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COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, June 7, 2016

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Employment Support and Income Assistance - Special Needs Funding

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COMMUNITY SERVICES COMMITTEE

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[Ms. Marian Mancini was replaced by Hon. David Wilson.]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

Mr. Gordon Hebb
Chief Legislative Counsel

Ms. Nicole Arsenault
Legislative Counsel

WITNESSES

Dalhousie Legal Aid Service
Ms. Fiona Traynor - Community Legal Worker

ACORN Canada
Ms. Storm Paradise - Staff Member

Benefits Reform Action Group
Mr. Kendell Worth - Co-Chair

Community Society to End Poverty in Nova Scotia
Dr. Stella Lord - Coordinator, CCSEP-NS
Ms. Megan MacBride - Social Worker, North End Community Health Centre
Ms. Kellie McLeod - Social Worker, Adsum House for Women and Children



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, JUNE 7, 2016

STANDING COMMITTEE ON COMMUNITY SERVICES

1:00 P.M.

CHAIRMAN
Ms. Patricia Arab

MADAM CHAIRMAN: I'd like to call the meeting to order. This is the Standing Committee on Community Services. We're having a bit of a unique meeting today where we have a number of presenters coming to speak on the same topic so I welcome them into the Legislative Chamber - I welcome you all here.

We have also extended the time of this meeting to run from 1:00 p.m. to 4:00 p.m., to accommodate presentations and allow for questions and answers, as well as committee business at the end of the meeting, so I am going to ask all members of the committee and all of our witnesses to please pay close attention to the amount of time allotted. I will be calling time, in order to make sure that nothing gets missed and everybody has ample opportunity to ask what needs to be asked and that all of our business gets wrapped up in an efficient manner.

My name is Patricia Arab, I'm the MLA for Fairview-Clayton Park. I'm also the Chair of this committee. The first thing I would ask our guests and our members to do is perhaps we can go around and identify ourselves and who we represent.

[The committee members and witnesses introduced themselves.]

MADAM CHAIRMAN: I'd like to welcome you all here today, it's a pleasure to have you. Our topic today is going to be on special needs funding under the ESIA program. Each group, and there are four, will have 15 minutes to present. At the conclusion of all four of those presentations we'll move into a question-and-answer period.

Again, because we are in a more formal structure and because we have more than usual speakers and questions, it's very important that all - including our committee members because they're the ones who tend to do it the most - wait until they are recognized by myself, as the Chair, before speaking. That will allow Hansard and Legislative TV, who are watching us, to be able to turn on your microphones and make sure there is an easy flow for transcription.

Even though we are in the Legislative Chamber, this is not being televised but a formal transcript will be recorded and then presented to the website, as is typical practice for this committee.

I also notice that we have a number of people sitting in the gallery today. As with any other committee meeting, I ask that you make sure that your phones are switched off or turned on to vibrate, and that there be no gestures or noises of support or discourse from the gallery. The gallery is meant to be an observation point only.

With that, I will get started. Our first group to present is going to be Dal Legal Aid. I will recognize Ms. Fiona Traynor for her 15 minutes

MS. FIONA TRAYNOR: Thank you to the committee for listening to our concerns about access to special needs entitlements under the Employment Support and Income Assistance Program.

Dal Legal Aid has been in operation since 1970, when it began as a summer project of the former Halifax Neighbourhood Centre. It was the first legal aid service for people living in poverty in Nova Scotia, and the organization's involvement with poverty-related issues is long-standing.

I've worked as a community legal worker at Dal Legal Aid for eight years. I work mainly in the area of poverty rights, and I advocate for and represent people on issues around income assistance. All of my clients over the past eight years are disabled, and most have told me that the welfare system in Nova Scotia is punitive and demeaning to people who are receiving income assistance.

I'm here to tell you that every day I work on behalf of people whose main source of income comes from income assistance, and what they have to tell me is usually not good news. Instead, they talk of being cut off of income assistance or having the amount of their monthly cheques reduced, often with no prior notification. My clients tell me of their unending struggle to pay their rent, feed their children, and get access to items and services that affect their health.

The latter are called special needs under the ESIA program. If there's one thing I want this committee to remember today, it's that the special needs provision of the Income Assistance Program is vital to the health and wellness of people on income assistance and

that the actions of successive governments of this province have whittled away the legal access to these important items and services.

I just wanted to give you a brief overview of the number of people who are accessing special needs. These are the Department of Community Services' own statistics. Total caseload in 2011 for the program was 28,805 cases, for a total of 44,467 people. Under the program, it's divided between basic needs, shelter needs, and special needs. According to the Department of Community Services, 65 per cent of the total of income assistance caseloads in Nova Scotia receive some form of special needs allowance.

These allowances, therefore, are extremely important for the majority of people living on income assistance who are disproportionately people with disabilities. When it was introduced in 2000, the Minister of Community Services at the time, Peter Christie, called special needs a "cornerstone" of the design of the ESIA program. It was intended to ensure that accommodative measures are in place to meet people's essential health and wellness needs.

What I wanted to talk about today - I wanted to go back in time by a few years and talk about changes that happened in 2011 to the ESIA regulations. Prior to 2011, special needs included coverage for items or services cited in the regulations and "another item or service that in the opinion of a caseworker is essential for an applicant recipient, spouse, or dependent child." This provision meant that special needs could be approved even if they were not explicitly listed in the regulations or in the policy manual, but was shown through medical records and diagnostic recommendations to be essential to the applicant.

On August 8, 2011, the Nova Scotia Government made several changes that affected access to special needs, namely, they removed the above-cited section and put in the current section that reads, and it still currently reads, "an item or service prescribed in policy by the director." This meant that any request for special needs that fell outside of the prescribed list in regulations or the policy manual would not be approved and was not appealable to the income assistance appeal board.

This amendment fundamentally removed the legal options for people whose special needs requests were denied by the Department of Community Services. It removed a vital measure of oversight of departmental decisions on special needs by the income assistance appeal board.

Also un-appealable under these regulatory changes were denials of non-formulary medications, medical marijuana, and shelter allowance increase. On one of my slides here I have included just the way the regulations read prior to 2011 and after, just for your information.

One of the other things I wanted to point out that was changed in 2011 was the removal of an important discretionary authority that gave casework supervisors some kind

of discretion around alleviating the pain and suffering of applicants. I wanted to point out that while the department collates lists and numbers of ESIA cases, we can't forget that the core purpose of the program is to assist people who are in need. People are at the centre of this program and the excision of Regulation 46 removed the imperative of compassion available to the department when administering this program to citizens of Nova Scotia.

I want to bring your attention now, coming forward to 2013, after public outcry and published reports on the results of the 2011 regulatory changes. In 2013, the new government attempted to reverse the mistake and inserted Regulation 24A(1) - entitled Special needs essential for health - which was to address the curtailment of special needs as a result of the previous change. The word "essential" was put back into the regulations, however the new section is very exclusionary and stipulates that only items or services provided by a medical professional registered to practise in Nova Scotia will be considered for approval.

I wanted to talk about a case study. I have a current client who is a recipient of income assistance who suffers from global environmental illness and cannot live in housing that has toxic wall paint, carpeted flooring, and smoking. These health needs are recognized and supported by doctors and specialists. The only appropriate housing available is well above the DCS shelter rates, which we all know are woefully inadequate and haven't been increased in probably around 25 years. DCS policy only recognized the need for additional shelter allowance for persons requiring "barrier-free access to, from or within their accommodations as a result of a terminal illness or permanent physical disability."

Prior to the 2011 regulatory changes, this client could appeal a denial of this request to the appeal board if it was shown that it was essential to her health and that that particular health issue was appealed several times to the appeal board and did allow people to get increased shelter allowance, allowing them to live in healthy environments. The 2011 regulatory changes removed "essential" and delineated that shelter costs could not be considered a special need. The 2013 regulatory changes do not remove barriers to access accommodation that is above the DCS shelter rate allowance. Therefore, persons with environmental illnesses are ineligible for enhanced shelter assistance and cannot appeal to the income assistance appeal board. I just want to point out that this is just one example of the consequences of removing access to the legal appeal process for income assistance recipients.

My last slide deals with the issue of policy versus the law. The ESIA policies do not always mirror the regulations in the Acts. A glaring example of this is the transportation allowance, wherein the Department of Community Services is telling income assistance recipients that they have to have between 10 and 12 medical appointments in order to qualify for a bus pass. There is nothing in the law, the Act or the regulations that stipulates that income assistance recipients have to have any number of medical appointments. What the law stipulates is that they have to have medical support for this request for a transportation allowance and that goes across the board for every income assistance

recipient who requests a special need. They have to have medical proof and support for any special need, transportation allowance just being one of the kind of glaring issues where the policy does not reflect and does not mirror the law.

I also wanted to point out that the policy is in the discretion of the bureaucrats and can be changed and is changed regularly. There is no oversight over the policy changes that happen without any input from the public, without any oversight from the Income Assistance Appeal Board, without any input from the electorate of this province. It is made internally by the Department of Community Services, and that is not fair to people on income assistance.

When they allow the removal of an unbiased legal appeal process, in this case, the Income Assistance Appeal Board, on the denial of special needs, we are putting the policy decisions about recipients' health and welfare into the hands solely of bureaucrats who I would say respectfully are not elected officials and who have little direct accountability to the citizens of this province.

