

**Active Measures to Improve the Income Assistance Policy**

**Community Dialogue Report**



**The First Nations Social Development Society**

**“Strategically asserting the voice of BC First Nations in social development”**

**August 2008**



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## **Introduction**

The First Nations Social Development Society (FNSDS) has completed six regional dialogue sessions in British Columbia to meet with communities and discuss Active Measures to improve the income assistance (IA) program. The intent of the Active Measures strategy is to assist First Nations administering authorities with the tools, programs and services that First Nations need in order to shift from a passive system to an active, more supportive system of income assistance for their community. By improving the income assistance program, the long-term-goal of the Active Measures strategy is to improve the overall quality of life for First Nations individuals and families living on-reserve.

## **Background**

Indian and Northern Affairs Canada (INAC) spends approximately \$1.3 billion annually on social programs for First Nations individuals and families living on reserve<sup>1</sup>. These programs include: Income Assistance (IA), Assisted Living (AL), the National Child Benefit Reinvestment (NCBR) Initiative, First Nations Child and Family Services (FNCFS) and the Family Violence Prevention Program (FVPP). In terms of expenditures, the IA program ranks amongst the highest of the total 54 sub-activities in the INAC activity architecture and in 2006 ranked the 4<sup>th</sup> highest welfare program in all of Canada<sup>1</sup>.

The objective of the on-reserve IA program is:

*“to provide financial assistance to indigent residents on reserve to: 1) meet basic daily living requirements; and 2) provide social support programs which meet the special needs of infirm, chronically ill and disabled persons at standards reasonably comparable to the relevant province/territory of residence. The results are to: alleviate hardship; maintain functional independence; and, achieve levels of well-being reasonably comparable to the standards of the province or territory of residence<sup>2</sup>.”*

However, in many First Nations communities, the IA program is not viewed as a system of last resort or as a short-term financial safety net. It is too often seen as a right and a career option. The aboriginal population in Canada grew by approximately 22 percent between 1996 and 2001. In the same period, the non-Aboriginal population of Canada grew by only 3.4 percent<sup>3</sup>. With the young population growing and with many individuals viewing the IA program as a long term source of income, dependence rates can be expected to increase. Band Social development workers report young people applying for IA the day they reach the required age of 19 years to be eligible for the program even when alternatives such as training and employment are available. In some cases, First Nations are administering IA to third and fourth generation recipients, which demonstrates the mindset associated with IA.

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<sup>1</sup>Evaluation of the Income Assistance Program Audit and Evaluation Sector Indian and Northern Affairs Canada Project 07/06 December 2007

<sup>2</sup>Income Assistance Program National Manual. Indian and Northern Affairs Canada 2004 [www.ainc-inac.gc.ca](http://www.ainc-inac.gc.ca) Catalogue No. R2-334/2004E-PDF ISBN 0-662-36919-X (Accessed 25/06/08)

<sup>3</sup>Abele, F. Urgent Need, Serious Opportunity: Towards a New Social Model for Canada's Aboriginal Peoples CPRN Social Architecture Papers Research Report F 39

Under federal policy, the terms and conditions for all federal programs must be renewed every five years. The Income Assistance Program, National Child Benefit Reinvestment and Assisted Living programs are currently operating under a temporary authority<sup>1</sup>. Renewal of authorities provides opportunity for program improvement. The purpose of the Active Measures community dialogue sessions was to receive input from the Band Social Development Workers (BSDW), band council, and other social development entities regarding the IA programs strengths, weaknesses and discuss ways to improve the IA program for the benefit of the on-reserve community.

### **Active Measures Community Dialogue Sessions Themes and Outcomes**

FNSDS has hosted six Active Measures community dialogue sessions, one in each Kamloops, Nanaimo, Terrace, Abbotsford, Prince George and Kelowna BC. Members of Band Council, Human Resource Development Agreement (AHRDA) holders, BSDWs and members of other social development organizations were invited to attend. The attendees were welcomed to the meetings with an opening prayer from a local elder and then presented with materials to familiarize them with Active Measures and the goals of the program. After the presentation, attendees separated into discussion groups to discuss four main questions. The four questions that FNSDS was most interested in getting feedback from the attendees included:

- What processes are currently in place for intake, assessment and referral of IA clients?
- What changes would need to be made to the current IA policy that would help you implement an Active Measures program in your community?
- What would the elements of a better income assistance program be?
- What works for your community? Previous and current success stories.

