ESIA Transformation

Round 2 Stakeholder Engagement Sessions

November/December 2016

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Welcome

Agenda

#	Topic	Timing
1	**Welcome**	**9:30 – 9:45 am**
2	**Recap / Introduction**	**9:45 – 10:30 am**
3	**Designing the New System** *Discussion Topic #1: Client Services and Supports (including BREAK)*	**10:30 – 12:00 am**
	Lunch	**12:00 – 12:30 pm**
4	**Designing the New System** *Discussion Topic #2: Standard Household Rate*	**12:30 – 1:45 pm**
5	**Designing the New System** *Discussion Topic #3: Income Security* *(including BREAK)*	**1:45 – 3:00 pm**
6	**Open Questions and Answers**	**3:00 – 3:45 pm**
7	**Closing**	**3:45 – 4:00 pm**

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Welcome

Session objectives - what do we want to achieve?

The goals for this round of engagement sessions are to:

Inform	Inform our stakeholders of progress made and how participation (in round one) has made a difference
Collect Diverse Ideas	Continue the valuable process of consultation with a diverse group of people that have different perspectives
Validate / Gain Insight	Validate and collect feedback / input on specific topics to inform the design of various parts of transformation related work
Look Ahead	Explain how stakeholders will be informed / engaged going forward

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Welcome

Session ground rules

- Be open to sharing your experiences
- Understand that we can only cover so much in a day – we want to have a meaningful discussion
- Appreciate different perspectives and respect others in the room
- Ask questions
- Be enthusiastic!
- ‘Parking lot’ for certain discussion items

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Recap / Introduction

Recap / Introduction

Desired outcomes

Outcomes for Nova Scotians (Client)	Outcomes for the Department (System)
✓ Clients have control over their own lives	✓ Supports and services are affordable and sustainable
✓ Clients are able to meet their basic needs	✓ Supports and services are delivered efficiently
✓ Clients are safe from abuse and violence	✓ System of supports and services is a balanced mix of prevention and intervention
✓ Clients are included in the community	✓ Supports and services are accessible
✓ Clients are attached to the labour market	✓ DCS staff and delivery partners are empowered to make a positive difference in people's lives

*The vision for ESIA is to **sustain** an **effective ESIA system** by **limiting administrative burdens** while ensuring that **client's needs are met**, that they are **included** in their **communities**, and that they have **positive interactions** with **caseworkers***

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Transformation might not be what you think…

ESIA transformation is…

- Looking at the entire program
- A long-term project focused on client and staff benefits
- Involving staff, clients, and stakeholders throughout the process through workshops, working groups, engagement sessions, and other approaches
- Not always going to involve comfortable or easy changes that we will all agree with
- Looking at getting clients more adequate and meaningful support
- Looking at more efficient ways to do things
- A chance to change regulations and policy for the better

It is not…

- A study or strategy that will "sit on a shelf"
- Able to fix all issues for all staff, clients, and stakeholders
- All figured out yet
- A "top-down" only change
- A stand-alone project – it is aligned with the rest of the departmental direction

Recap / Introduction

When was round 1 and who participated?

When?
July and August, 2015

Where?
Across the province

How many?
13 Sessions
200 participants

Who?
- ✓ Community based service providers
- ✓ Advocacy groups
- ✓ Poverty networks
- ✓ Women's centres
- ✓ Transition houses
- ✓ Medical practitioners
- ✓ Social workers
- ✓ Educational institutions
- ✓ Policy groups
- ✓ Other interested stakeholders

What was discussed in round 1?

The objectives for the round 1 sessions were to:

- Inform & create awareness of the ESIA Transformation work
- Present the case for change to ESIA
- Present a vision & strategy
- Receive preliminary ideas on design

Sample questions asked in round 1 sessions include:

- What are some early opportunities to simplify administrative requirements of the system?
- What risks or concerns do you see segmenting clients?
- How should each segment or family structure be treated with regard to adequacy? Are there measures that should be considered?
- What are specific ways that service delivery can be streamlined, beginning with initial contact methods and continuing through the life of involvement with the system.

Recap / Introduction

Sample feedback collected in round 1

Client Segmentation

- Ensure flexibility (and without penalty) when individuals need to move between segments
- Create accurate assessment tools and have qualified people trained to use them
- Introduce a process where people are re-evaluated as required
- Find other measures to segment the caseload rather than by using proximity to labour market
- Client segmentation should be viewed as placements on a continuum rather than in defined boxes
- Segments should be expanded to include an employed group (provide post-employment support for a period of time)
- Deeper segmentation is needed within the categories (youth, including dependents on ESIA, older workers, etc.)

Sample feedback collected in round 1

Target the Intervention

- Do not deter or penalize clients who want to work but have no work obligation
- More defined partnerships with community groups and other government departments
- Encourage volunteerism
- Investigate eligibility within the Disability Support Program
- Quality of life and social inclusion - Ensure that programs exist and referrals are made to programs in communities that support social inclusion

Standard Household Rate

- Provide a definition of household
- Add a telephone and transportation into a standard household rate
- Determine where homeless people fit
- Build a rate that has variations based on client needs (include range based on geographic location, level of ability of attachment to work and demographics)
- Include medical transportation in monthly payments

Recap / Introduction

Sample feedback collected in round 1

Service Delivery / Simplify Administration

- Clients need easy access to information (plain language)
- Add a general inquiry line; Create an online calculator as a time saver for potential clients as well as intake workers; Have a multi-access intake process (in office, on-line, telephone)
- Review and reduce documentation requirements
- Create kiosks in offices to allow clients to make changes to the monthly reporting requirement and ability to exchange documentation online
- Use existing services at LAE – do not duplicate existing services such as employment services available through CNS centers
- Use specialization in specific functional areas (like intake, assessment, case and financial management) to help with consistency, and to provide a better overall service delivery
- Stop monthly income statements and report income by phone or online or only report on changes to their income on the month it applies

Recap / Introduction

How did we use feedback collected in round 1?

- We spent time last fall analyzing and categorizing what was said to make sure it was considered and incorporated into our current analysis and design work
- From a service delivery perspective, we made tangible changes to improve administration of service delivery for our staff and our clients (a summary of these will be discussed in the next section)
- We also incorporated the feedback into our client segmentation, interventions, and standard household rate analysis – which are topics for discussion today
- Feedback was also used to help shape how First Voice session were conducted including what questions we asked

We hope to address many of your questions/comments throughout today's session.

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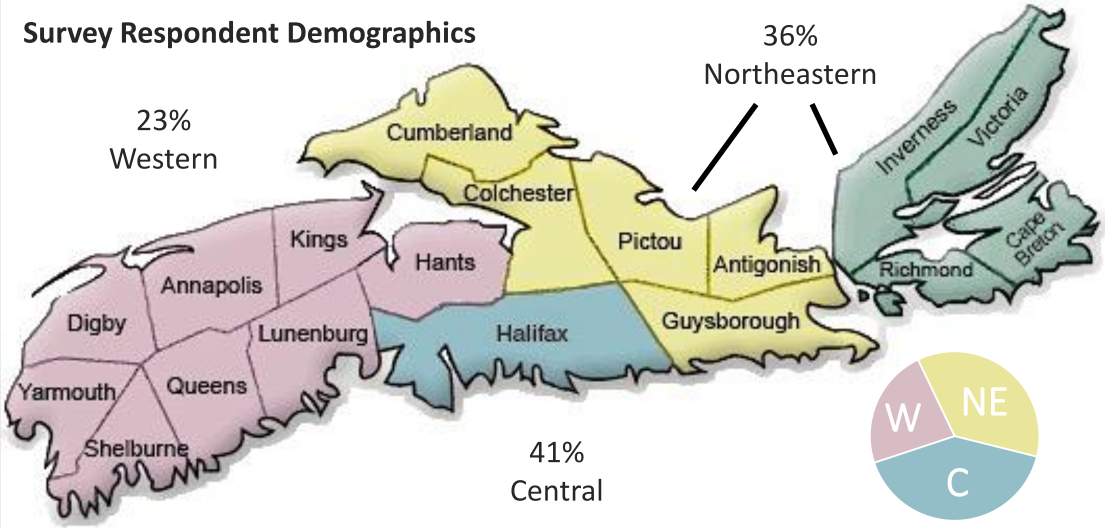
First Voice – Overview

What did we do? Who participated?