Regulations and Acts, as you all know, are reviewable by Cabinet and government respectively. Elected officials you all are with obligations to answer to the constituents and the electorate of this province. These changes that have happened since 2011 are regressive changes. They have removed access to a legal process, the Income Assistance Appeal Board, which was an arm's-length, quasi-judicial body that oversaw decisions of the department.

Unfairness of a system that creates hardship to the most vulnerable, and the most vulnerable people in this province are people who are receiving income assistance. Thank you.

MADAM CHAIRMAN: Thank you very much, Ms. Traynor. I appreciate your presentation.

We are going to move on next to Mr. Kendall Worth who is here on behalf of the Benefits Reform Action Group. Mr. Worth, you have 15 minutes.

MR. KENDALL WORTH: Thank you. I would like to start this presentation by thanking the Community Services Standing Committee for allowing us the opportunity to come forward at today's committee meeting. We are here today to talk about our concerns regarding ESIA clients losing their special needs.

As you may remember in our original request to appear we only talked about the loss of special diets; however, we want to note that our group understands that special needs which ESIA clients have been losing are not limited to special diets. Other special needs which ESIA clients have been losing include the following: bus passes/transportation allowances, telephone allowances.

For those who have no choice in life but to depend on the ESIA program/system for their living needs, the loss of any special diet/special need benefits is a big problem. A bus pass costs \$78 which is within approved transportation allowance, and a basic telephone costs \$35 which is the approved allowance for telephones. The reality is an ESIA client depends on their telephone allowance and bus pass to live a half-decent life. Then, on top of that, special diets have various approved allowances attached according to Section 6.3.3 of the ESIA Policy Manual. People may lose what could be anywhere between \$27 and \$150.

As one example, I myself was getting the amount of \$147 for special diet allowance before February 26, 2013. After that date, my special diet allowance went down to \$81. Before I go any further, I just want to mention that back in October I sent you all the information on my personal case but now I will go further with this presentation. The loss of any special need makes the ESIA client have no choice in life but to suffer unfair consequences financially. For persons with disabilities to lose special needs allowances makes the hardships they suffer even more difficult.

Without the ESIA client receiving that extra special needs funding, the client ends up with no choice but to live their day-to-day life with frustration and anxiety. This is what the losing of special needs allowances does to people. The loss of special needs allowance has affected the ESIA client's ability to live an acceptable quality of life. It also makes their health deteriorate. For ESIA clients, it is impossible to pay for special needs because the personal allowance is so small. Even though this year ESIA clients did get a \$20 increase in personal allowance, when it comes to replacing lost special needs, this increase hardly makes a dent. Telephones are not being treated as a general, basic need, which makes it difficult for ESIA clients who want to re-enter the workforce.

Loss of telephone also makes it difficult to book appointments and keep out of social isolation. Not having a telephone means that in an emergency you cannot dial 911 for help. Not having a phone makes it difficult for people to keep in touch with people who are involved with the client's care and well-being. These people include family members, close friends, and in some, if not in a lot of cases, home care workers/home support workers. Some clients are also required to keep in touch with a mental health crisis line because of their mental illness.

Transportation not being treated as a basic need is difficult for clients to live various aspects of their lives. Examples include attending appointments, looking for work, doing daily tasks such as grocery shopping and going to the food bank, participating in volunteer work opportunities, education opportunities, attending support groups, etc. All of the above statements point out the realities of day-to-day life of ESIA clients who have lost their special needs experience.

When it comes to losing special diets, there are a couple of other major concerns. Section 6.3.3 of the ESIA policy manual is what caseworkers follow when they make their

decision on whether or not to approve a special diet allowance. This part of the policy is worded in a way that makes doctors offended that their medical opinions cannot be accepted at face value. What's more, when the medical note from the doctor does not match the wording of this part of the policy, the client's caseworker is allowed to phone the client's doctor and further question them.

Department of Community Services staff have to understand that time and expense are not included in a doctor's schedule to be further questioned by caseworkers on this issue. The fact that caseworkers are doing this is a burden on the health care system. Also, this action of a client's caseworker further questioning a client's doctor can negatively impact the relationship between the ESIA clients and their doctors.

In our view, when it comes to this part of the ESIA policy, the Department of Community Services needs to understand that doctors and other medical professionals have studied in medical school at least seven to 10 years of their lives. Therefore, doctors know what they are talking about when they write their medical notes requesting special diet funding for an ESIA client.

There have also been a number of cases where clients have been directed by their caseworkers to go see dietitians. ESIA clients cannot afford to pay for a visit to a dietitian out of their own pocket, and MSI only covers dietitians when someone is spending time in the hospital.

In conclusion, the system needs to improve so that ESIA clients are not going through so many hoops to get approved for their living needs.

MADAM CHAIRMAN: Great. Thank you very much, Mr. Worth. We appreciate having you here and are happy that it has worked out that we were able to have you present to the committee.

We are going to move next to ACORN Canada, and I believe we have Storm Paradise, who will be here speaking on behalf of that group.

Ms. Paradise, if you could begin your 15-minute presentation.

MS. STORM PARADISE: Thank you. I doubt I will take 15 minutes. The chair of our Halifax chapter was intending on speaking today and has some personal experience with these issues, but unfortunately, she couldn't make it.

I am going to read a statement that has been prepared by our membership, and then I will talk a little bit about how I have had experience with these issues working as a community organizer. This is a statement that has been prepared collectively by the membership of our organization:

“Income assistance recipients with chronic and unchanging health conditions are forced to continuously provide medical documents confirming their medical conditions. This puts an undue burden both on medical professionals as well as income assistance recipients.

The amount of funding provided for special diet recipients does not reflect the true cost of food. Even when ESIA recipients do receive funding for medically necessary special diets, the amount they are provided with is often not enough to actually buy the food that is necessary to maintain reasonable health. Special diet rates have not increased since 1997, despite the reality that the cost of food has risen substantially in the last 20 years.

ACORN Nova Scotia is a membership-based, anti-poverty organization that represents over 265 active members, and with a contact list of over 2,300 low-income community members across Halifax, Dartmouth and Spryfield. ACORN organizers” - such as myself - “go door-to-door every day in low-income communities talking to people about the issues they want to see changed. Approximately half of our membership are currently on income assistance or disability. All of the ESIA recipients we speak to have had either their phone, transportation or special diet funding cut, or they fear losing that funding. Since beginning to organize in 2012, we have never heard of an ESIA recipient who has had their special needs funding restored after it was cut. Due to the frequency with which our organization hears stories of ESIA recipients losing special need funding, we feel that it is effectively systematic policy on the part of the Department of Community Services to reduce special need funding for recipients.”

As a community organizer I talk to a lot of people, very often in the areas around North End Halifax, Spryfield and North Dartmouth. A great number of people on income assistance are very concerned about this issue. Most of our members who are on income assistance have faced cuts to one of these three main areas and it pretty much always leads to a deterioration of the basic quality of life, especially when funding for a special diet is cut. Special needs diets are medically required. When they are cut off, the client’s health deteriorates rapidly and it often exacerbates the existing medical condition and sometimes creates new medical conditions, as a result.

In terms of having chronic and unchanging health conditions but continuously providing medical documentation - some of the other speakers have spoken to this - it is often a question of the wording of doctors’ notes. ESIA clients are being required to provide three, four, five doctors’ notes about the same issue, simply having a slightly different wording that matches the policy. This is onerous for the client, because they are in a sort

of limbo where they don't know whether they're going to have funding that they completely rely on cut and it often leads to a deterioration of the patient-doctor relationship. The doctor will feel as though their expertise is being questioned, both by the DCS and by the client.

In terms of the bus passes and cellphones - other speakers have spoken to this as well - it's something that many ESIA recipients feel traps them in the system, makes it impossible to look for work, especially like the Chair of our Spryfield chapter, a woman named Christine Holland, who has had both of those things cut. Now she lives out in Greystone, which is a public housing area in Spryfield. It is relatively isolated. It is essentially impossible for her to look for work without using the bus, without having a phone. I think most of us can imagine that that would turn one's life upside down.

I'll leave it at that, thank you.

MADAM CHAIRMAN: Thank you very much, Ms. Paradise. Very good on short notice, that's wonderful.

Our last group is the Community Society to End Poverty in Nova Scotia. The presenter will be Stella Lord.

DR. STELLA LORD: I'm going to make some opening remarks and then pass it on to my colleagues Megan MacBride and Kellie McLeod to fill in some of the details of their experience and I'll make some concluding remarks after that. Thank you for the opportunity to present our concerns about access to the Special Needs Program administered under the ESIA Act and Regulations.

Since 2007, the Community Society to End Poverty in Nova Scotia has facilitated a network of like-minded organizations to advocate for more effective public policies and a comprehensive and effective plan to reduce and end poverty in Nova Scotia. We believe that such a plan should be based on the principles of health equity, social inclusion and human rights. Therefore, we are very concerned about the impacts on people living in poverty or on income assistance, of changes in the provision and administration of special needs under the Employment Support and Income Assistance Program. Especially since these changes are now occurring in the context of an initiative to "transform" the ESIA program, which amongst other things proposes co-design and respectful engagement processes.

