



**Social Assistance Legislation
Response to
*Investing in People: New Directions
for Social Assistance Legislation***

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1. Introduction

The Newfoundland and Labrador Health Boards Association (NLHBA) is the federation of regional health boards that serve Newfoundlanders and Labradorians across the province. Through its membership, the NLHBA represents the regional Institutional Health Boards, the regional Integrated Health Boards, the regional Health and Community Services Boards, the St. John's Nursing Home Board and the Newfoundland Cancer Treatment & Research Foundation. These Boards are governed by voluntary trustees, who are appointed by the Minister of Health and Community Services and serve in the public interest.

On April 1, 1998, the mandates of the former Community Health Boards were significantly broadened. Four regional health and community services boards were created, St. John's, Eastern, Central and Western, in order to deliver programs and services in continuing care, mental health, addictions, health promotion, disease control and epidemiology, child welfare, family and adult rehabilitative services and community corrections. Since then, these programs and services have been devolving, at varying times, to the four new boards, and also to the two integrated boards, the Grenfell Regional Health Services Board and Health Labrador Corporation.

Integrating services from the former Community Health Boards with the Child Welfare, Community Corrections, and Family and Adult Rehabilitative Services from the Department of Human Resources and Employment (HRE) was intended to provide a continuum of care in the community based on principles of prevention and early intervention and interdisciplinary teamwork. This health promotion/population health approach supports the goals of the provincial Strategic Social Plan (SSP): vibrant communities where people are actively involved; sustainable regions based on strategic investment in people; self-reliant, healthy, educated citizens living in safe communities; and integrated and evidence-based policies and programs.

The significant restructuring and integration of the health system in this Province was undertaken by Government with the stated aims of :

- promoting greater community involvement in program development and delivery;
- promoting a more holistic approach to working with children, youth and families;
- promoting an integrated approach to active human resource development;
- involving clients more fully in identifying their service needs and matching services to those needs;
- providing clients with coordinated, single entry access to services;
- emphasizing a team-based, multi-disciplinary service approach;
- coordinating services more effectively by linking related services;
- ensuring the best use of available human and fiscal resources.

2. Partnerships

Over the past few years HRE is also reviewing and changing its approach to delivering services and has developed a discussion paper, *Investing in People: New Directions for Social Assistance Legislation*. HRE is the lead department in the Strategic Social Plan, and the SSP philosophy guides the new goal to “ensure dignified financial support for all people who use our services, and to support those who are able to find and maintain employment.” HRE has invited input into new legislation that will support the renewed approach.

The partnership between HRE and the Health and Community Services and Integrated Boards is valued by Health Boards. This partnership is essential as organizations and individuals in both sectors work towards proactively meeting the needs of their clients in the most effective way and within the resources available. Both the Health Boards and HRE are generally dealing with the same client base, and deliver services and programs according to the overall strategic directions and philosophy in the SSP. Our current understanding of the social and economic determinants of health supports the broad-based, community-development, SSP approach as the road to a healthy population

through multi-sector partnerships. Health Boards are therefore anxious to ensure that legislative change will proactively strengthen and support the existing partnership initiatives and enable further personal and economic development for the clients. Changes in HRE programs and services will have an impact on the way programs and services are delivered in other sectors such as health and education. A lot needs to be done to co-ordinate current services and programs in the Departments of HRE, Health and Community Services (DOHCS) and Education to avoid duplication and ensure access to the full range of options through any one of those entry points. HRE must make sure, through partnerships with those sectors, that the impacts of their new vision are positive. New legislation potentially offers opportunities for a shared approach towards more innovative ways to improve programs and services and a new ability to shape programs and services to benefit clients in the client-centred system.

Although partnerships with other sectors and organizations are mentioned briefly in *Investing in People*, there is no specific detailed discussion on this important aspect of the development of our human resources in this province. It is clear that co-ordination with health, education and justice sectors, at a minimum, is essential to advance the HRE innovative approach and, by extension, the vision of the Strategic Social Plan.

The NLHBA recommends a consultation with the other social sectors in order to determine the most effective partnerships, together with the most appropriate legislative powers and authority.