Online and Phone Survey

Survey Respondent Demographics



Focus Group Sessions

- 19 Focus Group Sessions
- 180 Focus Group Participants
- 1758 Total Surveys
  1073 Complete Surveys
- Feb 8th – Mar 17th, 2016

Characteristics of focus group participants:

- Similar to survey respondent demographics, the majority of focus group session participants were single, female adults
- Males, younger age groups, visible minorities, and couples without children were under-represented

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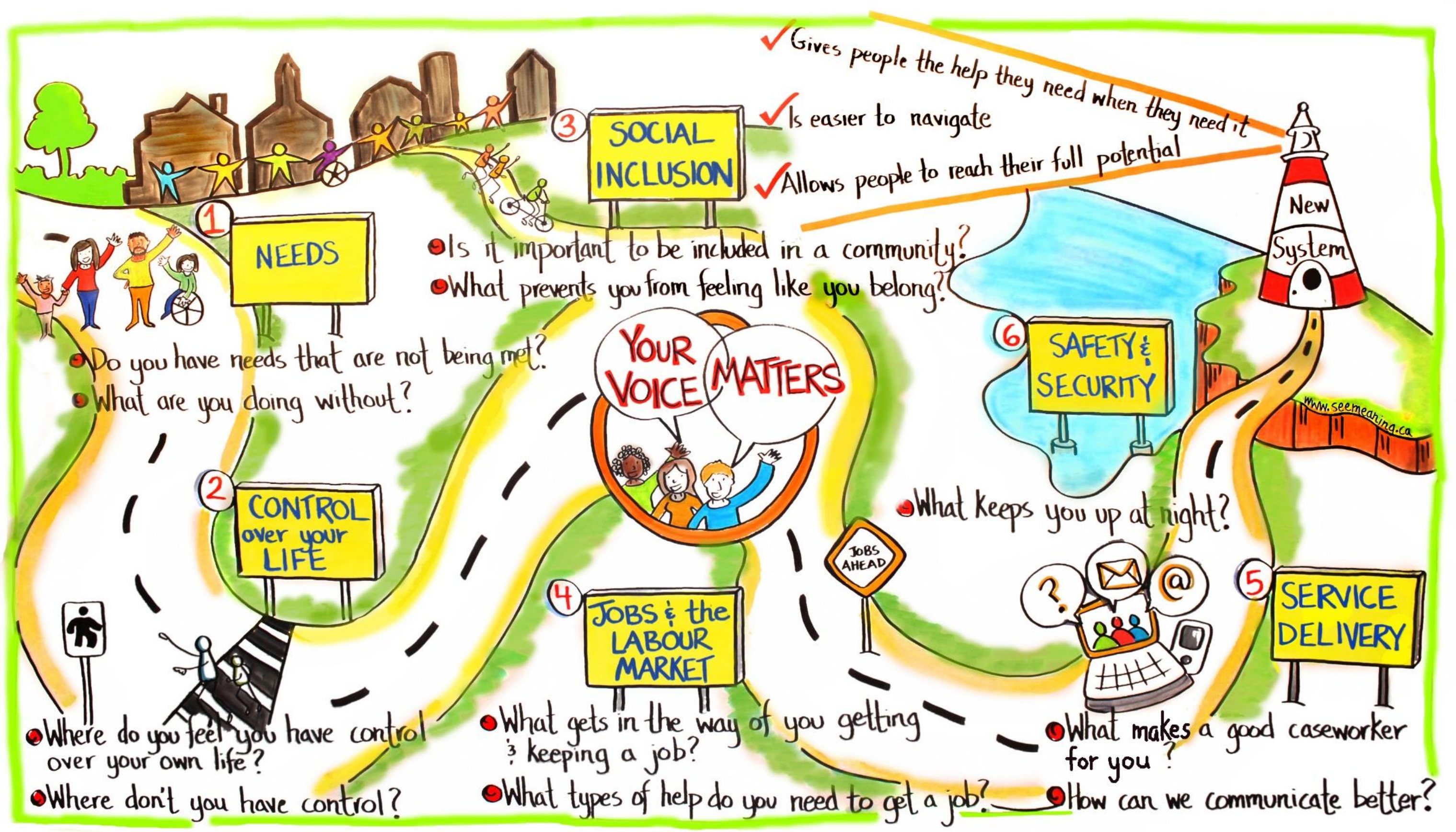
First Voice – Focus Group Sessions

What did we ask? How did we ask it?



Approach: Conducted focus group sessions across the province with clients. Sessions were facilitated by service providers (who volunteered their time) with DCS staff and ESIA transformation project respresentation.

First Voice – Focus Group Sessions

Key themes / what we heard

Financial Support – Participants expressed a need for more money to help them in their day to day life. Lack of money impacts their entire life: For example, food, shelter, clothing, transportation, medical, and basic furniture.

Trust and Respect – There was a desire for services to be less intrusive and delivered respectfully. Almost all groups raised concerns about the poorly designed system that repeatedly requires proof of eligibility (no trust – assume the worst), and not being proactively supported.

Service Delivery – Several issues were raised with respect to clients' interactions with DCS: For example, slow response time, no assigned caseworker, no interaction for years, difficulty managing once a month payments, no communications if payments change, and the need to travel to DCS offices out of pocket.

First Voice – Focus Group Sessions

Key themes / what we heard, cont'd

Social Inclusion and Income Assistance Stigma – Many individuals feel judged for being on income assistance. They tend to be less engaged outside their homes because they feel "less worthy" and have no financial resources and/or transportation to get around. Participants feel labeled by the community and like they have nothing to offer, even in a volunteer capacity.

Job Opportunities and Incentives to Help – Clients generally felt they need improved support to get jobs, remain connected to a job, and have supportive employers. There is a desire to participate in projects (intervention) to obtain life and work specific skills. Many expressed a strong desire to work. Penalties for failing are too harsh and discouraging.

Poor Health – The majority of the people that participated in focus groups disclosed a physical or mental illness or disability limiting them from employment, training, or community inclusion. Issues included inability to receive appropriate care or medication, purchase healthy food, or participating in recreational activities.

First Voice – Survey

What did we ask? How did we ask it?

The survey consisted of 26 questions organized into the following ESIA-related topics:

Access to Information and Services	**Simplicity of Service Delivery**	**Interaction with my Caseworkers**
Support Programs	**Adequacy**	**Other (Social Inclusion, Overall)**

Approach: Clients were sent a letter of invitation to complete the survey. Clients could complete the survey online or by phone (using company called Agenda Managers).

First Voice – Survey

Sample findings / results

Access to Information and Services

- **70%** indicated they **know where to access info.** and would be **open to** having more **available online**

Simplicity of Service Delivery

- **60% agreed** that the department **requests** the **same information often**

Interaction with my Caseworkers

- **75%** said they are **comfortable talking** to their **caseworker**
- **26%** said they have been **referred to a service provider** within their community

Support Programs

- **75%** indicated that they were **not involved** with **employment services**

Adequacy

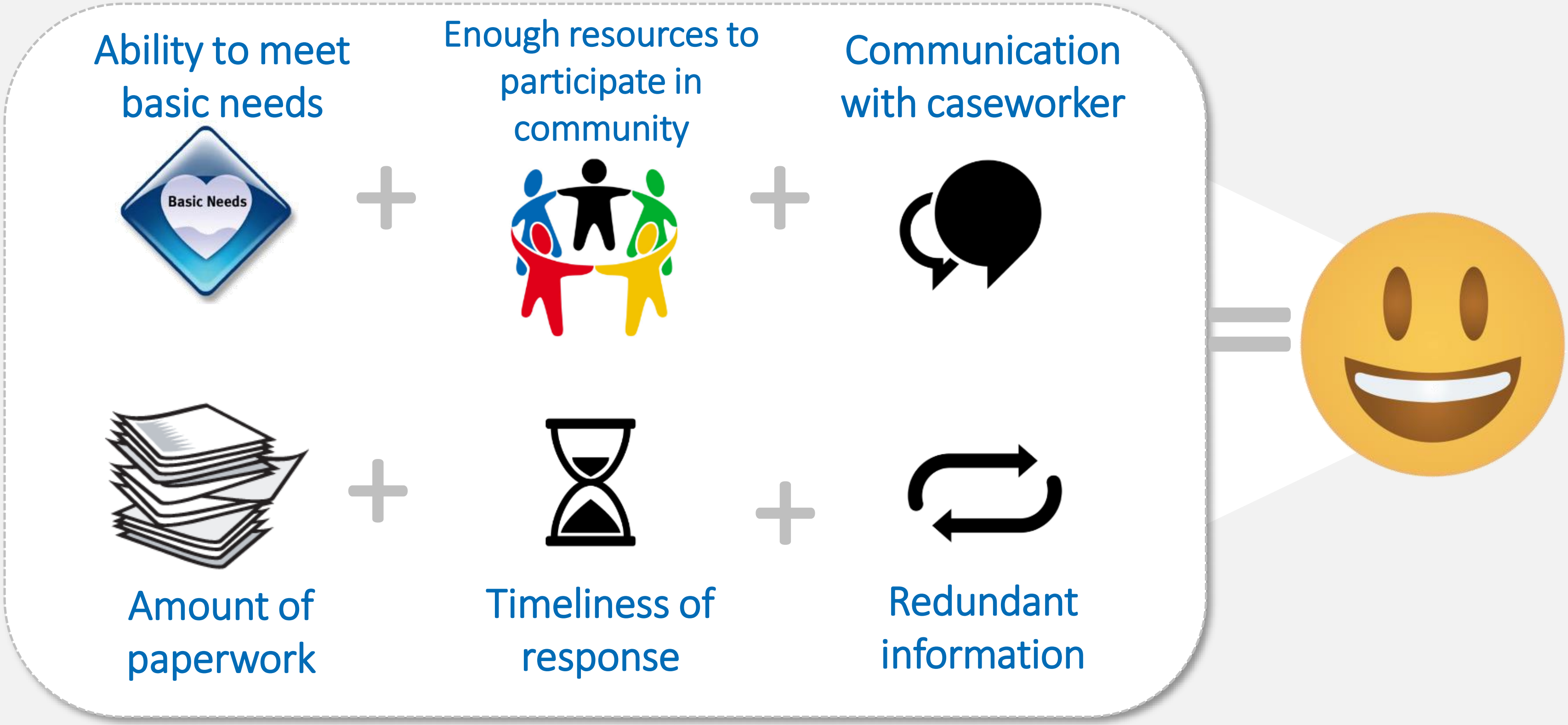
- **68%** were in **agreement** that they **do not have enough resources to participate** in their **community**