I am going to leave out a few paragraphs there because of time. The implications and impacts of the 2011 regulation changes which you have already heard about were immediately felt by clients as well as health care and service providers. These were outlined in the 2013 CCPA Nova Scotia report, *Cornerstone Compromised*. I have provided copies of a summary of this report to the clerk for distribution to the committee and a

supplementary update based on recent interviews with community-based workers and people on income assistance.

The CCPA also wrote to the minister in November 2013, outlining ongoing concerns and subsequently requested a meeting with departmental officials to discuss it. Since I was a co-author on this report, I attended the meetings which occurred in January 2014. My notes from this meeting indicate that while the department agreed that in some cases requirements for referral and documentation went too far, an openness to pull back on some requirements - for example, a yearly letter from a physician confirming a disability that was essentially permanent and communication on the more onerous issues to front-line staff - their main concerns were the increasing costs associated with the special needs program and cutting back on these costs. They also indicated that they were moving towards an overhaul of the ESIA system that would be designed to respond to the changing caseload and to individual needs. We have yet to see that redesign, I should say.

Not only were our concerns not addressed and CCPA Nova Scotia did not receive a response to the letter, but there appears to have been ongoing directives to staff to cut costs by denying or reducing special needs allowances.

In the last two years, the situation has worsened for clients who are often in desperate situations, as you have heard, and a lot more onerous to service and health providers who spend a lot of time trying to ensure that client needs are met.

Our concerns are as follows. It is morally wrong to penalize people who through no fault of their own are in great need of assistance. Rather than inferring that higher special need program costs are due to individuals taking advantage of the system - as ministers and other spokespersons for the department have heretofore tended to do - government needs to consider the impacts of demographic and socioeconomic changes and its own policies as well as those at the federal government to explain these costs.

For example, over the last 10 to 15 years, there have been significant changes in the IA caseload. Department of Community Services statistics demonstrate that compared with 15 years ago a much higher proportion of people on income assistance today have disabilities. It stands to reason that people with disabilities are likely to require more special needs assistance for things such as transportation, medication, special diets, and other supports. Moreover, over the same period, there has been an increased emphasis on employability within the ESIA program - that is, moving people from assistance into the labour market and indeed, the overall caseload on income assistance has declined since 2011 especially in the case of single parents, and there are reasons for that.

Since special needs also include provision of employment-related supports, transportation, child care, equipment, it is likely that there has been an increase in special needs funding allocated for employment purposes putting pressure on the overall special needs budget. However, new developments in policies and programs should not mean

robbing Peter or I should say Petra perhaps to pay Paul or perhaps Paula. Instead they should mean that more resources are allocated overall to ensure that both sets of needs are adequately met.

Income assistance recipients have access to Pharmacare, but there are limitations. Assistance is limited to items in the Nova Scotia Formulary, and non-prescription medications are not covered, and they can be expensive as I can attest myself. The limitations of our so-called universal health care system with no dental, vision, or therapeutic care often create extra costs for disabled and aging populations, especially for those without access to private health plans. These costs quickly mount up.

While these can sometimes be treated as special needs under the Income Assistance Program, as our report demonstrates, navigating the program to get this help is increasingly difficult because such requests for assistance are discretionary, are not always granted, and are increasingly turned down. Indeed, we are aware of numerous cases where clients are advised to turn to a charitable dentist or optometrist for free or low-cost treatment. This can be demeaning and stressful, and may prevent some people from seeking treatment at all.

We are also aware of situations where people who were initially granted special needs assistance are having it taken away. In the case of transportation, for example, recipients are no longer eligible for assistance unless they have 12 medical appointments a month. What are the impacts this policy is having on the health care system? Does anybody bother to find out? What message does it send to people on income assistance about social inclusion which the Department of Community Services claims to hold as a goal? The social isolation that lack of access to transportation creates should not be happening in a developed and wealthy country such as Canada, and a province such as Nova Scotia.

As the report which has been handed out demonstrates, cuts and denials of special needs are having serious impacts on the health and well-being of income assistance recipients across Nova Scotia and are increasingly problematic for service and health providers.

I would like to introduce two witnesses who will testify to these impacts. On my right is Kellie McLeod. She is a social worker at Adsum for Women and Children. On my left is Megan MacBride, who is a social worker at the North End Community Health Centre. Kellie, would you like to, please.

MADAM CHAIRMAN: I would like to recognize Ms. McLeod.

MS. KELLIE MCLEOD: Thank you for allowing me to give witness to the Standing Committee on Community Services today.

As a social worker with Adsum for Women and Children, I see firsthand how difficult it is for people to access essential special needs through the current Employment Support and Income Assistance program. There is a tremendous amount of stress placed on single women with disabilities and women with children in particular, as they try to navigate the current system which is rife with arduous tasks and never-ending hoops to jump through, just to access items required for daily living.

Funds for transportation, a telephone, and special diets in particular are essential for the women I encounter at Adsum. The reasons they require these items are too numerous to list. Mr. Worth and Ms. Paradise have both talked a little bit about those, but I think it is important - even though I am repeating that - to talk about them again particularly for women.

The women I work with need a transportation allowance to complete basic tasks of daily living such as grocery shopping, banking, and attending medical appointments. It is unrealistic to expect women - many of whom have medical conditions and physical health issues - to walk six kilometers or more to and from their home to the grocery store, but that is what some of our clients are expected to do. Above and beyond those basic tasks, transportation and a telephone are needed for women to attend community programs, access their public library, communicate with their children's teachers, and maintain contact with family and friends. All of these activities are basic to social inclusion and essential for maintaining general health and wellbeing.

If a woman is denied funds to buy a bus pass, she needs to use 30 per cent of her monthly personal allowance to pay for it. This is obviously unrealistic, considering the other unnecessary expenses she must try to cover each month out of the basic IA allowance such as heat, power, toiletries, hygiene products, not to mention food for the month.

During my time at Adsum I have seen many women become increasingly isolated due to lack of these items. I have also seen women determined to obtain special needs funding only to quit halfway through the process because the tasks required to prove their need were so complicated and time consuming, and this is with the help of a social worker or community advocate like myself supporting them. The impact this has on women is hard to measure, but I can attest, it does impact their sense of wellbeing and it erodes their sense of dignity. It leaves them feeling disillusioned and demoralized.

Even when a woman is successful in accessing special needs funding, what she ultimately receives is often not enough. At Adsum we witnessed a woman with a physical disability and mobility issues given only \$20 per month for transportation. This is enough to cover just four round trips per month, which is barely enough to cover grocery shopping and medical appointments. It did not help her meet other important needs, get to the community events she wanted to go to, see friends or feel like a valued citizen and member of the community. This is how hard it is for our most vulnerable citizens to access items essential for daily living and to feel included in this community. Thank you.

MADAM CHAIRMAN: Ms. MacBride, and I'll let you know that you have four minutes left.

MS. MEGAN MACBRIDE: I want to thank you for giving me this opportunity, as well as the other speakers here today. I want to point out that while the direct experience of those folks who are receiving income assistance should be the most important factor on our minds here, I'm just going to give you a little information about what it's like working with the special needs program, from the perspective of a clinic such as the North End Clinic. This has become an almost overwhelming task, this providing documentation that calls on all of our staff, from doctors, nurses, dietitians, to social workers like myself.

Clients are being asked to make multiple appointments with their care providers so they can provide information on what is oftentimes chronic medical needs, for transportation, special diet and a telephone. These information requests include pre-set forms that are provided by the Department of Community Services that providers are asked to complete, as well as requests for detailed letters and other forms, many of which are not billable through MSI. Below are just a few examples of the impacts that I see in my work, impacts of the way that a complicated and unfair special needs program impacts not only the client but the everyday operation of our clinic.

In terms of special diets, our clients are being asked to have special diet requests, recommended by their doctor or nurse practitioner, reviewed by a dietitian or to have special diets for chronic conditions such as diabetes, reviewed when these measures are not required within the ESIA policy. Wait times for these types of services are often long and unfortunately it takes away the opportunity for clients to meet with someone like a dietitian and have real conversations about what they can change in their everyday to better their health.

In terms of a telephone for health and safety reasons, as under Section 6.3.3, a phone is perhaps most essential for individuals who experience multiple health concerns, such as a heart condition, risk of falls, or epilepsy. Many of the requests that I have made on behalf of my clients and that I support doctors to do every day, are being denied by DCS and the response that we're getting time and time again is that care providers must demonstrate the need for a telephone that does not include access to a telephone to call for help in the case of emergencies or to book medical appointments. This policy leaves no room for care providers to advocate for the very real risk of danger befalling a client without a telephone and is extremely unclear in what circumstance a phone would be granted as a special need.

Another example for transportation, as other speakers have said, I've witnessed the sweeping clawback of transportation special needs. Again at the clinic, we have been told that 12 medical appointments are required for someone to receive this benefit. Unfortunately that doesn't take into account the other things that folks do to take care of their health, such as going to cooking classes or information sessions about chronic

conditions they may have or very real struggles of getting bottles of water back to their apartment to use for VPAP machines and that kind of thing, so it's a very limiting policy.

Also today we've only briefly touched on the impact that this policy has for those who are living in rural communities as well.