Your information will be compiled

After each member of the group had had the opportunity to voice any concerns, the groups rejoined and held a plenary discussion and question session. The recurring themes of the breakout session, plenary discussion and questions typically involved intake assessment and referral, employability programs, employment supports, data management, income assistance policy, and attitudes towards the income assistance program.

### **Responses to the 4 Questions**

The following section outlines some of the responses that we received to the four questions that were presented at the Active Measures community dialogue sessions.

#### **What processes are in place for intake, assessment and referral?**

- Discussing client's goals. Family and friends can sometimes be hard to talk to about barriers such as alcohol or drugs. There needs to be more specialization in roles. One worker can't deal with mental and physical health, education and employment. There's just not enough time.

- Time, caseloads and isolation mean that there is only time for intake. There are no assessment resources. We need more funding to hire more staff and get better assessment tools.
- We need to be able to figure out why someone has gotten to the point where they need SA. Many people have learning disabilities or are affected by fetal alcohol syndrome. To see how we can help them, we need to be able to properly assess them.
- Verbal testing is a good way to see where a client is with their education and people skills. You can also get them to fill out the forms themselves to see how well they can read and write. The College in Hazelton has resources for building essential skills.

**What changes would need to be made to the current IA policy that would help you implement an Active Measures program in your community?**

- We need more funding for more programs i.e. Life stress reduction, addiction, personal well-being.
- Bands should be able to make their own policy. They know their people and their needs best.
- People with disabilities and multiple barriers need to have their community's support, both emotionally and financially.
- A policy that includes transportation costs for clients would be good. It costs a lot to get someone to a place where they can get the treatment they need.
- We need to shift some of the focus to trades and other skills, not just on academics. University isn't for everyone.
- The earned rates aren't working.
- Policy would be better if we simplified processes. The policies we have now are too complicated and there's too much room for interpretation.
- It's difficult to implement "your own" policy in your home town. People think you're bending the rules to kick them off IA, but they shouldn't be on it to begin with.

**What would the elements of a better income assistance program be?**

- Clarification of what is available and support for client-care workers. There is too much paper work for a BSDW. All we have time to do is fill out paperwork; we have no time for anything else.
- Employability supports are essential. Clients need access to clothing, driver's licenses, daycare, programs like Workplace Hazardous Materials Information System (WHMIS). These programs should be community based, a community growth and leaning circle.

- More focus on local economies, such as training for fisheries, forestry and trades.
- We need to address a persons needs holistically: Where do we get our strengths, what do we depend on? Right now our people are dependant on the band office for pretty much everything and that needs to change.
- We need to strengthen relationships with housing, education and health. People need to go off-reserve to access resources. The people involved in the personal development of a client need to establish and maintain channels of communication.
- We need to get chiefs and councils on board with Active Measures and get rid of bingo and drug dealers. In many communities, art is becoming a trafficking, money maker too. All of those things are non-claimed income and people can be on IA while making money in one of those other ways. It's a real problem.
- There needs to be a cultural element to the programming. We need to work on re-instilling a sense of pride in our aboriginal people. So many First Nations people walk with their heads hanging low, we have to show our youth that there is no reason to be like that.

### **Success Stories and Strategies**

- Using resources already available, such as the Work Opportunity Program (WOP), Training and Employment Support Initiative (TESI), First Nations Aboriginal Human Resource Development Agreement (AHRDA) holders, post secondary institutions, First Nations & Inuit Employment Strategy (FNIYES), and the Aboriginal Social Assistance Recipient Employment and Training (ASARET) programs have been successful.
- Encouraging clients to gain experience through volunteer work. The client gets work experience and in some cases offered jobs at the places they volunteer. They also can gain self-esteem from activities such as sports.
- Supporting clients through mentoring programs, job coaching and tutoring has been very successful.
- It's important to have the client take responsibility for their action plan. There's sometimes resistance to dealing with resumes and action plans, usually with younger men, but a BSDW can't do it all for them.
- Helping clients improve their general life skills such as budgeting, communication, and interpersonal skills.
- The incentive program was working. It's hard to know if you should use incentives to get people out there looking for work, or if you should get a slap on the wrist if you don't.