Overall

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

First Voice – Survey

ESIA formula for success



First Voice – Client Suggestions and Next Steps

Our learnings and "takeaways"

Financial Support

- 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
- Not 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 (e.g. training programs and workshops)
- Easier access to 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

First Voice – Client Suggestions and Next Steps

Our learnings and “takeaways”, cont’d

Service Delivery

- Provide less intrusive administration of services and support
- Focus on bringing a necessary cultural change which increases client trust and promotes respect for client
- Provide self-serve opportunities (e.g. 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 who could provide them with 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

First Voice – Client Suggestions and Next Steps

Our learnings and “takeaways”, cont’d

Programs and Interventions

- Develop an approach for referrals to intervention programs and on-going supports
- Utilize interventions to eliminate barriers to employment (e.g. 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 individuals that felt like a full time job may not be viable for them would have the option of trying part time employment

Scope of Transformation

Scope of Transformation

Overall transformation

Strategies and Projects	What have we been working on?
Modernizing and Innovating Service Delivery **Admin Improvements**	• Design and implement 'short-term' administrative and client service improvements • Review the intake and eligibility regulations, policy, and processes to determine where efficiencies could be implemented
Standard Household Rate Business Case Analysis	• Conduct a business case to look at how we can simplify the current eligibility and benefit disbursement administration; simplify or enhance how we provide a shelter rate / allowance to clients; review special needs and what could be "bundled"; and improve adequacy for clients
Simplifying **Income Security**	• Analyze how government structures financial support and develop options for how financial support can be restructured and delivered to clients
Targeted and Innovative Program Policy and Interventions **Program Design**	• Develop a model to segment its client base to target programs for Nova Scotians who are in need of income assistance • Develop an evidence-based program model and identify specific interventions that target client segments and their respective needs and desired outcomes.

What has been accomplished to date?

✓ Within ESIA, we have made some changes and released a number of internal communications to simplify the administrative burden experienced by clients and staff alike. Some examples include…

- **Simplifying the reporting requirements for our clients** – We sent a staff directive for caseworkers to review reporting requirements. Where possible, we reduced clients' reporting requirements to only needing to report their income statement periodically instead of every month.
- **Made improvements to our telephone service** – to improve client access to caseworkers to help them with their immediate need
- **Helping clients understand the services provided by the department** – We developed a client friendly and easy to understand document that will help our clients understand available supports and services
- **Increasing response time / reducing confusion** – We gave ESS caseworkers access to make child care and transportation payments. In this situation, clients can go directly to their ESS caseworker for faster payments
- **Simplifying ICM correspondence language** – We have updated multiple ICM correspondence templates

Scope of Transformation

What has been accomplished to date, cont'd?

Coming soon…

- ✓ **Mid-monthly client payments** – we are seeking to implement a mid-monthly payment option for clients (who are on EFT only) to help facilitate client empowerment in their financial decision making and better manage their budget.

Scope of Transformation

What has been accomplished to date, cont'd?

Post-Secondary Program – Pre enhancements

Educate to Work

- LAE funds tuition for NSCC or private career college for ESIA clients
- Client remains on ESIA for duration of program
- DCS pays books, special needs, childcare and transportation

Career Seek

- Allows client to remain on ESIA while enrolled in university
- Client must access student loans for tuition, books, childcare and transportation

Scope of Transformation

What has been accomplished to date, cont’d?

Post-Secondary Approved Enhancements

EDUCATE TO WORK DEPENDENTS

- Expand for ESIA dependents
- Some tuition support, books and student fees

CAREER SEEK

- First year tuition
- Student fees and books
- Home internet/data plan
- Childcare and transport
- Campus Incidentals

Minimization of Barriers to Post-Secondary

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Designing the New System

Designing the New System

How we will organize the topics for discussion?

- This next section will focus on three key topic areas
    1. Client Services, Supports and Tools (segmentation, assessment and interventions)
    2. Standard Household Rate
    3. Income Security
- We will present some of the analysis that has been developed and gathered since Round 1 and will follow that with discussion questions for the group
- We want to gain your input on concepts developed thus far and use it to further enhance our program design

Designing the New System

Guiding principles to keep in mind

Outcomes-focused

Evidence-informed

Coherent

Guiding principles to keep in mind, cont'd

Transparent and accountable

Achievable

Proposed future state program model

Case management and coordination

Activities to assess client need, match clients to services and facilitate progress along the service continuum

Income security

Financial supports to help clients achieve stability in their lives, including basic needs required by all clients and special needs for specific clients

Employment services

Services to help clients move successfully along the employment continuum and achieve the goal of finding and retaining employment

Distant from the labour market

Skills training and education to prepare for employment

Moving closer or transitioning to the labour market

Supports to access employment opportunities

Advancing in the labour market

Supports to ensure success and advancement in the workplace

Quality of life and social inclusion

Services to ensure individuals facing particular challenges or barriers are safe, secure, healthy and have positive opportunities to fulfill their social and economic potential

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Topic #1: Client Services and Supports

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Designing the New System

A future state service delivery model must consider:

- **Consistency across offices** – ensuring clients receive consistent service and opportunities for programming across the province
- **Service Delivery**– offering services through various channels (eg. phone, online, in person, etc.)
- **Structured client pathways** – standardized assessment tools and clear development of programs, supports and next steps for clients to lower the burden on clients
- **Faster response time** - clients can speak to a caseworker over the phone when they need support

Introduction - the components of program design

Segmentation 1

A statistical model used as a starting point to identify what types of assessments will be best suited for a client, depending on their individual circumstances.

Assessment 2

Standard assessment tools on factors relevant to the client's circumstances to help determine what clients need.

Determination 3

Caseworkers have more consistent and relevant information to determine what supports and services a client needs.

Case Management Approach

Depending on a client's specific situation, re-segmentation and assessments on a periodic basis may be helpful / needed.

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What are some characteristics of a segmentation model?

- ✓ It is data driven
- ✓ It will be married up with a formal assessment methodology
- ✓ It will help to identify the client's needs using a scientific approach to ensure they get the programs and supports they need
- ✗ It is not about putting people into boxes

How does the segmentation model work?

It uses data to **predict** the likelihood that a client will remain unemployed over both the short and long term

It **estimates** a client's "distance to the labour market" along with their characteristics to place them in a meaningful segment of the caseload

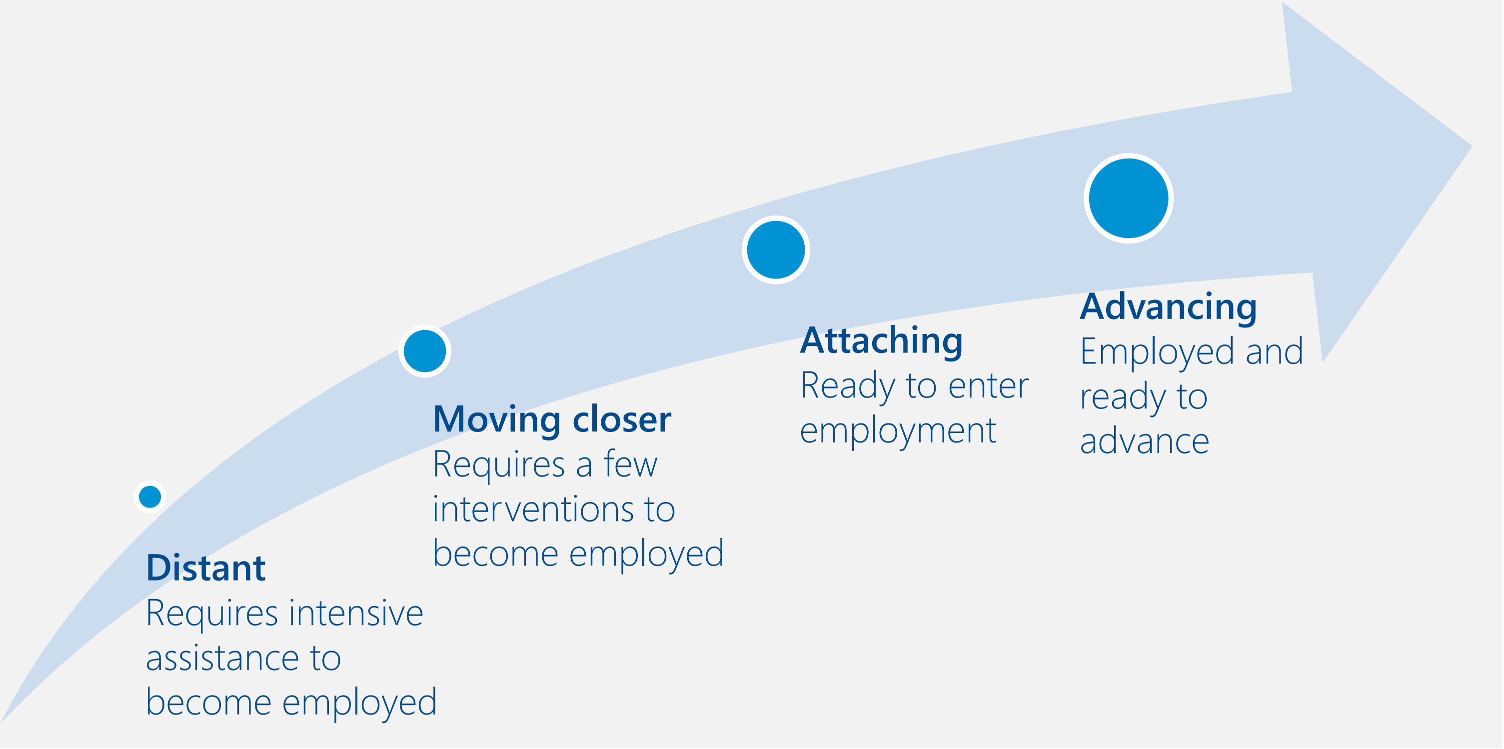
It can **align** segments with services in such a way that clients can be efficiently directed to the programming that will serve them best