MADAM CHAIRMAN: Thank you, Ms. MacBride, that's the 15 minutes. I also would like all four groups to know that we will be stopping questioning at 3:10 p.m., to allow for five minutes of closing statements from each of the groups as well

Again, in order to maintain a very natural flow and to make sure that everybody is aware of who's going to be posing the questions and who should be replying - the committee members may have specific questions for you as individuals and will address you, but also committee members are able to ask a general question, and then the groups can decide who they think is best able to answer. I would ask whoever is going to be answering to please raise their hand so that I can recognize them so that their microphone will come on and keep the conversation going through the Chair as much as possible.

We'll start our questions with Mr. Harrison.

MR. LARRY HARRISON: I want to thank you all for the presentations. My main question is for the front-line workers, have you been consulted by anyone as to what would be the best way to approach the needs of those on social assistance?

MS. KELLIE MCLEOD: In the Fall, I was able to attend one of the transformation sessions. That was the one and only time that I've been formally consulted.

MR. HARRISON: My follow-up question on that would be, did they take into consideration some of the points that were made when they made the legislation?

MS. KELLIE MCLEOD: I'm not sure. I haven't seen that. I may not be the best person to answer that.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: I think the consultation that Kellie's referring to is the consultation on the proposed ESIA transformation, is it not?

MS. KELLIE MCLEOD: That's right.

MS. LORD: Yes. In terms of the legislation and the changes to the regulations, no one, to my knowledge, was consulted at all.

MADAM CHAIRMAN: Ms. Traynor.

MS. TRAYNOR: I can tell you, sir, that the 2011 regulatory changes that came into effect, they were announced the same day that the Order in Council was passed. So no consultation was done for the 2011 changes. To the best of my knowledge, no consultation was done in the 2013 changes either.

I would just add that the 2013 changes, I think, came about partly because of the public outcry as a result of the 2011 changes. Ms. Lord referred to a Canadian Centre for Policy Alternatives report that specifically looked at the fallout from those 2011 changes. I do think that that had some impact on the 2013 regulatory changes.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: I just want to add to what the other two witnesses just brought up. There are also cases out there, including my personal case, where the legislation itself is part of the problem as to why ESIA clients can't get approved for any special need. That's the reality, and more specifically for special diets. When you look at Section 6.3.3 of the policy, as I mentioned in my presentation, it's specifically worded in such a way that medical doctors get offended. It allows the caseworkers - in my case what the Supreme Court called the statutory authority of the caseworker - to get away with acting like they are the medical professional when it comes to talking to the doctor.

It's actually the legislation that allowed, in my case and several other cases that I can't specifically speak for, the caseworker to phone and further question the doctor when the doctor cannot word the reason for the special diet in the wording that's within the policy. This is why it needs to be recognized that for special diets more specifically there are other reasons as to why certain special diets are needed that are not listed within the policy. I can give an example: high calorie, high protein. In the policy, it's worded that a caseworker is only allowed to issue the funding for that particular diet if the medical doctor says that you need it for cancer, recovering from post-surgeries, or for any illness where weight loss is a factor.

The thing is that for people with mental health conditions, there is medical research to back this up. I've included this medical research in a past *Halifax Media Co-op* article that I've written, entitled "Hoping for a miracle", but there is medical research that proves that omega-3 is good for people with mental illnesses. You find omega-3 in high-protein products, and there are serotonin levels as well. In my case, the caseworker is not allowed to prove it under the current policies and legislation - the high-calorie, high-protein diet that I've lost - and that's why I can't get it these days.

MADAM CHAIRMAN: Our next questioner will be Mr. Maguire.

MR. BRENDAN MAGUIRE: Thank you all for coming out today. I think we can all agree that the current system we have today does not meet the ever-changing needs of people who are on the system. It may have been good 20 years ago - it may have suited the

needs of people 20 years ago - but certainly growing up in Spryfield, having lived on the system, and now representing Spryfield, the requirements and needs of the individuals who are on income assistance now seem to have changed and become more complex.

That's why, and I'm going to give a little speech - I'm sorry; Stella is used to this - that's why the transformation that has taken place needs to be done from the grassroots up. We need to have public consultation, which we've seen, but we also need to listen to the people who are actually living the system, and the needs need to come from them and not from the bureaucrats who are just kind of overseeing the policy.

Having said that, I have two questions. I'll just ask one, and then we'll pass it on. My first question is for Stella. You talked about social inclusion, and I know you've done a lot of research and you've been around for a while. I just want to know, in your opinion, what happens when we limit social inclusion? What happens when we segregate these communities? What does it teach or what does it show the individuals who are living without the proper means to be part of society, and what does it teach the children? Does it help break the cycle?

MS. LORD: I think what we're dealing with today, what we're listening to today, is actually about social exclusion. Social inclusion is viewed by health researchers as a determinant of health; social exclusion, therefore, is a determinant of ill health.

I think what you're seeing is that no transportation allowance, the inability to eat proper food or a proper diet or to participate in general in things in society because you can't even get to the meeting or whatever it is you want to go to - it means that you are excluded. You are ghettoized in your own community unless you happen to be able to walk there, and there is an increasing number of people with disabilities who can't walk very far, so it's a huge issue.

As I pointed out, in my little blurb I think, social inclusion is supposed to be a goal of Community Services. I have no doubt that the people who work in that department, especially at the senior levels, have a lot of research and knowledge about how social inclusion is important. It creates community; it creates cohesion in a community; it helps people with their health; and it helps people to participate, to volunteer, to be involved. Instead, social exclusion creates the opposite - it creates ill health. It means they are not participating in the community and it's very divisive in the community.

MADAM CHAIRMAN: Mr. Maguire, a follow-up.

MR. MAGUIRE: We've been told that the transportation policy is under review again. I'll leave this open to whoever wants to answer it. You have the eyes and ears of us and hopefully those who are making these decisions. What do you want to say about the transportation allowance policy? I see a hand go up right away.

MADAM CHAIRMAN: Ms. Traynor.

MS. TRAYNOR: What I would say is that the government should follow the law and not the policy. The law states that transportation is a special need and that any letter from any professional is sufficient to prove that special need. The policy is an internal decision made by bureaucrats at the Department of Community Services. They are not serving the people of Nova Scotia who are on income assistance by overriding the laws around income assistance, and I would go so far as to say that they are acting illegally because they are not following the law.

To my mind, we have to forget about the policy. We have to look at the law because that is what the people in this room have say over. I would really strongly emphasize that the Department of Community Services should go back and look at Regulation 24 which delineates special needs, what they are, and look at Regulation 25 - the information that is to be provided and who can provide that medical support for people requesting transportation allowance. That is what I would say.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: I want to add to what Fiona just brought up that transportation is very important for all aspects of anyone's life. Halifax/Dartmouth is a whole, big community that is much bigger than communities in rural Nova Scotia and more specifically, within Halifax/Dartmouth and at least two other places in the province that I can think of, transportation is big when it comes to community inclusion. Not everywhere that anyone - in this case, people on income assistance - needs to go within their community is located within walking distance from where people live.

I speak from first-voice experience when I say this, and I also speak from the experiences of people who this happened to but who are scared to come forward, who I know in my day-to-day life. People could live on the Halifax side and their doctors could be as far away as Dartmouth or Cole Harbour or Clayton Park, you name it. Someone who lives in downtown Halifax cannot walk to those places because of how far they are, but they are still within this community.

Also transportation is an important aspect for people to have access to get to visiting people involved with the client's care and well-being, like family members. There could be people they have for support who do not live within walking distance, using those as examples of what I am talking about, and also they could have volunteer work that is not within walking distance from their home or whatever.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: Thanks. We have been told by the department in the context of the ESIA transformation process that they are considering including transportation and

telephone in a single-envelope basic allowance. We haven't been told how much that will be, and we do not know anything yet about what will be included in the single envelope thing.

One concern I have is that - I mean, that is great. I think it definitely should be in the basic allowance, the basic needs, everybody should have access to the ability to get around and a telephone. People need that; it is just a basic part of life today. I am concerned about the other issues though around diet and so on and how much this basic allowance will be; how much this single envelope will be. At the moment we are faced with the situation where on the basic allowance especially for a single, so-called employable person who does not get a little bit extra for disability, or even those who do get extra for disability, people cannot afford rent, and to eat, and energy costs.

There are stories and stories of people having to go to food banks. We know all about that, but we also know they are only allowed to food banks once a month. The food people get at food banks is not healthy, nutritious food that many people should be eating or would like to eat. The basic allowance has to be sufficient, it has to include transportation, telephone, and it has to be sufficient to allow people to live a basic, decent life and that is not the situation as it exists at the moment.

MADAM CHAIRMAN: Mr. Wilson.

HON. DAVID WILSON: Thank you for coming today. I'm going to ask a couple of questions, if I could, a general question on the experience I have as an advocate, as the MLA for Sackville-Cobequid, often my office works with constituents trying to gain access to services or improve services. It could be a medication for seniors and Seniors' Pharmacare, it would be a WCB claim or a special needs funding and others.

In my area, especially more recently, often these services need the approval or forms to be filled out by a health care provider, mostly a physician. Like many rural communities, in my area there has been a physician shortage over the last little while, so it's very difficult to try to find a doctor just to fill out forms. I'm wondering if some of your friends, colleagues, clients, people in your groups or organizations have been finding it difficult to find a doctor to just fill out those forms, specifically trying to get the proper language and that seems to be the question. I see all the hands rising, so thanks.

MADAM CHAIRMAN: Ms. Traynor.