3. Key Issues: Discussion

3.1 A New Vision

The fresh vision for social assistance is welcome, with the emphasis on respect for people, working co-operatively with clients to prepare for, find, and keep work as the best means of achieving social and economic prosperity. This is balanced by the recognition of the reality that some people will always need to be supported by Social

Assistance. The NLHBA supports this two-pronged approach to addressing the needs for social assistance, ensuring the appropriate supports towards achieving individual responsibility together with dignified and respectful support for those without the ability to make it on their own.

The key issue for discussion here is legislation that will enable the development of innovative but realistic initiatives to implement the vision. We have separately referenced the basic issue of partnerships for achieving the full benefit of a smooth continuum of co-ordinated and available services and are recommending that this be explicitly addressed in the legislation with clear requirements and processes. In addition to partnerships, the new vision should appear at the beginning of the proposed legislation as principles to guide interpretation of the legislation, as in the *Child, Youth and Family Services Act*, for example. These principles should emphasise the determinants of health, particularly with reference to young people and families, equitable access to services and clear expectations for client participation to the level of their ability. This will help to prevent the practical application of the legislation, and the interpretation of individual sections of the legislation, from departing too sharply from the original vision.

The reality is that current incentives for people to move from social assistance to work need to be enhanced and sustained over a much longer period of time to have any real impact. The drug card, for example, can be retained for only 6 months after starting employment in certain circumstances. For families, or individuals with high drug expenses, this is not nearly long enough to act as a substantial incentive. Child/elder care issues need to be addressed systematically and in the long term in order to ensure that parents and adult caregivers really see the longterm benefits of employment as compared with social assistance. People with disabilities have unmet needs for support in finding and keeping employment. Roles and responsibilities for all parties, including Government, employers and individuals, involved in the system must be clearly defined in the legislation. Again the most productive approach will be through partnerships with other agencies in the social sector.

3.2 *Ensuring stable and dignified social assistance for those who need it*

The first principle of the new mandate is to make sure that people without sufficient financial resources can be assured of equitable access to social assistance in a respectful, effective and efficient manner. A number of changes have already been made in program delivery with this philosophy in mind, ranging from an increase in basic benefits to the ability to have social assistance payments deposited into bank accounts. It is important to identify innovations in this area that are relevant to client circumstances; direct deposit, used by only 8% of clients, will be of no use to clients without bank accounts, many clients do not have telephones and information materials will need to take reading levels into account. Clients may not benefit from losing the personal contact with their Client Services Officers. It is also important to ensure that criteria for programs like, for example, the income supplements for low income earners which currently reaches only 1,500 clients, do not exclude the very people that most need those programs. If clients are unable to access needed support through such a program, they are likely to give up work and go back on full social assistance.

HRE has not yet accomplished its goal of providing dignified social assistance but there have been many positive steps towards eventual success. These steps, however, must go far enough to be effective. The proposed legislation will be able to lay the foundations for a co-ordinated program based on the new philosophy and all existing programs should be reviewed and adjusted to fit the framework. We have indicated that many measures, while well-intentioned, are not sufficient. Programs should be designed to be appropriate and effective in supporting the client's needs. If a program does not last long enough, offer the most effective support or excludes needy clients, then the negative effect on the client may act as a deterrent not only to that individual, but to an entire group of clients. Programs should be strategically

reassessed according to the principles of the SSP and the new philosophy of the proposed legislation.

Partnerships with other agencies will be essential to achieve co-ordinated supports in every area. Page 14 of *Investing in People* mentions that efforts are under way to establish better linkages with other social agencies. Building on current relationships will be an important component of that, as will breaking down service barriers that may have developed at delivery level since many of the social programs moved to the Health Boards under the jurisdiction of the Department of Health and Community Services. Individual Health Boards have indicated areas for attention in their responses, such as ongoing confusion about service issues amongst staff and clients and the continued presence of security measures in HRE offices that do not support the dignity of clients.

If families are willing to provide, or continue to provide, support for a family member, they should be given access to the same range of supports as all other supportive individuals. This would bring the social assistance system in line with the *Child, Youth and Family Services Act*, where family members are no longer discriminated against but supported and valued (see ss. 62 (2) and 63, for example, where the first consideration for placement of a child is to be with a relative or person with whom the child has a significant relationship, including financial support for anyone except the noncustodial parent). Where there are family members who are willing to continue to work with a client in some way, the system should provide for, appropriately support and monitor that initiative.

The NLHBA supports accountability measures such as requiring the Minister to review and report to Cabinet on social assistance rates and report on social assistance programs to the House of Assembly.