- There needs to be mutual respect between the client-care worker and the client. Workers have to be willing to listen and the client has to want changes in their life.

## Recurring Themes

The following section highlights the recurring themes throughout the Active Measures community dialogue sessions.

### Intake, Assessment and Referral

Client intake, assessment of a client’s needs, and in most cases, the lack of quality referral services available to clients living on-reserve were common themes. Client-care workers reported:

- There is not enough staff to do the work that is needed to properly manage client caseloads. There are high percentages of clients with multiple barriers and disabilities, and to properly meet their client’s needs, there needs to be a higher number of qualified staff to share the caseload. Intake and assessment are essential in determining a client’s position on the employment continuum (See Figure 1). The turnover rate for social development staff is high on reserve due to the high levels of stress and low wages. In many communities the client to the client-care provider ratio is too high to do anything more than determine eligibility for IA.

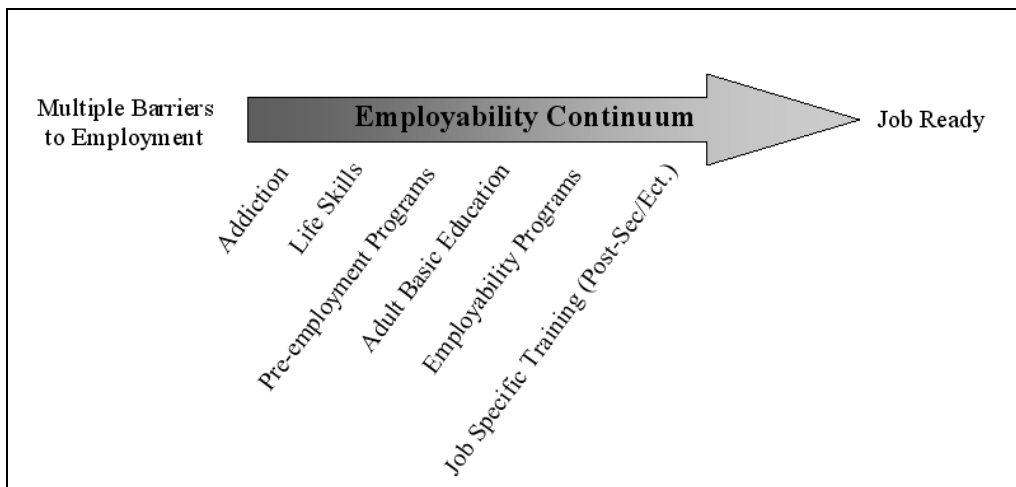


Figure 1. The Employability Continuum.

- BSDWs would like to have more training opportunities. Both to understand the policy that they are working within and how they can improve the services they provide to their community members.
- Band Social Development Workers are often paid less than their off-reserve counterparts. They also have to manage their caseloads with less funding for employment programs and employment supports. Funding parity between the on and off-reserve social development workers would be ideal.

- Clients living on-reserve do not have access to the resources needed to prepare them for employment or self-sustainability. Many clients need to have access to detox, treatment and aftercare for drug and alcohol abuse. Access and transportation to services are major challenges for many remote and isolated communities.

Client care workers reported that the proper assessment of needs and access to services in response to those needs are crucial factors in the progress that a client achieves and maintains.

### **Employability Programs**

Pre-employment or employability programs were common themes throughout the community dialogue sessions. After the issue of proper assessment is dealt with, clients need to have access to programs that will improve their employability. Client care workers reported:

- Life skills programs such as Test of Workplace Essential Skills (TOWES), and the Road program are essential for clients' progress through the employment continuum. Life skills such as budgeting and time management are also important for clients to learn before attempting self-sustainability.
- Upgrading education was a recurring theme for most communities. There was concern regarding the quality of the education youth are receiving from the public education system. In many communities, students are not receiving the education that they should have before leaving high school. They are simply receiving "leaving tickets" to get them out of the public education system. Upgrading resources for literacy and numeracy, directed both at youth as well as adults, needs to be a priority for an improved IA system.
- Physical well-being and health are important factors in determining whether a client will be able to maintain long-term success and/or employment. In many cases, clients are on IA because they are physically unable to maintain a regular schedule. This can be due to addiction or other physical and mental impairment. Proper management of physical and mental health is necessary for clients to be successful.