MS. TRAYNOR: Thank you. What I would say is that that's exactly right and I think that happens across the province where there are not enough family doctors and people who have long-term access to GPs. Certainly what I've seen is that when people don't have access to a GP they will go to a walk-in clinic because they have no other option to get the medical forms filled out or to get the letters of support from doctors that they need for their special needs requests.

Certainly I have seen many people whose caseworkers and casework supervisors reject those letters from walk-in clinics. It's a huge problem. We have a system that demands that you have medical support letters, which is not an unfair demand, I'm not saying that it is, but you have that at odds with the fact that there are not enough family physicians in this province to provide that kind of necessary support to people who are disabled.

That's what we have to keep in mind here, that 65 per cent of the caseload of income assistance recipients receive special needs for some sort of a disability. We're talking about people who are in need, who are in extreme need and who already live well below the poverty line and have little access to primary health care in order to get the small amounts of special needs that will, in some way, alleviate their pain and suffering. It's a huge problem.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: In my experience as a client and as a first-voice person and being the co-chair of Benefits Reform Action Group, I am familiar with my own case, along with several other cases that match what you are talking about. Those blue forms you are talking about, they are not enough in a lot of cases. The caseworker is too demanding and wants more information above and beyond what the doctor writes on those blue forms. Those blue forms are perhaps vague and don't give enough room or space for the doctor to explain the full medical condition of the client.

I know in my personal case, when I lost my special diet, another part of what happened was with my doctor who recommended the special diet, after it got denied for the first out of two appeal hearings where I tried to appeal the denial of my special diet and where it got denied for the appeal hearing. My doctor was frustrated to the point where he said he wants to help me continue fighting. What he did at that time was he sent me to the hospital to get blood work done because there was one other thing he was able to say that was related to the condition as to why I was needing the special diet in the first place. The thing is that he needed something to back it up.

At the appointment following the blood work, when the blood work did not show exactly what it was that he was looking for, my doctor came to the decision that he could no longer support the expectations of my caseworker relating to my special diet. In my final appointment with him before this particular doctor stopped seeing me, my doctor looked at me and said: Well, Kendall, I came to the decision that I can no longer support certain expectations of your caseworker. I am sorry to hear that the \$66 you were getting up until February 26, 2013, is no longer going to be part of your ESIA budget, as a result of my decision not to support that expectation of your caseworker. The thing is, I don't have the time and the resources to devote to doing extra work that is expected of me by your caseworker.

That kind of started the deterioration between me and the doctor I was seeing at the time; it started going downhill when my doctor made that decision. That's what happened in my case. I'm not alone in this. I personally know other ESIA clients in the community who have had the same or similar experiences. These other clients I'm speaking of are scared to come forward. They won't go to their MLAs. They won't take any avenue to complain. Some of the other ones I'm speaking of won't even take the initiative to appeal the decision of their special diet. They're just so frustrated, and today they're just living their lives with anxiety and depression. They don't want to advocate. They don't want to come forward. At least I came forward. Several other ESIA clients who have the same or same or similar experience won't.

MADAM CHAIRMAN: Ms. MacBride.

MS. MACBRIDE: Perhaps I can speak a little bit more to the nitty gritty of what happens when you go to your doctor's office. There is this infamous blue form that practitioners have to fill out. It asks all sorts of questions about a person's medical history. To be honest, those are quite detailed forms. Almost always what will happen is one of the doctors will say, let me know; they've filled out this form. A client will immediately get a letter stating that they need more information about all three.

It's become sort of an unspoken process that we go through at the clinic. Okay, here's your blue form. We might as well make you an appointment with the dietitian. We might as well do a follow-up with your family doctor in a month because they're going to want to know more.

That blue form is what's covered under MSI. Any other documentation isn't covered, and therefore a doctor doesn't have to fill it out. In our clinic we're very lucky that that's what we do; that's what we're there for. I imagine for a client who is getting care from a walk-in clinic or has a family practitioner in a rural area who's completely overwhelmed, they are able to say: no I'm not doing that, I'm not going to write that detailed letter, I'm not going to send the results of your latest test to your caseworker because I already gave them that information. Oftentimes it is the exact same information that we submit.

MS. KELLIE MCLEOD: Not to further belabour the point, although I do believe this is a point that requires belabouring, but just to add on to what Ms. MacBride was speaking about. I'm thinking of a prime example of a woman who I worked with who was lucky enough to have a family doctor. In order to see her family doctor, she had to travel 15 kilometers round trip to get to that family doctor, but it was worth it because she had a physician to follow her care. She had many medical conditions, several of which requiring a special needs diet. She went back and forth with her doctor and her caseworker twice. At that point the doctor was ready to say, I can't help you with this, I don't know what else I can provide to be able to prove this.

Luckily, she was working with me, and I was able to step in and provide some support to that doctor. It's not something that should be expected of a community social worker like myself, being able to walk a family doctor through how to fill out a form so that someone can get \$55 so they can get a gluten free diet or a higher calorie diet. Among other things, it's stressful, it's demeaning, and you feel like you are begging for crumbs. That's how it has been described to me by some of the women I am working with.

MADAM CHAIRMAN: Mr. Orrell.

MR. EDDIE ORRELL: Thank you for your presentation here today. We've heard a lot about the bus passes over the last year, say; the cutting back of the bus passes would have saved x number of dollars. If someone knows that, I'd like to hear how much.

In this budget we hear the biggest Community Services increase ever in this province, \$20 per person, to the tune of about \$7.5 million. I'd be willing to bet that the cutting of the bus passes would coincide with the amount of money they put into the \$20 to go to each individual person. Could that money have been better spent by allowing the bus passes and using the special needs diet, or would it be better spent giving the individuals the \$20 per person? Does anyone know that number? If they do, I'd like to know it, please.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: I can't give an exact number but what I can say in regards to answering your question is the fact that that money - I think that a bigger investment should have been added beyond that for income assistance clients who have lost their special diets, their bus passes, their telephones, the combination of all three that I just mentioned. I think the least they could have done was - and I will say that \$20 was the biggest increase they've done in a few years, that I will admit to - they could have done better beyond that.

I think they could have made the personal allowance increase big enough that income assistance clients could have been able to afford the loss of the combination of all three - bus passes, special diets and telephones - because the combination of all three is important to a client's health and well-being. It also plays a part in keeping the client somewhat able to be employed at least part-time, if not full-time, or keeps the clients' well-being at a level where they could at least go out and do volunteer work, if not paid employment, or to get out and participate in the social aspects of being part of the community.

I think there had to be a much larger investment beyond the number that they did invest, in order for the client to be able to restore any special need.

MADAM CHAIRMAN: Ms. MacBride.

MS. MACBRIDE: I think part of the background to your question is that after the budget was released, and in talking to folks who were part of the Department of Community Services, we found out that that \$20 wasn't necessarily new money going in; there was money left over from the budget and that's where that money came from. I want to be clear that that's not new investment into the program.

I would agree with what Kendall said, that people just aren't getting enough. To pinpoint where \$20 would be best spent is very difficult, when people are making the choice of whether to buy a bus pass or buy an extra carton of milk for their kids, so I think that's a very hard question to answer.

The other reason why that's very difficult to answer is that through this transformation process I've been to some meetings with Brendon Grant and the statistics and research we have on who is on income assistance - why they are on income assistance and where are they living in the province is very vague. We don't have a lot of data on who is accessing these programs and how to best serve them. I think that's a real red flag when we start to talk about where to allocate what money, especially considering we're doing a transformation process, without some of that really key data to make those decisions like you asked.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: Yes, thanks for the question. It seems to me that the \$20 - I mean I haven't done the counting, I'd have to look at the budget and the previous budget - but it seems to me that the amount of \$7.5 million may be the same amount that they have saved from special needs and possibly saved from not increasing the basic income assistance for the two previous years.

As to why they did not put that money back into special needs, I think you would have to ask the minister that. But it seems to me, as a political scientist in my previous life, that announcing a \$20 increase to everybody on income assistance gets a much better bang for the buck in terms of public approval than perhaps putting money back into special needs, which a lot of the general public don't even know much about. I would say it was probably a political decision, because the Department of Community Services has not had a good rap for the past couple of years. It makes them look good.

On the other hand, I personally did advocate with the Minister of Finance and Treasury Board at one point last Spring when he was doing his budget round to say that they had to make an increase this year because of the increased cost of living and the increased cost of food, which has gone up horrendously in the last two years. I think \$20 probably just covered that. I do not think it covered any of the other increases in costs - housing, shelter, and what we have heard today about special needs.

So it was a start, but there is a long way to go to allow people to have a decent standard of living.

MR. ORRELL: Thank you. You talked earlier, Ms. Lord, about the consultation process and the transformation that is going on, about the co-design respectful engagement. I guess that transformation process is still going on.

You said that you did not have a lot of input into the consultations, I guess, that are going on hopefully across the province. In the area I come from, Cape Breton, a bus pass would basically be useless to anybody, because the bus service is basic, and to get to work or use it - I mean, the municipality has no money, so the bus pass is not a big issue there. The extra money and the special diet needs and so on and so forth would be essential for the people who live on income assistance in my area.

How much input have you guys - as groups or a group or individuals - had into this transformation process? Is it province wide? Will it be a process or a transformation that will affect all people who receive income assistance, and not just the people, say, who live in the metro Halifax area? The needs are just as great or greater outside the Halifax area because the distances are greater. Can you comment on that for me, please?