This work is **not** about **putting clients into boxes** - it is meant to be a **predictive tool** to **support clients** with the **services they need** and define the **best path forward**

Client Services and Supports

Distance to the labour market (DLM) lens

- Predicted outcomes for a given client can act as a measure of their distance to the labour market (DLM)



- Note: Although related, DLM does not specifically measure quality of life and social inclusion needs. Segmentation is not appropriate for allocating quality of life or community involvement services.

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Key data predictors

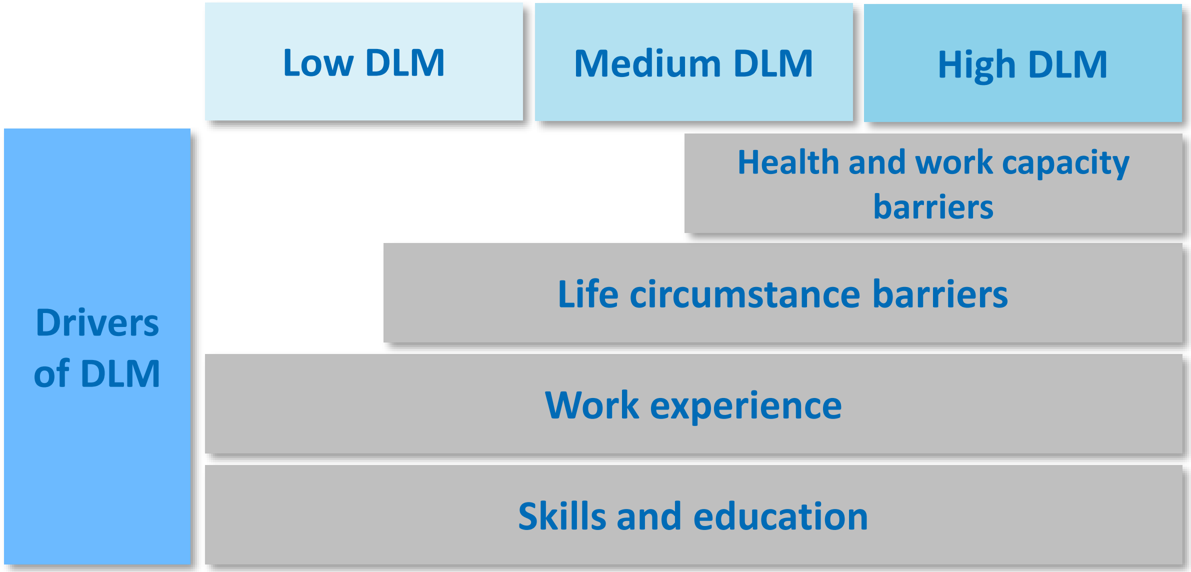
Using current caseload data, a predictive model was built based on significant relationships between characteristics and outcomes.

Characteristics used to predict DLM	
▪ Age	▪ Marital status
▪ Gender	▪ Number of children
▪ Education	▪ Age of children
▪ Region	▪ Single parent status
▪ IA receipt over last 5 years	▪ Whether client was ever a dependent child on an IA case

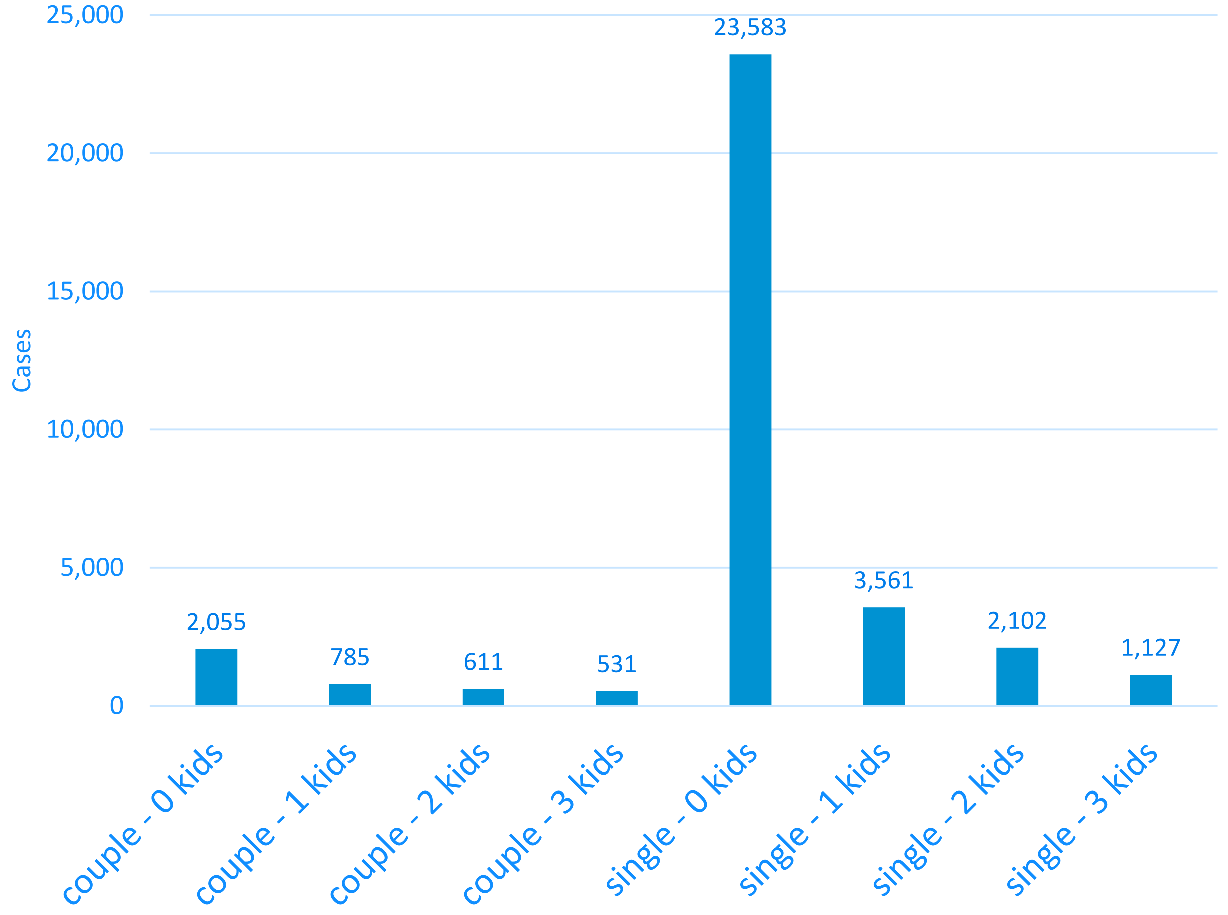
Segmenting based on need

Segmentation should account for degree of need and drivers of need

- DLM distribution indicates a starting point for segmentation – considering segments of clients with different levels of labour market barriers
- A given level of need can have very different causes for different clients
- Segments within or across DLM ranges can be built which represent patterns of barriers experienced and suggest potential service responses