3.3 Removing Barriers to Work

The barriers referred to here are system barriers which make it more attractive for an individual to remain on social assistance than to work in a moderate or low-paying job. Many of these barriers were inadvertently erected by both the social assistance system and the employment insurance system, both of which offer supports, financial and otherwise, which are withdrawn when the client finds work. This is a disincentive for clients to begin working at a job which cannot sustain similar benefits. There are some successful efforts to address this, such as the removal of basic benefits for children from the social assistance program with the happy effect that families do not have to be part of the social assistance program to receive the benefit. The Mother Baby Nutritional Supplement and the Single Parent Employment Support Program are also available for individuals fitting the criteria based on income, not on sources of income. These initiatives, which address low income families regardless of whether they have social assistance or employment income, are moving towards a framework where the provision of benefits such as drug cards is not linked to the lack of employment, but to need – a minimum income system. This is a welcome direction which builds on the strengths of individuals and communities by supporting the working poor as well as social assistance recipients.

These initiatives need to be moved out of the pilot project zone into the main framework and funded realistically (for example, the child care allowance should cover a minimum wage caregiver or a placement in an average child care facility) in order to promote independence rather than encourage dependence.

3.4 Helping People prepare for, find and keep a Job through Active Training and Employment Measures

The NLHBA particularly welcomes the focus on youth, in view of the large proportion of youth between the ages of 18 and 29 amongst social assistance clients, with young people under 30 making up 45% of the new adult entrants in 2001 (in 1990, they made up 39% of new entrants). These are disturbing facts. A high

proportion have come from families supported by social assistance, and have received various other types of assistance from Health and Community Services, Justice and the education system. Therefore the new legislation should mandate partnerships with particular reference to this group. We note that the discussion document only briefly touches on the partnership aspect of services and programs as an additional point at the end of the discussion (page 18-19). The NLHBA believes that no success or progress can be achieved without appropriate and effective partnerships.

One example of a partnership which needs to be reviewed is in the Adult Basic Education program, where Level 1 is not funded by HRE even though it is a precondition for entry to Levels 2 and 3. The 80% failure rates for these programs is unacceptably high, and there is some evidence that graduates from the program are not adequately prepared to successfully complete post-secondary training or education courses. The focus should be on early intervention to avoid later problems such as early school leaving, unplanned teenage pregnancy or involvement with the justice system.

For the particular discussion points in this section, you will note that the responses from individual Health Boards stress the importance of early intervention and effective, consistent support with an emphasis on consultative planning, meaningful incentives and the responsibility and role of the client in the process. Participation in active employment measures, particularly by youth, should be strongly encouraged or mandatory. Other groups besides youth to be targeted are single parents and victims of violence, with program access primarily focussing on need. Improvements are needed in the assessment of youth's eligibility, the role and responsibility of the family and programs and services need to be flexible enough to respond to the particular circumstances of the individual youth client.

3.5 Accountability and a Fair and Efficient Appeals Process

Legislation should define and clarify the roles and responsibilities for all parties including clients, agencies and government, together with clear consequences for non-compliance and appropriate powers to advance the goals of the social assistance system. HRE has the responsibility to ensure that all clients are fully informed of, and understand, their rights and responsibilities and the consequences of not fulfilling their responsibilities. HRE is working on the privacy and access issues for client confidentiality which are so vital to maintain the confidence and support the dignity of clients. The appeals process should be accessible, impartial and according to natural justice. A client advocate should be available for the appeal process where required.

4. Conclusion

The Newfoundland and Labrador Health Boards Association support the new vision for the social assistance programs as long as the core clients who will always need support from the social assistance system are not lost in the move to an employment focus. Programs and services will need to be thoroughly reviewed and evaluated to ensure that they are all working according to the new philosophy. Currently the responses from individual Health Boards have identified many detailed areas of practical policy where clients have been unable to access much needed supports. Issues stemming from the changes since 1998 still confuse clients and need to be addressed. There are still duplications in services between Health Boards and HRE (in income support functions, for example) which show that the partnerships need to be monitored and amended in order to achieve their potential.

The NLHBA recommends that a liaison committee with HRE be set up in order to examine and evaluate the policies, programs and services that affect the common client base. This may be the most effective way to ensure that the needed partnerships are functioning in the best interest of the clients and to identify new policies that will enhance the partnership. 