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: Okay. I was involved in the engagement process last summer, as were some of the other people in this room. They called it an "engagement process." It was more like a meeting - you were not even allowed to ask questions in this engagement process. It was a case of somebody doing a PowerPoint presentation outlining what some of the basic proposals were and then going into a World Café to kind of discuss them, and then there was no follow-up report.

I do think that the department is trying to engage. I am not sure they really know how to do it, but I have to say - because the group I represent has badgered them about their promise to engage - and actually, the initial PowerPoint presentation talked about co-design, which would be great. We have had several meetings with senior department people, and they are very open to discussing things.

I think the trouble is that they have not made any decisions. There are a lot of blank spaces in the ESIA proposals that they are putting forward. So I don't know what they are waiting for. They do have a consultant working with them, who they paid almost \$1 million to provide consultation and background research on this.

I have to say that the transformation, if it goes through, is pretty big - it's a pretty big process - and after the engagement process, they did do focus groups and a survey with first-voice people on income assistance. Some people in this room - Kendall, I know, went to one of these meetings - and I know that they got an earful, especially on the special needs

issue. I think people in the department, from what I've heard back, is that they were quite shocked about the situation and the impacts that the cuts are having on people.

I'm hoping that moving forward they will do an authentic engagement process, involve the First Voice people, service-based organizations, and advocates like myself, to really get input on what needs to happen, going forward.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: Stella is right about the fact that I did attend one of the First Voice consultations. The one I attended, I can't remember the exact date but it was in March and it was on a Friday afternoon; we used a boardroom at a local agency called TEAM Work Cooperative, the one I attended. I will say that at the one I attended, they did get an earful. Everyone who I attended with has had some of the same experiences, or similar experiences that I had: they also had problems getting approved for special needs and navigating the system and difficulties with their caseworkers. Believe me, I was in a group of 12 people and from the 11 other people that I attended that group with, I was not surprised to hear some of the comments that came from them.

In the group I was in, all 12 of us were in agreement on the fact that Section 6.3.3 of the ESIA policy should not be allowed to allow our case workers to get away with behaving like they are the medical professionals. It's not only the case workers but the case work supervisors who are other ESIA decision-makers who work above the case workers' heads. It allows the supervisors to get away with acting like the medical professionals.

If you try to appeal the loss of a special diet, a lot of times the adjudicator will deny the loss of your special diet through an appeal hearing again because he sees that in medical notes there's nothing that matches in the medical note from the doctor what Section 6.3.3 of the ESIA policy says. Clients are offended by the fact that Section 6.3.3 of the ESIA policy allows the case worker to get away with behaving like they are the medical professional. Doctors are offended and besides myself as I mentioned earlier, I have heard of other clients in the community whose relations with their doctors have deteriorated because of the case worker following that very section of the policy manual.

The other thing we talked about in my group is the fact that even though Joanne Bernard has said that changes will happen in 2018, no, that is not acceptable. With everything that is going on and with people continuing to lose their special needs, what Joanne Bernard is currently saying is going to be happening in 2018 for people to get their special needs restored and to get them restored at the right time, it needs to happen sooner.

MADAM CHAIRMAN: Thank you, Mr. Worth. I'd like to remind everybody here that we are trying to collect information. I know that this is a very passionate subject; I know that this is a very personal subject, but if we could maintain our comments and if

we're referring to any individuals within the department, maintain their title and not refer to them by their proper name.

Again, keep in mind that all of us are here to take witness of your experiences and hopefully be able to brainstorm and see how we can come to the other side of this in a positive manner. Ms. Traynor.

MS. TRAYNOR: I just wanted to make one comment to Mr. Orrell's question. There is a transformation underway and we are all waiting to find out what is going to happen. I think the government has attempted to engage with different stakeholder groups but I think we have to analyze what has happened so far because there are different forms of consultation. You can consult with somebody but the consultation that I was involved with over this transformation process with Stella last summer was very much just telling us what they need, not a sharing of information. I would really like to see more sharing of information.

When I go through my workday and I'm working with people who are on income assistance and I'm representing them and advocating for them, and they're asking me what's going to happen at the end of this transformation process, I honestly have nothing to say to them because I don't know. That's not good enough for people who are dependent on the system.

I'll just go back and reiterate the fact that the statistics from the Department of Community Services show that 65 per cent of the people on income assistance are accessing special needs, so there is a high volume of people on income assistance who are disabled who really depend on this program. We make a social contract. As a community, we make a social contract with people who need our assistance, whether that's long term or short term. If we're going to fulfill that social contract, then we need to inform people so that what's going to happen in 2018 doesn't come as a surprise. I really think that more substantive consultation needs to happen.

I just wanted to make one more quick little point. You mentioned Cape Breton and the bus pass issue being pretty much moot because of the lack of public transportation. I just want to clarify that the transportation allowance under the program includes all sorts of transportation, not just bus passes. The transportation allowance can be up to \$150 if medically proven. People can access the transportation allowance whether it's for gas money or taxis. There are different ways, so I just want to make that clarification.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: Thank you very much to everyone for coming and for sharing all your voices. A lot of the situations I have in my office are concerning affordable housing. It's hard to find affordable housing for people to live in . . .

MADAM CHAIRMAN: Ms. Treen, I'm sorry to interrupt. Can I ask you to move your mic closer to your mouth, please? Thank you.

MS. TREEN: No one's ever said I'm quiet before, that they couldn't hear me. (Laughter)

It's about affordable housing and the need for it. To find a safe roof to put over your head and your children's heads and whoever else is living with you, is a challenge. I know they're trying to work on it. It's an extremely complicated process. I would love to know if any of you have any innovative ideas to help with this problem that we have of affordable housing. It's tough. I know it's tough.

MR. WORTH: What I can say about affordable housing is from my experience, when I tried to achieve my goal a few years back of moving out of my old neighbourhood and over to Halifax, it took me three years of apartment hunting to find something that fits within \$535, which is the current shelter allowance rate. After three years of apartment hunting, I did get accepted into an apartment through the Metropolitan Regional Housing Authority. My rent is a lot more affordable at my new Gottingen Street address than it was at my old Dartmouth address, so I can say that much.

Yes, I do agree with your point that affordable housing does need to be created. I know you are the MLA for the Eastern Passage area. I have a friend who lives in your area, and I'm pretty familiar with what she pays for rent, and it's pretty expensive. I know in South End Halifax, you're not going to get anything in a bachelor for any lower than \$750 with no utilities included. One-bedrooms down in that area start at \$910.

The idea that I have and that I've brought forward to the minister in the past is - why not have some sort of program, either a grant or subsidy for landlords that they could use to decrease the rent for some apartments? I hear somewhere in the United States that has a similar thing where something is provided and 10 per cent of the apartments in each building have to be affordable for low-income people. They could do something like that. That's my idea to throw out.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: Yes, affordable housing is a whole can of worms. I think you should have a hearing on affordable housing, definitely. There are a lot of issues that fall in here. We've had over the years the loss of investment in public housing, in co-operative housing, and generally in social housing.

I think a lot of responsibility for this falls on the federal government, although not entirely but there used to be a national housing strategy in the 1980s and 1990s - I think they stopped investing in housing sometime in the mid-1990s. That has created a real vacuum, a lot of pressure on the province. There is a housing program in the province

which does some things but not enough. That might be something you want to look into. So we've not had investment in affordable housing, basically, on the part of governments.

The new federal government has promised infrastructure funding and I think housing is supposed to be part of that. I think that's just kind of being announced and ongoing. You might want to revisit the recent federation of municipalities which I think probably discussed that - I haven't looked at the minutes of the meetings of that but I think that it came up - and I know the City of Halifax has been on top of that file for a while.

I am involved a bit in a joint initiative with the Housing and Homelessness Partnership which includes the City of Halifax, the IWK, the United Way, and several other organizations, including some agencies and organizations in Halifax. For example, the MOSH program at the North End Community Health Centre is involved and the executive director of Adsum House is also involved. This is mainly part of a "housing first" initiative. There was money put into that two years ago and I think there has been increased investment in that recently, both in Halifax and rurally. That's really important because rural housing is very different from urban housing issues, so it's important to know that.

AHANS - the Affordable Housing Association of Nova Scotia - and the Housing and Homelessness Partnership has worked with private landlords to develop subsidized housing. Some of the big developers like Killam Properties are subsidizing housing but I believe that actually those subsidies are paid for by the Department of Community Services, and to my mind that's an issue if we're passing over money to private landlords to fill their apartments. However, it's maybe better than people being homeless and living under the bridge. I think it does raise some questions about how public money is being used.

If you want to know more about this I would suggest you contact AHANS which is the body which holds the federal money for the housing and homelessness initiative. They have been trying, I should say on this little committee that I'm on, a task force - we broke up into task forces thinking that we will get really easy wins on some of our asks. One of them, the task force that I'm on, was to get a 24-hour turnaround time on requests for income assistance for people who are homeless and going into places like Adsum House.

We started this little task force 18 months ago and we're still waiting for the department to be able to tell us yes, there will be a 24-hour turnaround, to tell clients and agencies that a person has access to income assistance.