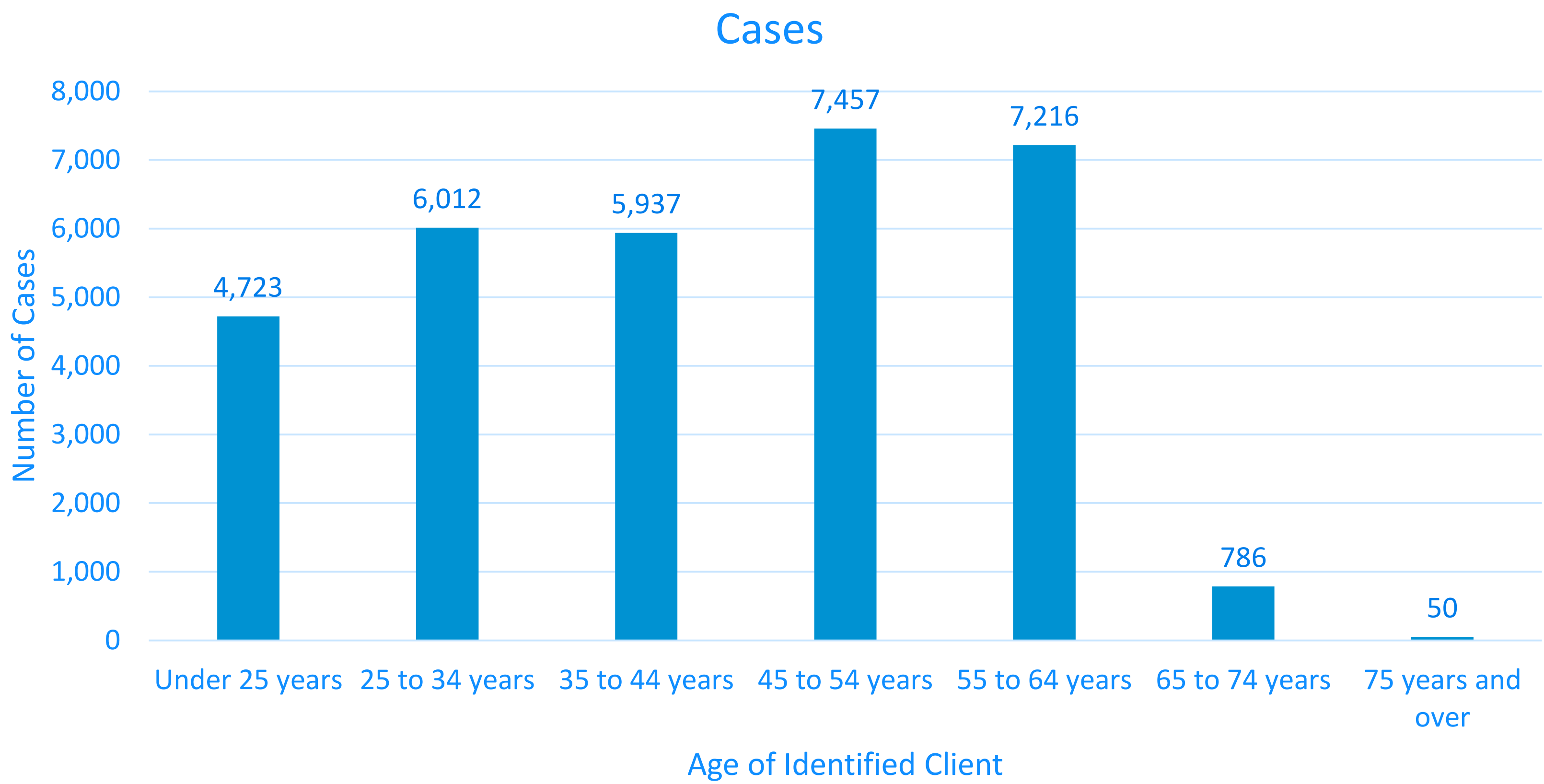
Number of clients by household type



Singles with no children by Gender

People with no children make up **three quarters of the caseload**, mostly singles.

Client demographic



Seniors make up a very small portion of the caseload, with most identified clients being between 25 and 54 years of age.

Client Services and Supports

Groupings driven by key insights

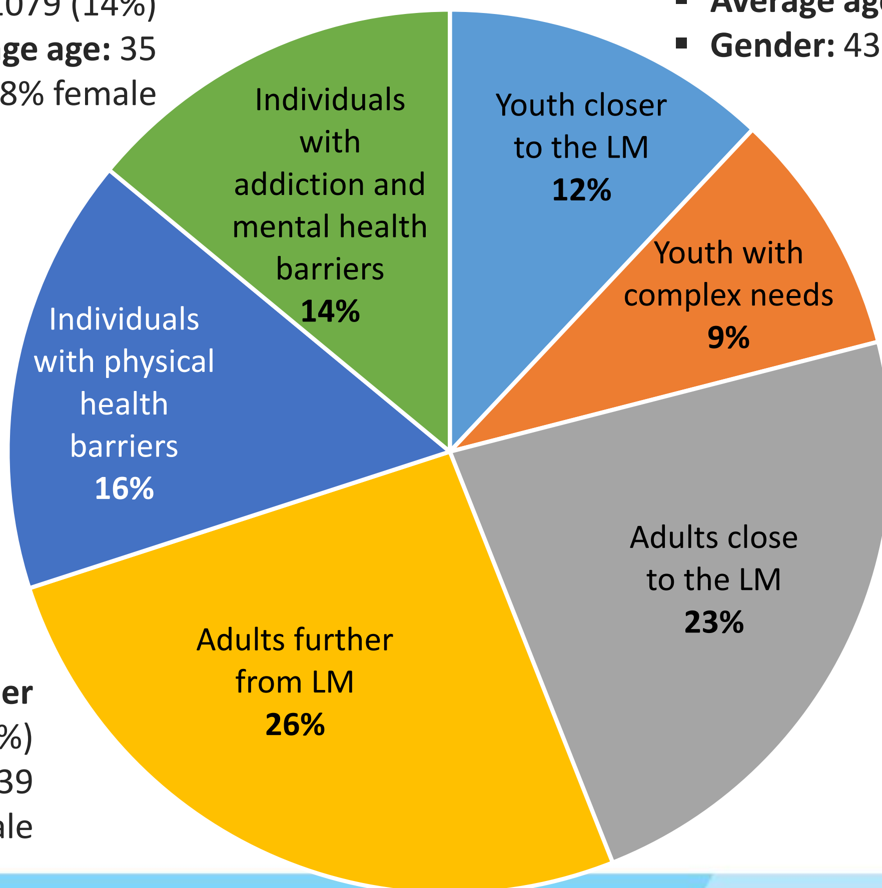
Based on preliminary modeling, the following six groupings have been identified:

- **# of new intakes per year:** 1079 (14%)
- **Average age:** 35
- **Gender:** 48% female

- **# of new intakes per year:** 885 (12%)
- **Average age:** 21
- **Gender:** 43% female

- **# of new intakes per year:** 650 (9%)
- **Average age**: 20
- **Gender:** 68% female

- **# of new intakes per year:** 1196 (16%)
- **Average age:** 42
- **Gender:** 46% female



- **# of new intakes per year:** 1709 (23%)
- **Average age:** 42
- **Gender:** 40% female

- **# of new intakes per year:** 1980 (26%)
- **Average age:** 39
- **Gender:** 58% female

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How could clients be assessed?

- Triage and assessment are used to determine what services individual clients receive, and match clients to suitable employment service stream

DLM triage	▪ Segmentation model uses client characteristics and case history to measure overall need conceptualized as distance from the labour market (DLM)
Employability assessment (Level 1)	▪ Comprehensive assessment of client's employment-related strengths and gaps to identify service needs
Service and support needs assessment (Level 2)	▪ Guided conversation between caseworker and client to self-identify strengths, needs, life stabilization barriers

Using segments to plan services

- While each segment represents distinct patterns of client need, the optimal approach to meeting the needs of each individual within a segment will depend on a number of factors including each individual's preferences
- Therefore, segments should not be used to prescribe services at an individual level – individual service planning requires an employability-focused assessment and should be done in collaboration with the client
- Segments can, however, be used to inform service planning across two areas:
    - **Type of service** – What is the range of needs experienced by this segment? What types of service responses will best meet each type of need?
    - **Volume of service** – How many individuals may need each service option in the coming year? How can service delivery best meet this need, accounting for budgetary restrictions?

Range of needs indicated by segments

- Rapid re-attachment for those close to the labour market - **rapid employment services**
- Help accessing the labour market for those with access barriers - **job development**
- Integrated mental health supports for clients with mental health challenges - **supported employment or intensive wraparound supports**
- Education and training for clients who may lack essential skills or who wish to pursue credentials that will help them obtain sustainable employment – **skills development**
- Youth-specific intensive services to address youth-specific barriers – **youth models**
- Help gaining work experience to address the work experience gaps of many clients –**transitional employment**
- Supports for all clients, including intensive and integrated supports for those with more complex needs – **wrap around supports**
- Early intervention for youth who are still dependent children - **career exploration, life skills and successful transitions for youth**

Identifying quality of life / social inclusion needs

- What do clients need to ensure a high quality of life and social inclusion?

Quality of life and social inclusion needs are diverse – what are the key categories of these needs, and what are the most crucial areas within each categories where clients need support?

Youth development	Physical and mental health	Safety and security	Engagement	Independence
Ensuring children and youth are safe, healthy, and able to develop key skills	Ensuring clients have access to preventative health supports and treatment	Ensuring clients are safe from violence and unsafe situations	Ensuring clients are able to engage in their communities and cultures	Ensuring clients are able to actively and independently pursue a good quality of life

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Break-Out Discussion on Client Services and Supports

Exercise: Based on the information presented and your experiences, develop some proposed approaches to identifying client groupings within the caseload. Identify the types of services and interventions that can be targeted to each client grouping.

Key considerations:

- Other than grouping a client by their "distance to the labour market", what other approaches might be considered to creating groupings within the caseload?
- How do we assess people's strengths and barriers to ensure they receive an appropriate placement within a grouping?
- What types of interventions/programs are required to help each client grouping achieve intended outcomes? Do persons with disabilities require different supports or services to achieve their intended outcomes?