Client-care workers reported that education and health need to work together for client care to be effective. In cases where they have worked together, clients have been more successful. Further, it is exceptionally important to have employability services available to clients in a timeframe that is conducive to their success.

## **Employability Supports**

Employability supports were a common theme throughout the community dialogue sessions. Employment comes with its challenges and clients who are transitioning into employment will need support.

- One topic that was of high interest was a transition period for clients to continue receiving IA benefits after gaining employment. The transition period would ideally give clients enough time to collect their first cheque and purchase the items, such as work clothing or boots, needed to start a new job while maintaining a reasonable standard of living.
- Access to affordable, quality daycare services is a common concern for clients with families returning to work. By ensuring clients have access to quality daycare services, a good portion of the stress of returning to work can be alleviated.
- It would be valuable for clients to have access to employability programs such as First-Aid and WHIMIS certificates through the IA program.
- Clients looking for work off-reserve will need financial support from their band. Many remote communities have little or no local economy in the area and clients will need to look for work away from their community.

Many of the client-care workers at the community dialogue sessions believed that maintaining a relationship with their clients for a period of time to help them cope with the changes in their lives associated with returning to or starting work was essential for their long-term success. Throughout the duration of the meetings, funds were a recurring and significant topic of concern for the majority of the attendees. To make the improvements that are needed, funding will always be an obstacle.

## **Data Management**

Data management was a recurring theme throughout the sessions. With the high turnover rate of BSDWs in many communities, improving data management standards is imperative to the quality of the service clients receive.

- Electronic data management is preferred over the hand written methods that are common in many communities. In some communities, the infrastructure to house higher quality equipment such as computers and internet is non-existent. In order to accommodate higher quality data management equipment, some facilities will need improvements prior to installation.
- Bands would like to see a standard, Province wide data management system. The new system would need to be made specifically for social work applications and be tested for effectiveness.
- If a new technology is put into place, client-care workers need to have access to training and supports for the new systems.

Improving data management would allow workers to track a client's successes or attempts of an employment program, allowing the worker to accurately determine the next step in the client's development.

### **Changes in Income Assistance Policy**

Another of the recurring themes was income assistance policy. Client-care workers reported that more defined policy in an easier to read manual with less room for interpretation would be ideal.

- More clearly defined policy, including eligibility criteria, is needed. In many communities, the BSDW position can put the worker in a place where they are dealing with family members and friends as clients. This can be difficult for the worker since their personal opinion of that friend or family member can be seen as the gateway to income through IA.
- More clearly defined authority over a client's eligibility for IA and personal action plan was another issue that BSDWs reported. In some cases workers have made decisions only to have the chief or member of band council come into their office and inform them that their say in the matter is being overturned. Standardization of policy, including who and how a person gains access to funds and who authorizes the decision is necessary.
- Some bands would prefer access to funding directly rather than have to go through a second body such as an AHRDA.
- Client-care workers would like assistance in adapting current policies to meet the specific needs of their clients.
- Authority over a client's case is not transferable on and off-reserve. To meet the needs of clients, client care workers need to be able to help their clients living on or off-reserve.
- Income Assistance reinvestment opportunities. Bands would like the opportunity to collect funds that are not needed once an individual stops collecting IA and invest them into Active Measures type programs and services.
- Include a remoteness allowance. The cost of accessing services from remote locations is greater than the current policy can provide. Remote communities would like to see an increase in the funds available to them.
- Include a program bill-back policy. BSDWs would like to be able to bill clients for the costs of programs and services that they do not complete.
- More funding is required in long-term care. Policy that recognized the high costs associated with long-term counseling, treatment and aftercare would be valuable.

First Nations need to be involved in the development of the policies that affect their lives. Whether there is a Province wide change in policy or the changes are made on a small, community scale, bands need to be able to have input into policy development.

## Shifting Attitudes Toward Income Assistance

One outstanding theme that the discussion returned to on several occasions, both in the breakout session and the plenary discussion, was the topic of mind-set or attitudes towards the income assistance program. For the Active Measures program to be effective, there needs to be a major shift in the way that leadership, communities and individuals view income assistance.