Now there has been some progress, I think. We've had several meetings at the department on this and they are working on it and I understand there will be a resolution of that tiny little issue very soon. It just shows you how complex this is, and I have to say that the committee I work on is made up of agencies, voluntary organizations like AHANS, and people from the City of Halifax to some extent, and the United Way. It's a bit like

pulling teeth getting real involvement, I have to say, from the Department of Community Services and the Department of Health and Wellness, both who need to be at this table. If there's something that MLAs in this room could work on, maybe that's something you could have a little bit of influence over.

MADAM CHAIRMAN: Ms. Paradise.

MS. PARADISE: This is the whole other can of worms, and it's a very important issue. I would like to say it's very much inter-connected. A lot of the things I hear from members are that rents are not only high but they're also rising quickly; that people have a smaller and smaller budget every year, which is an especially dire situation for people who are on income assistance or disability and are also facing cuts. We have a situation in the HRM, which is where most of my experience is, where there's a housing boom going on; there's a lot of construction and development happening, and there's also a growing population. That means rents are rising rapidly.

In that context, what can the government do to intervene and keep housing affordable? One thing is rent control, something that exists in other provinces and previously existed in Nova Scotia. You can simply prevent rents from rising too rapidly. We've also talked about a policy of inclusionary zoning, which I believe Mr. Worth mentioned. In some places, municipalities mandate that new developments must include a certain percentage of affordable housing. We'd like to see something like that in the HRM, ideally 10 per cent or 20 per cent - a fairly robust percentage - and affordable housing defined in a strict way so that it's affordable for people who are on income assistance or disability, because the housing allowance is very low. It's really just unrealistic to expect people to find places for, I believe, \$535 a month. It's simply impossible.

To speak briefly to the issue around rent subsidy or rent supplement programs, I think this is in some ways a good idea, but I think there's very little accountability on private landlords who are receiving these programs. I've experienced a lot of issues where specific landlords who I would label as slumlords frankly, who don't do repairs, who don't do maintenance, who leave their tenants with very serious health issues like black mould, pest infestations, rodent infestations, frankly dangerous conditions in many cases. They will target people on income assistance and go after these rent supplement programs, effectively as a way of funding their buildings on the public dime. It's the sort of strange situation where you have private housing that's being public funded, and it's being run in some of the most odious ways of any housing in the city.

MADAM CHAIRMAN: Ms. McLeod.

MS. KELLIE MCLEOD: Just to balance off all of the folks who have been commenting, I don't think that we can talk about affordable housing without looking at the shelter allowance that folks are allotted, and I'm thinking about women in particular. Of course, women are not the only victims of violence but disproportionately they are.

What we're looking at with housing for women in particular is choice. If a woman has a child, she only gets \$570; that's all she gets for rent. She is in a position where she has to live in areas where she can afford rent. As we all know, those areas are very small, and it is not unusual for her to be concerned not only about bringing her children in particular areas but also being near her abuser, the family of her abuser, people who know her abuser. In order to provide people with choice, we need to be looking at the basic shelter allowance and making it reasonable. Of course, we need to do all the other measures. I don't think that there's just one answer. I think there are multiple answers.

To speak to the subsidy program - I know Stella has a critique of that program - a lot of my clients do use that or try to use that. The process to get a subsidy can be quite arduous and time-consuming. I think we need to make that more accessible, and that's one avenue that we can look down. Currently, folks who are applying for a subsidy when they're in a shelter have to wait at least four weeks before the process is completed. Very rarely is the process completed in four weeks to the point where they're actually moving into their new apartment. The committee that decides eligibility and whether someone will be given a subsidy meets once every month, so if they don't get all of their documents in, they have to wait another cycle before they can do that.

After that is completed, they wait for an inspection, which needs to be scheduled, and I am not quite sure what the standards are for that inspection, to be quite honest. I don't think there are standards for that inspection, so I think that we need to be looking at that as well, making that inspection standardized so that clients and landlords know what to expect. Folks will go into an apartment and it looks perfectly fine to them and then there is issue that comes up in inspection. It is not always transparent what the issue is, and then they end up waiting longer in shelter. It can be frustrating and stressful as well, so looking at the subsidy process and making that easier for folks.

MADAM CHAIRMAN: Ms. MacBride, just before we move on to the next question.

MS. MACBRIDE: Just to add a little piece on, I think when we speak about affordable housing, we have to have the conversation about what that means. What that means is affordable housing for people who are on income assistance, for those who are not making a living wage from their minimum wage. I think that for any type of conversation, reaching out to folks who are not just us here, would be really important to fully answer that question.

Bringing this back to the special needs issue, for example we have folks who are living here in Halifax Metropolitan Regional Housing Authority buildings that are overseen by the province, who are losing out on their special needs funding because of where they are living. For example, I had a client who had a BiPAP sleep apnea machine that was infested with bedbugs. He was not allowed to get a new one until the housing authority

stated that his unit was 100 per cent bedbug free. That is impossible. No landlord is going to take that risk.

I think it goes to show where our different departments are not necessarily working together, even different organizations within departments, and it's creating a situation where clients are fighting the same battle two and three times for the same issue. So he's fighting it for his BiPAP machine or fighting to get their special diets not only with income assistance but to get a new freezer from housing to store that food in. It just creates more and more stress, over and over again, when you are fighting that same battle.

MS. TREEN: One question and I might be stepping in a can of worms here. I know a few of my constituents have come in with the challenge of housing; trying to do it on their own and rent a place on their own is just really impossible. I know when you were a struggling student you had to have a roommate to survive - right? We were able to find roommates and have them live together. Do you think a program set in place to help people find roommates so they can live together, maybe depend on each other, and share their combined incomes in order to create a better place for them to live would be a good idea? Do you think that is something we should strive for?

MADAM CHAIRMAN: Ms. Traynor.

MS. TRAYNOR: I think that is a good idea, but I would throw a little bit of caution towards that only because when people who are - let us assume that you are talking about people who are receiving income assistance. When people are receiving income assistance and they are living with other people, they have to be able to prove that they are not cohabiting with the other person. If they combine their living expenses, it could come under the scrutiny of the Department of Community Services and it could cause them a lot of problems.

I have seen lots of people who live in roommate situations where they try to combine their resources in order to buy better food or pay the rent, pay the bills, those kinds of things, and the Department of Community Services does scrutinize them.

MS. TREEN: Right now?

MS. TRAYNOR: Right now.

MS. TREEN: But we could work towards something.

MS. TRAYNOR: It could, it could, it could look like a different model absolutely. It is not a bad idea. Yes.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: I just want to add that having roommates can be pretty risky too. The thing is with roommate situations, the two people can develop trust issues with each other. It can impact the safety of the two people living together. I personally thought that in order to achieve my goal of moving out of my old, unsafe neighbourhood into my new, safe neighbourhood - I thought I was going to have to go to go that route myself in order to be able to afford rent, because I had to consider \$535 as being the most that I was going to be allowed to pay rent before it would affect my personal allowance.

I've seen a lot of people who are on income assistance having to dip into their personal allowance to top their rent. It's unfair that they have to do that, of course, but roommate situations are not always the best situation. I know the only way I could personally take in a roommate is if I personally knew them for a considerable amount of time before they moved in with me. That's the only way I could and would do it, so that's something else to look at.

I also want to mention that another issue is the areas of the city where affordable housing is located. I know in Mr. Orrell's district, at least one area in his district down in Cape Breton, Whitney Pier, that has the same problems as some of the places here around Halifax-Dartmouth have, that the neighbourhoods where affordable housing is located are also high-crime areas. North-end Dartmouth - which is my old neighbourhood, before I moved to the address I am at now - Spryfield, Fairview, Gaston Road, just to name a few, and Churchill and Kennedy doesn't have a good reputation either.

The thing is that the safety of the neighbourhoods where affordable housing is located is another issue. I think in those neighbourhoods security in the buildings needs to increase for people who live there in order for them to feel safe. I remember my days of living in north end Dartmouth, before I moved to the address I'm at now - I remember there were some days I could not get home at the end of the day without getting harassed by people who were loitering outside my old building. Even though rent fit well within \$535, I had neighbours who I was not interested in getting to know because of things they were involved in - illegal activities and stuff. I'm not going to get too much into it, but I'm glad that I no longer have to deal with the things I had to deal with at my old address, which was affordable housing.

MADAM CHAIRMAN: Mr. Harrison.

MR. HARRISON: In the interests of time, I'm going to keep it to one question. Let's just say a scenario here: Mom, Dad, and a couple of children living on social assistance. Now, we all agree that there's not enough money to cover all the bills. I think we can agree that the system doesn't lead to good community inclusiveness and a number of other things.

What would happen if it was open for, let's say, the mom or the dad to go out and do some work for someone - a senior who might need wood done or something fixed, lawns

mowed, that kind of thing. Would the system be open to allowing that to happen within a certain amount without being penalized?

MADAM CHAIRMAN: Ms. Traynor.

MS. TRAYNOR: Currently people on income assistance are allowed to work and an individual is allowed to, if they are not considered in need of supported employment - they don't have some kind of cognitive or physical disability that disallows them from working independently, so let's call them an able-bodied person. They are allowed to work and earn up to \$150 a month currently. If you need supported employment and you are considered profoundly disabled, you are allowed to earn up to \$300 per month currently.