Topic #2: Standard Household Rate

Standard Household Rate

Introduction

- What do we mean by a ‘standard household rate’?
  - An exploration of simplifying the administrative burden associated with demonstrating need, simplifying benefit calculations which includes bundling up of personal allowance, shelter rate, and some ‘special needs’
- We are conducting a business case to look at the following things:
  - How can we simplify the current eligibility and benefit disbursement administration
  - How can we simplify or enhance how we provide a shelter rate / allowance to our clients?
  - Are there special needs that could be ’bundled’ or included in the basic needs rate?
  - How can we improve adequacy for clients?

What are the components of an ESIA client’s financial support?

Standard Household Rate

Facts and figures – current personal allowance rates

Income Support for Basic Needs (the personal allowance rate)	Basic needs include food, clothing, shelter, fuel, utilities, and personal care requirements (based on the approved maximum allowable program rates).

Personal Allowance Rates

Shelter Situation	Adult	Dependent Child *(up to age 18)*	Dependent Child *(age 18 to 20 inclusive)*
Renting, own home, boarding	$275	$133*	$275
In hospital 30 days or more	$125	N/A	$125
In a residential rehabilitation program	$101	N/A	$81

**Child Benefit Adjustment - Per Policy 5.3.5 - Child Benefit Adjustment*

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Standard Household Rate

Facts and figures – shelter rates

Shelter Rates		
Family Size	**Rent / Own Home**	**Board**
1	**$300**	**$223**
2	**$570**	**$242**
3+	**$620**	**$282**
Family Size	**Rent / Own Home**	
1*	**$535***	

*Maximum shelter allowance of $535 will be allowed for a single person who: is disabled, is fleeing an abusive situation, is 55 years of age or over, or is a youth aged 16 – 18.

Currently, shelter amounts vary based on a number of circumstances:

- if the client lives with others,
- boards, rents, or owns a home,
- is disabled,
- pregnant,
- fleeing an abusive situation,
- has a condition that prohibits them from working,
- is over 55 years or,
- is between 16-18 years.

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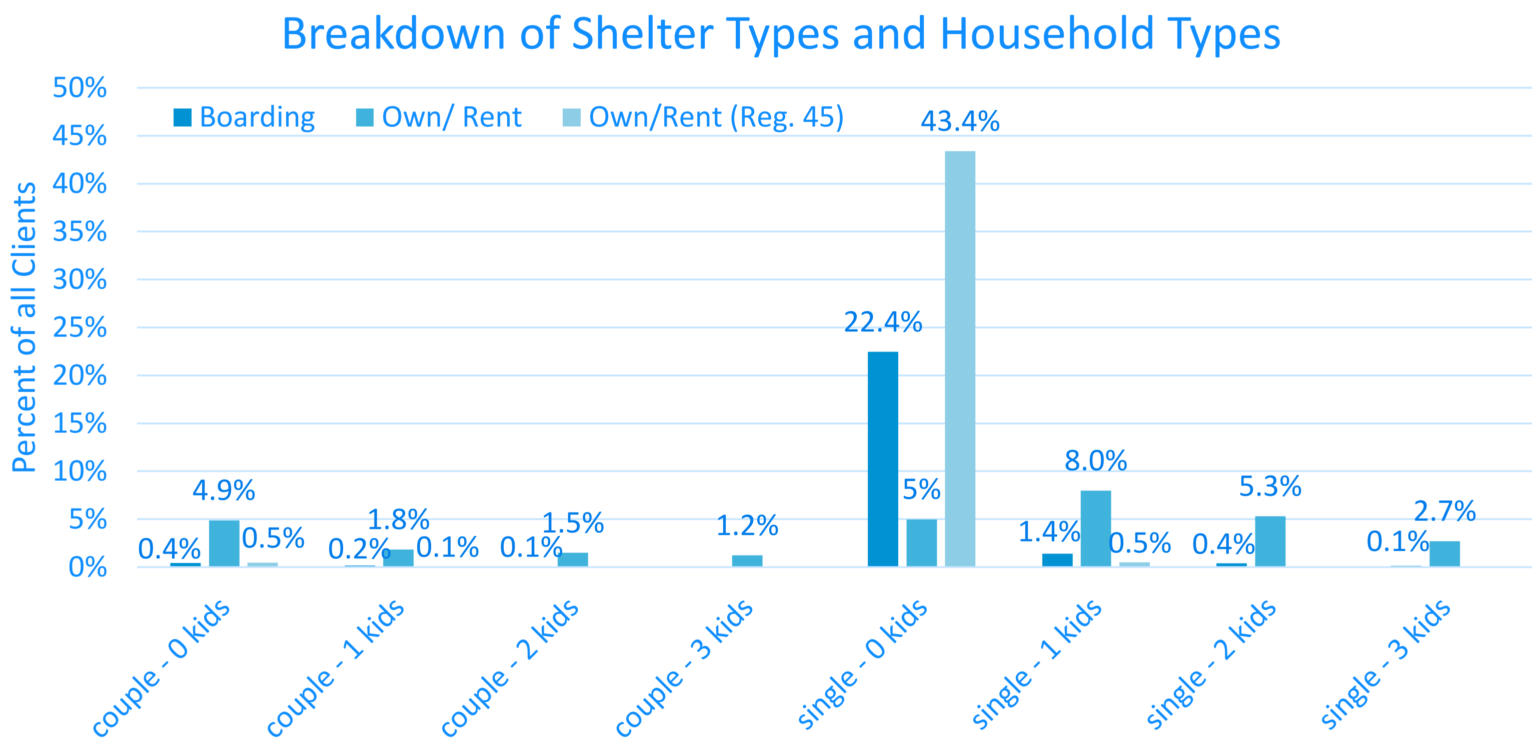
Who are our clients?

Standard Household Rate

Client demographics – % of clients by shelter and household type



90% of Boarders and 97% of Own/Rent (Reg. 45) are Singles with 0 Children

Standard Household Rate

Shelter policy maximum analysis by budget type

Budget Type/People in HH	% of the maximum policy amount that people are entitled to on average		
	1	2	3+
Own/ Rent	89%	91%	91%
Own/ Rent (Reg. 45)	90%	N/A	
Boarding	96%	92%	88%

On average, Singles-0 Kids that Own/Rent receive **89%** of the shelter policy maximum (Ex: $300*0.89 = $267)
On average, the caseload receives **92%** shelter policy maximum

Overall, the case load is receiving close to the shelter policy maximums.

69% of Singles-0 Kids that Own/Rent receive the shelter policy maximum ($300).
Overall **72%** of clients receive the shelter policy maximum for their budget type.

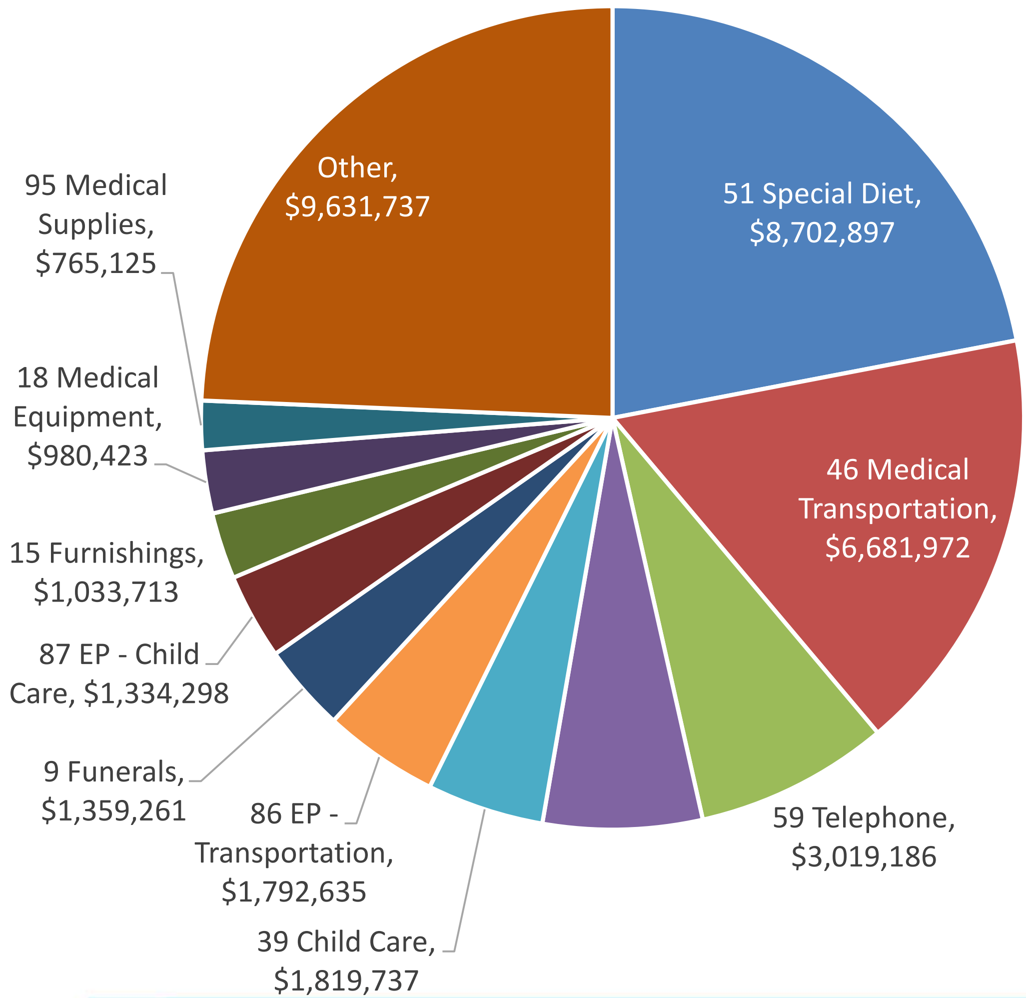
Overall, a high percentage of clients are receiving the shelter policy maximum