- Client support needs to be addressed holistically. One phrase that stood out was, *“The pot of money going to one person should not be separated”* Illustrating that all of a clients needs, including mental and physical health, in some cases addiction, have to be addressed together if there is going to be movement along the employability continuum.
- First Nations Leadership has to be in agreement that it is not acceptable to have employable people dependant on a system that was intended for short-term relief. There is concern that First Nations Leadership will not address the issue of Income Assistance on-reserve for fear of retribution, and in some cases a loss of their position of power in that community.
- The community itself has to change the way it views the IA program. Band Social Development Workers report young people applying for IA when they reach their 19th birthday, even when alternatives such as jobs or training are available.
- Many clients have been in a state of dependence for so long that they do not believe that they can manage life in any other way. For many clients, access to personal counseling is the first step towards employment or self-sustainability. Counseling clients and helping them heal from past abuses, addiction and mental illness issues and allowing them to gain self-assurance is necessary to ensure personal goals and possibly employment.
- Client-care workers stressed the importance of building or maintaining a cultural element in the growth and strengthening of a First Nations individual.
- Clients have to take responsibility for their successes and challenges. A BSDW can try to help a client, but the work will not help the client unless they are willing to make changes in the way they see the IA system and what supports it can provide to them.

To see clients progress along the employability continuum, the community needs to work together in a positive and supportive manner. Many clients face multiple barriers to employment and will need the long-term support of their family members and community to be physically and mentally prepared for the challenges of day-to-day life.

## **Conclusion**

In order to effectively serve First Nations individuals and communities, the on-reserve income assistance program's intake assessment and referral services need to be improved. Client-care workers reported that the proper assessment of a client's needs and access to services in response to those needs are crucial factors in the progress that a client achieves and maintains.

Clients need to have access to quality employability programs. Life skills, education and health need to work together to properly manage clients needs and move them along the self-sustainability or employability continuum. In most cases, client-care workers reported that close contact with clients, getting the client to take ownership of their actions, acknowledging both small and large successes played an important role in a client's movement along the employment continuum. Ongoing inclusion of the BSDW or other care worker and the family in the clients personal development is essential.

Once a client has progressed to employment, supports need to be in place to ensure the clients long-term personal success. By ensuring client-care workers have access to quality data management systems the time and manpower needed to provide the best care possible for clients can be streamlined and more efficient. The policy affecting clients on-reserve needs to be updated and improved upon. Many of the current policies do not work for members of small, remote communities.

The intent of the Active Measures strategy is to assist First Nations administering authorities with the tools, programs and services that First Nations need in order to shift from a passive system to an active, more supportive system for their community. To ensure that clients and community members benefit from any changes made to the income assistance program, we also need to look at the attitudes associated with income assistance. The changes we make today, in the short term, will make long-term differences in the way that First Nations people living on-reserve benefit.

## **Questions and Answers**

The following section highlights questions asked by band members attending the Active Measures community dialogue sessions. The FNSDS website [www.fnsds.org](http://www.fnsds.org) and 1 (800) 991-7090 number are also valuable tools for frequently asked questions.

Question:

Funding Service Officers have been accepting calls from Income Assistance Clients directly, who are appealing Band Social Development Worker's eligibility/IA benefits decisions. Can they overturn a decision?

Answer:

It is not unusual for FSOs to receive calls from SA clients requesting that INAC intervene in the decisions of the FN's SA department. INAC staff has been advised to refer the client to the "appeal process" that exists with each FN community as the appeal form is on the back of the B&D sheet. If the appeal is to go beyond the FN then it must be conveyed in writing to INAC (telephone calls are not accepted) by the FN's SA worker. Decisions over the telephone are NOT acceptable.

Question:

Will there be additional funding available for communities who want to implement Active Measures?

Answer:

INAC Regions have been advised that there will be no national request for new funding for Active Measures going forward to central agencies before 2010. However, knowing that funding follows success, BC Region is looking internally to identify some funds in this fiscal year that can be used to initiate a few demonstration projects in partnership with First Nations administering authorities who are willing to work with the Active Measures Working Group to develop and report on effective practices in Active Measures.

