger age groups
- 70% of respondents indicated they know where to access information and would be open to having more information available online
- 58% of respondents said they are willing to communicate and receive service electronically

What We Heard

Interventions, Support Programs

- 22% of respondents said the last time they needed help from ESIA was for Housing Assistance

- *18% of respondents said they needed help from ESIA for financial assistance*

- 75% of respondents indicated that they were not involved with any employment services

- 55% of respondents believed the employment support they are receiving will help them find a job, but that it was not the most important support they needed.

Other Topics (Social Inclusion, Overall Satisfaction)

- 58% of respondents believed they had as much contact with family as desired

- 83% of respondents indicated that they do live in a safe place

- 52% of respondents said they are happy with the services and support they receive from the ESIA program

Client Suggested Areas for Improvement

Participants identified many areas for improvement. Some of these require consideration for immediate actions and some careful evaluation of a sustainable policy and cultural change through the transformation:

Financial Need

- Review the overall financial support available to households to meet their basic needs and special needs

- Consider increasing the benefits for IA clients

- Provide the financial support to allow for healthy eating and recreation

- Don't impose penalties on participants who try to work or participate in training and fail as a result of their disability or illness

Communication:

- Provide visibility and awareness to staff and clients around community resources, such as training programs and workshops

- Provide easier access to the plain language information about programs, services, and benefits

- Create a service pamphlet outlining what supports are offered through the program so that people would know what might be available to them to improve their lives

- Inform clients when they get a new caseworker and when there is a change in their monthly payment

- Simplify communication (letters and forms) and use plain language so clients can better understand what is being asked or expected of them

Program/Interventions:

- Develop an approach for referrals to intervention programs and on-going supports

- Use interventions to eliminate barriers to employment such as lack of education, lack of transportation, health issues, access to childcare

- Offer better interventions and a support network focused on social inclusion

- Encourage and support part-time work so that those who felt that a full-time job may not be viable for them would have the option to try part-time work

Client Suggested Areas for Improvement

Service Delivery/Administrative Improvements:

- Provide less intrusive administration of services and support

- Focus on bringing a necessary cultural change which increases client trust and promotes respect for clients

- Provide self-serve opportunities like mail-in or e-application

- Offer consistent service delivery and application of policy across the province

- Create a phone line so that if a client is not able to reach their caseworker, they could then reach someone else for immediate support

- Remove glass windows in the offices and interview rooms as a sign of trust and respect that people in receipt of income assistance need not be feared

- Keep cases open for 6 months after clients become employed, making it easier to come back to the program for supports in an emergency situation

- Consider the importance of privacy to a client when discussing the details of their situation in public spaces like the reception area

Summary

At the Department of Community Services, we are transforming ourselves to better serve our clients. We thought we needed to change significantly. We sought client feedback to validate the case for change, to understand client experience, and to inform future design. We got great feedback. Hearing from our clients directly helped us to really understand our clients' needs. Now we know we are on the right track.

Our clients validated the strategic direction we are taking. The results validated the need for substantial change. We heard that our clients need to feel included in their communities, need to be active in their communities, and need to have positive interactions with our program staff. We also heard that our clients strongly desired to continue to talk to us.

Hearing from our clients directly also confirmed for us how important our transformation is for them. We are inspired to continue our work. We will use the First Voice results to transform the ESIA program. We will communicate our progress and program changes to our clients.