Budget Type/People in HH	% of clients that are entitled to the policy maximum (i.e. their needs are equal to or greater than policy maximum)		
	1	2	3+
Own/ Rent	69%	69%	65%
Own/ Rent (Reg. 45)	67%	N/A	
Boarding	90%	61%	56%

Special needs

Standard Household Rate

Special needs payment amounts issued

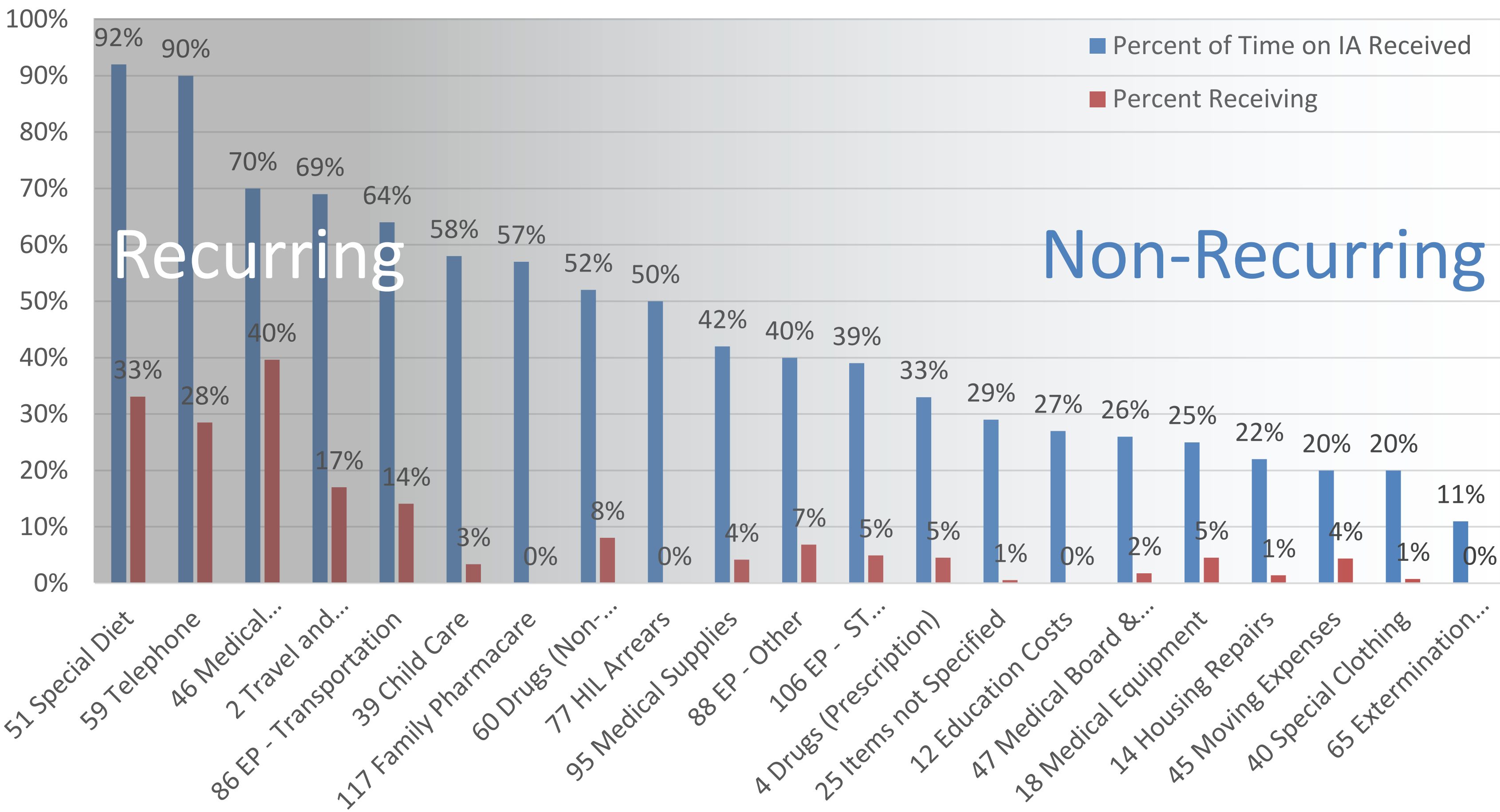


Top 2 special needs account for 39% of all special needs cost.

Total Special Needs Payments= $39.6M

Standard Household Rate

For receivers, percent of time on IA received



*Selected Special Needs shown.

Identifying our options

Standard household rate concepts

Concept 1	**Simplify administration and reduce intrusive questions for clients:** Reduce the intrusive questions and 'fact checking' involved in calculating a client's budget. Reducing administration can give caseworkers more time to spend working with clients (eg. allowance based special needs).
Concept 2	**Target support**: Currently, single individuals are the largest cohort of the caseload, and also receive payments that are least adequate (based on adequacy measures LICO, MBM,CPI).
Concept 3	**Allow clients to retain more employment earnings and remain eligible for supports and services:** this may offer additional incentive to work, while gradually transitioning clients off of the system, reducing the welfare wall.
Concept 4	**Incenting productive choices**: tie financial incentives to a client's positive choices related to any number of wellness, learning, training or employment choices.

Standard Household Rate

Options identification – policy levers

What are the components of an ESIA client's financial support?

- Shelter Rate
- Personal Allowance
- Special Needs

What are the key factors / variables that impact financial support amounts?

- Policy Maximums / Allowances
- # Children / Household Type
- Shelter Types
  - Own / Rent vs. Boarding
- Shelter and Utility Costs
- Chargeable Income
- Medical Condition, Disability, and/or special circumstances
- Demonstrated Need (e.g. diet, or other special needs)

What types of changes could be considered to achieve objectives

- Increase or decrease policy allowances
- Combine and/or simplify policy allowances
- Simplify policy parameters (e.g. allowance vs. needs based)
- Target policy at specific populations / demographics (e.g. age, household type, geographic area, medical conditions)

Break-Out Discussion on Standard Household Rate

Exercise: How could financial supports within IA be restructured to more effectively meet the needs of all clients within the current program budget allocation?

Key considerations:

- If you were making a strategic investment to address adequacy in the caseload, who would you target (from a client demographic perspective) and what would it look like?
- Currently the system provides supports and services within the program that often results in creating financial disincentives to clients to connect to the labour market. What changes could be made to ensure a new program is creating incentives, not disincentives, for clients to work and/or transition off of the system?
- What special needs should be considered a basic need in a new program? How does the program need to be restructured to accommodate this change?

Topic #3: Income Security

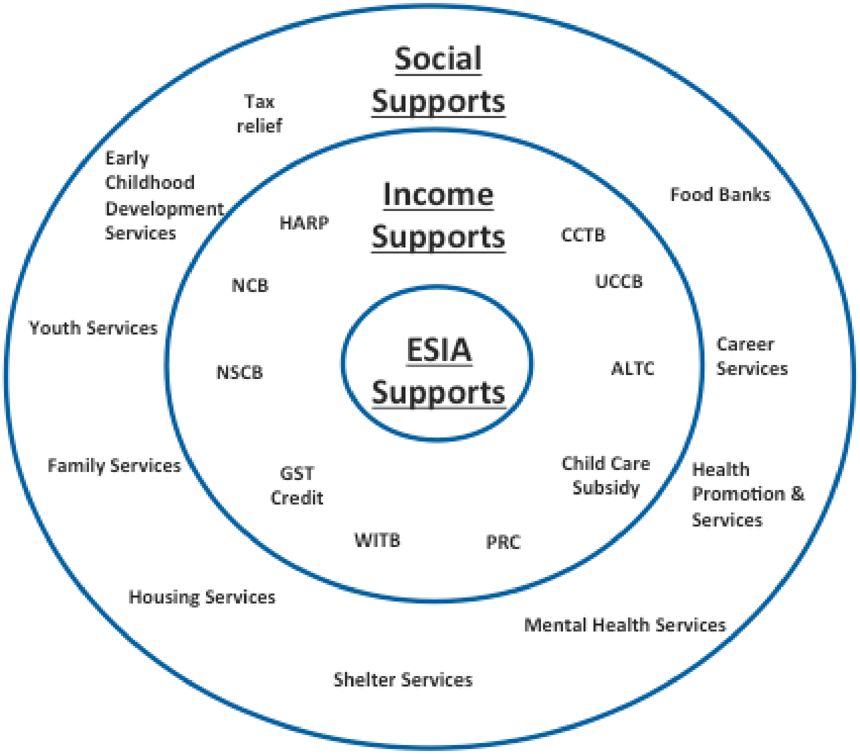
NOVA SCOTIA

Income Security

Available supports to Nova Scotians

ESIA supports are just one of the many types of social supports available to those in need:

- Wide range of supports available, each with their own eligibility thresholds and target populations
- Total level of income supports is more generous than generally understood



NOVA SCOTIA

What do we mean by 'income security'?