Question:

Can bands change their IA rates?

Answer:

Bands funded under a Canada/First Nations Funding Agreements (CFNFA) of block funded bands, can change their policies and rates, but their funding is based on fixed amounts (arrived at by the application of funding formulas), rather than on the reimbursement of actual eligible expenses as in the case of Comprehensive Funding Arrangements (CFA). With CFNFAs Program surpluses may be reallocated at the discretion of the recipient. For more information, please see sections 1.2, 1.3 and 1.4 of the SA online manual at the FNSDS website at [www.fnsds.org](http://www.fnsds.org)

## **Appendix 1: Acronyms**

AHRDA	Aboriginal Human Resource Development Agreement
AL	Assisted Living
ASARET	Aboriginal Social Assistance Recipient Employment and Training
BC	British Columbia
BSDW	Band Social Development Worker
CFA	Comprehensive Funding Arrangement
CFNFA	Canada/First Nation Funding Agreement
DIAND	Department of Indian Affairs and Northern Development
FNCFS	First Nations Child and Family Services
FNIYES	First Nations & Inuit Youth Employment Strategy
FNSDS	First Nations Social Development Society
FVPP	Family Violence Prevention Program
IA	Income Assistance
INAC	Indian and Northern Affairs Canada
NCBR	National Child Benefit Reinvestment Initiative
PPMB	Person with Persistent Multiple Barriers
PWD	Persons with Disabilities
SA	Social Assistance (synonymous with IA)
TESI	Training and Employment Support Initiative
TOWES	Test of Workplace Essential Skills
WHIMIS	Workplace Hazardous Materials Information System
WOP	Work Opportunity Program

## **Appendix 2: Definitions of Commonly used Terms**

### **Employable Person:**

An employable person is any person who is NOT: a dependant child, a person who does not qualify as a Person with Persistent Multiple Barriers (PPMB) or sixty five years or more years of age<sup>4</sup>.

### **Persons with Disabilities:**

The designation of a person with a disability can be given only if a person meets the income assistance eligibility requirements and can be recognized as having the following characteristics found in the Department of Indian Affairs and Northern Development Social Development Policy and Procedures Manual.

*“To be eligible for the on-reserve Persons with Disabilities (PWD) designation in British Columbia, the client must receive his or her status as a person with a disability through the Department of Indian Affairs and Northern Development (DIAND), BC region. In order to receive the DIAND PWD designation, the client must be 18 years of age or older and must have a mental or physical impairment that:*

*1) in the opinion of a medical practitioner is likely to continue for at least 2 years, and*

*2) in the opinion of a prescribed professional:*

*i) directly and significantly restricts the persons ability to perform daily living activities either*

*a)Continuously, or*

*b) periodically for extended periods, and*

*ii) as a result of those restrictions, the person requires help to perform daily living activities.*

*A person who has a severe mental impairment includes a person with a mental disorder.*

*A person requires help with a daily living activity if, in order to perform it, the person requires:*

- And assistive device,*
- The significant help or supervision of another person, or*
- The services of an assistance animal<sup>4</sup>.”*

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<sup>4</sup> Social Development Policy and Procedures Manual Vol. 1. Department of Indian Affairs and Northern Development. (548387 v5) August 2007 Sec 8.1 pg 1.

## **Persons with Persistent Multiple Barriers**

To qualify for the PPMB category, a client must have a medical condition, other than addiction, which meets the following 2 criteria:

*“1. The medical condition is confirmed by a physician (who is authorized under an enactment to practice the profession of a medical practitioner in BC), and that in the opinion of the physician, the condition:*

- Has continued for at least 1 year and is likely to continue for at least 2 more years, or*
- Has occurred frequently in the past year and is likely to continue for at least 2 more years and*

*2. In the opinion of the Band Social Development Worker (BSDW), the confirmed medical condition seriously restricts the clients ability to search for, accept or continue employment<sup>4</sup>.”*

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<sup>4</sup> Social Development Policy and Procedures Manual Vol. 1. Department of Indian Affairs and Northern Development. (548387 v5) August 2007 Sec 8.1 pg 1.

### Appendix 3: List of Attendees Kamloops Dialogue Session

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## Nanaimo Community Dialogue Session Attendees

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