- When we say 'income security', we mean how government structures financial support and how it is delivered to clients
- There are many options that are being looked at across the country and many factors that need to be considered including:
  - Ability to pay for the programs
  - Ease of implementation
  - Implementation time
  - Required participation from the Federal government
  - Alignment with Transformation outcomes

Income Security

What are the policy levers?

What programs could be changed?

- Income Assistance
- Poverty Reduction Tax Credit
- Affordable Living Tax Credit
- Low Income Tax Reduction
- Heating Assistance Rebate Program
- Nova Scotia Child Benefit
- Disability Tax Credit
- Property Tax Rebate (Seniors w/ GIS)
- Provincial Income Tax Refund (Senior w/GIS)
- Age Tax Credit
- Working Income Tax Benefit

What key factors / variables could be changed?

- Benefit/Credit/Refund Amounts
- Eligibility Criteria
- Roll Off/Reduction Mechanisms
- Target Populations

What types of changes could be considered to achieve objectives?

- Change variables above
- Combine or simplify programs
- Use Income vs. Needs Testing

There are many options we are looking at

Standard Household Rate

- Simplify and enhance the current system
- Basic rate that may or may not include some special needs
- Aims to increase the base rate received by most clients while reducing the administration needed for some benefits

Guaranteed Minimum Income

- Income top up, that includes a “phase out rate” as clients’ incomes increase
- Income tested / means test and work requirement

Universal Basic Income

- Unconditional income for all individuals
- No means test or work requirement
- Very different from current income security models being used by many social assistance programs

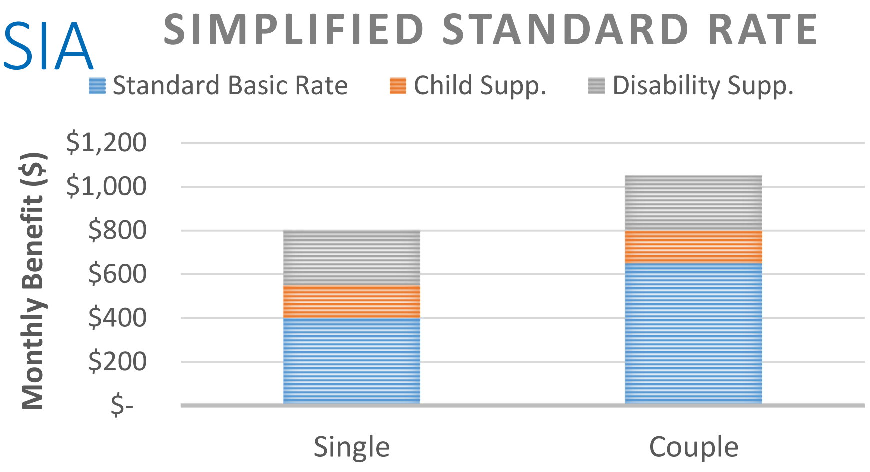
In addition to these options, we are analyzing other potential solutions such as simplified tax credits, combined rebates, and programs that are more complimentary to federal supports

NOVA SCOTIA

Income Security

Standard Household Rate for ESIA

For demonstration purposes only



Description & Objectives: A standard rate would be given to all IA clients with options for layering of targeted benefit (eg. Disability, children, some special needs) amounts.

Jurisdictions: Ontario's report 'Brighter Prospects' recommends moving to a simplified standard rate with supplementary benefits layered on top.

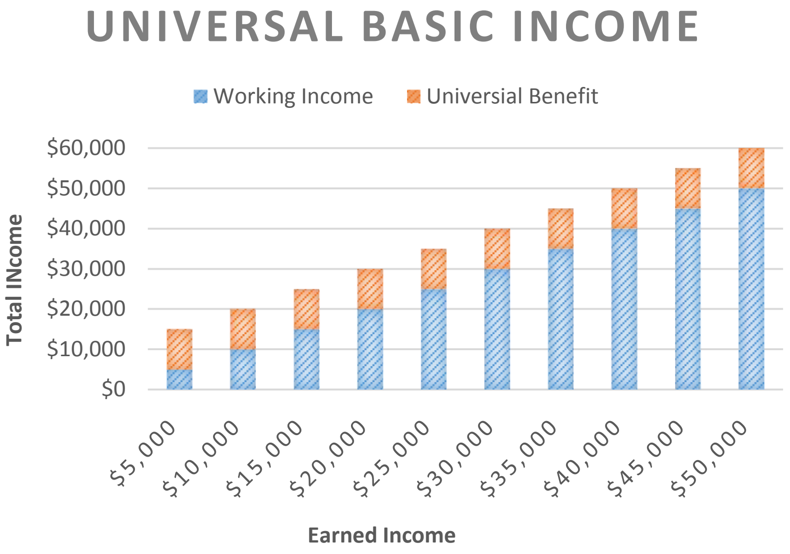
Pros / Benefits	Cons / Challenges
• More transparent for clients than current ESIA program • Streamlined/simplified administration compared to current ESIA program • Less paternalistic than current system (eg. less checking of receipts, more autonomy over how to spend money). • Maintain support services (eg. Employment support services, community involvement services). • Additional case management time spent on improved case management and assisting labour market attachment. • Easier to implement and fund than UBI or GMI options	• With no additional funding, some clients will receive less • Could promote higher IA enrolment and potentially cost government more

NOVA SCOTIA

For demonstration purposes only

Income Security

Universal Basic Income



Description and Objective: Single standardized payment to all Nova Scotians, regardless of need, income, and with no work requirement. The intent of this program would be to reduce administration while allowing individuals to manage the government transfer autonomously.

Jurisdictions: Ontario is planning to pilot a version of basic income in upcoming years. A paper will be published this month with additional details and implementation considerations.

Pros / Benefits	Cons / Challenges
• Streamlined and simplified administration • Improved adequacy and reduced poverty Less paternalistic	• May reduce incentive to work • Likely high cost to government • Less supports and services (e.g. Employment supports for those who require assistance obtaining work). • Does not consider individual’s unique needs

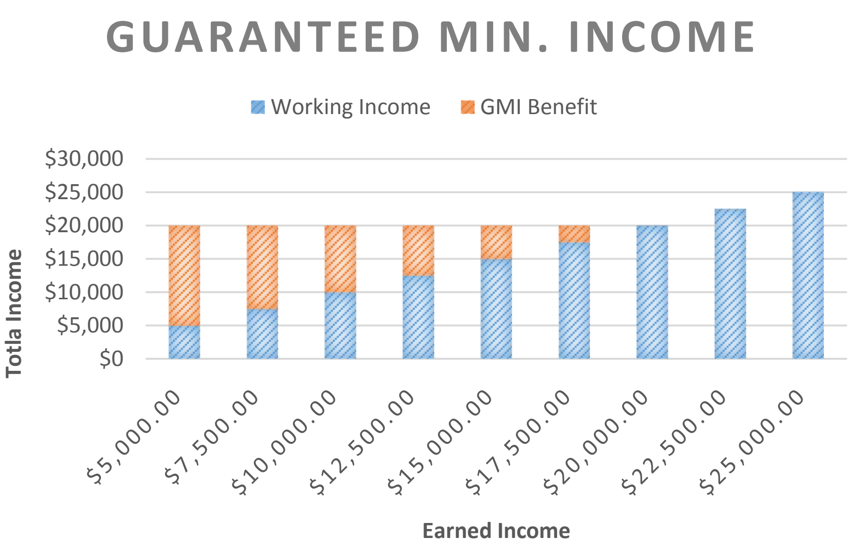
NOVA SCOTIA

For demonstration purposes only

Income Security

Guaranteed Minimum Income

Description and objectives: Create a single income security program that is completely income tested, and will provide an income floor for all Nova Scotians (e.g. top-up to set income level). The intent of this program would be to reduce administration by combining programs and providing low income Nova Scotian's with an adequate and income top-up.



Pros / Benefits	Cons / Challenges
• Streamlined and simplified administration (if delivered through the tax system) • Improved adequacy and reduced poverty • More targeted to low income Nova Scotians than UBI Option • Less paternalistic than current ESIA program	• Reduced incentive to work compared to current ESIA program • Additional program costs compared to current ESIA program • May require separate system for those who have financial hardship mid year • Does not consider individual's unique needs

NOVA SCOTIA

Break-Out Discussion on Income Security

Exercise: Propose a restructured financial support program that the Province could offer (a low income program for all Nova Scotians) with the goal of increasing adequacy while continuing to promote labour market participation.

Key Considerations:

- Should a low income program for all Nova Scotians use a needs-tested or income-tested (or a combination) to qualify participants?
- If income-tested, how could people's income be verified? How would "mid-year corrections" be enabled when people's circumstances change?
- If needs-tested, how could people's needs be verified? How would "mid-year corrections" be enabled when people's circumstances change?
- Would a low income security program create disincentives to work? If so, how might this be addressed?

Open Questions and Answers

thank you!

If you have any questions about what you have heard today, you can you can send an email to ESIA.Transformation@novascotia.ca