It has been a big topic, actually, around incentives to work - increasing that amount, increasing the amount you could earn per month without it affecting your income assistance. So if I was a person on income assistance and I was earning over \$150 a month, every dollar that I earned over \$150 is clawed back at 70 per cent off my income assistance for every dollar that I earn over.

Increasing the incentive to work, the wage incentive, would be a way to encourage people maybe to be able to earn more money per month. That's an option, and it's an option that is available in other jurisdictions across this country where people are allowed to earn more than \$150 a month while on income assistance, but still have some of the protections around being able to receive their special needs. Also vitally important is to keep in mind that people need access to Pharmacare. When they are able to earn more money but still have the insurance of getting their Pharmacare covered and getting their special needs covered, I think that is a progressive way of providing income assistance to people.

MR. HARRISON: Not being aware of the exact amount, would it be a recommendation of yours for us to work on that, to improve what is already in place now?

MS. TRAYNOR: It very well could be. Like I said, in other jurisdictions across the country, wage incentives are a lot higher than they are in Nova Scotia. I think that if people had the knowledge that they were allowed to earn a little bit more than \$150 or even up to \$500 a month, and not have it impact the insurance of income assistance, even while they are maybe looking towards getting off completely, that would be a very positive step. Yes, I agree with that.

MADAM CHAIRMAN: Ms. MacBride, do you have something more to add?

MS. MACBRIDE: I really want to speak to the point that Fiona made about access to Pharmacare being so important to people, especially say a mother with children. Even if the child is not living with a disability, having the assurance of having that health care there for their children or for themselves - say if they experience an illness that isn't consistent over their life, it comes and goes - is so important. I have had many people sitting in my

office trying to make that choice with the advice of myself and their doctor, to try and figure out what's better for them: make that money and lose their assistance or keep their Pharmacare. That's just not okay. It's terrible.

MR. HARRISON: But maybe that's something we can work on.

MS. MACBRIDE: Absolutely. I would just make that stipulation.

MADAM CHAIRMAN: Is there anyone who has something further to add? Ms. Lord.

MS. LORD: I think this is a very good question and very timely in the context of the ESIA transformation process. I do know that the department has done a study called METR, which stands for the marginal effective tax rate. It's a study which considers the things that Fiona was talking about, if people work and when they start to lose their benefits - \$150 a month is not a lot of money, it's very low. They have been looking at the impacts of some of the federal refundable tax credits and so on, on income assistance, with a view in Phase 3 of the transformation process, moving towards an income-based program, which would rely much more on refundable tax credits.

If I can give you an example, one of the reasons why the caseload does not include as many single mothers or single parents as it did in the 1970s, 1980s, and even early 1990s, was the introduction of the Canada Child Tax Benefit and the National Child Benefit. Parents were allowed to keep that money when they went into the labour force, up to a certain income level. In other words, it's an income-based program - you get it whether you're working or not working, whether you're on income assistance or in employment. While the thresholds are pretty low for the national child benefit, which is a supplement, the federal government, as you probably know, recently increased the child benefit by a couple of thousand dollars a year per child. This is going to have a large impact on low-income families in poverty in Canada, generally. It may not be enough; I haven't looked at the final figures.

The federal government needs to introduce something similar for people with disabilities. Now the tricky issue there is, how do you define disability and who will count as disabled? This, I believe - and you can ask the Department of Community Services yourselves - needs to happen and I think it's something they are actively looking at, so I'm hopeful in that direction.

I know in the RFP that they put out for the consultants, this kind of analysis and this approach towards an income-based program was going to be Phase 3 of the process, in terms of developing a business plan and an argument for it. In other words, the government has yet to commit to this approach.

I think moving from a needs-based system to an income-based system would save a heck of a lot of the problems we're dealing with, and deal with the transfers through the

tax system, through refundable tax credits for persons with disabilities, and I would add the Canadian Centre for Policy Alternatives, the Alternative Provincial Budget, if you ever read it and I suggest you do, has for the past three years suggested that the personal allowance exemption not be an exemption on what tax you pay but actually also a refundable tax credit, so it creates a kind of basic income for everybody, that then gets taxed back for higher income earners. I'll just leave you with that thought.

There's a lot of stuff going around in Canada now about the basic income guarantee, a lot of questions about that and I personally have a lot of reservations about it. I think if we started with moving the income assistance program to an income-based program rather than a needs-based program, we wouldn't have all this nickel and diming; we wouldn't have people looking into people's personal business; we wouldn't have scrutiny of special needs and 12 doctors' appointments to get a transit allowance. It would solve a lot of problems and probably in the end save money.

MADAM CHAIRMAN: Mr. Horne.

MR. BILL HORNE: Thank you. I sat here for an hour and a half or two hours listening to the concerns and issues that we have with Community Services. I think it's well-known that the issues you brought up are all well-known in their community. I have been a bit heavy-hearted about it. The last 10 minutes has been the best discussion we've had, trying to find a forward approach to trying to improve Community Services.

I believe that Community Services themselves are working very diligently trying to come up with a transformation that will improve the hearts of the community that really need this help.

In my community where I live, I've heard all of those stories you've all spoken about today and we just have to try to move forward. I think with this transformation there are opportunities here to improve the life of people on Community Services.

Maybe I'll just jump to the question and ask about - the work between the Community Services clients and the consultant doesn't seem to be very cordial a lot of times, to put it politely. Are there ways that you could help Community Services to try to improve those problems, working with clients and the Community Services, maybe thinking outside the box how we might improve those types of situations? I'll leave it at that.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: Yes, thanks for that question. I agree with you, I think there are many people in the Department of Community Services at a senior level who really want to see positive change. They have not always done it right in terms of consultation and so on, but they do want to move forward.

There is a small group, we have been meeting a little bit with the new executive director of ESIA transformation process especially in the aftermath of the focus groups with First Voice people. We wanted to make sure that they did hear from everybody in a way, and we have had some good conversations with them about that. I am hopeful that they will share the results of the survey and the focus groups. I think we are near to getting a commitment that they will do that and make them available to those people who participated. I am hopeful that that will happen.

Moving forward, I really hope that they will engage with us more in terms of their plans to make a segmented system, like three segments with possibly different trajectories around - I am not sure about the money they will get - but also around what they call interventions, what kind of supports they will get and so on. So, that is a really important piece. I am a little concerned with the idea of segmenting people into persons with disabilities and not because so many people have episodic disabilities that need to be addressed.

So, we have concerns in terms of the kind of framework, the outline of what they have shown us and of course they are dependent on this research organization consultant to provide them with some ideas. So I am hopeful that they will engage, the new executive director seems like he wants to do that and as long as the senior management and the assistant deputy minister and the minister support that, I believe he will. I think as long as the resources are available, and that is part of the key question here, we could be the first province in Canada that has an income-based system.

MADAM CHAIRMAN: Mr. Worth.

MR. WORTH: I just want to add that to answer your question first about incentives. I think the better incentives would definitely work, but they would have to increase to a modest amount that someone on income assistance would be allowed to make before the caseworker starts deducting.

I just want to throw out that even though here in Nova Scotia it is 70 per cent after the first \$150 that comes off, or for those of us that are allowed to make \$300 it is 70 per cent after the first \$300 in some cases - I have been doing research on this - in other provinces besides Nova Scotia, it is only 50 per cent that comes off the same system that they have, in other provinces besides Nova Scotia. But also to answer your question, there are a few things I want to say regarding the transformation. Between myself, others in Benefits Reform Action Group, and other income assistance clients that I talk to in the community, the amount of time that this transformation is taking is a real concern.

As this transformation is going on more and more clients are being affected, more and more clients are losing their special needs, more and more clients cannot go out and get jobs because of more specifically the loss of telephones and bus passes. I have heard

from some clients who say that they want to re-enter the workforce, but they cannot because where they are not getting the telephone allowance from their caseworker, they cannot afford to provide a telephone number as to where they can be contacted for work under job applications and résumés. They cannot find work because they cannot get the allowance for transportation to go around on a bus and look for work. I have heard that from several people I talk to in the community as well.

Those things I just mentioned are what the department needs to take into consideration if they want to see people work at least part time if not full time or even engage in volunteer work. The other side too is that it also has got to be understood that there is a number of clients who cannot work or can only work part-time instead of full-time because of their disabilities and medical conditions. That's got to be taken into consideration too.

That's all the more reason why the work incentives need to be a lot better than they are now. In letters I've written to the department suggesting what the new work incentives should be, I'm suggesting that the work incentives should be that the client should be allowed to keep at least \$500 in cases where the client is currently only allowed to keep the first \$150. I'm also suggesting that in cases where the client is currently allowed to keep \$300, that should increase to \$1,000, and only 50 per cent should be coming off, instead of the current 70 per cent following that. That is what I personally suggested.

As I mentioned earlier, I've also attended the First Voice consultation, and back in the summer I attended one of those engagement sessions. From my experiences of attending both, I believe that the three hours when those sections took place was not enough time for the department to hear back from people who the current ESIA system is affecting. I think the department needs to take more than those three-hour sessions. I think a full-day session is what's needed for the department to hear all the issues from the clients and the agencies and whatever different people are affected.

MS. PARADISE: I think there's a backdrop to this consultation process of a fairly hostile and adversarial relationship, in many cases talking about nickel-and-diming and the department having a lot of control over people's lives, the ability to ask people a lot of questions about their personal business, and the social exclusion that results from being on income assistance. I think all of that contributes to clients feeling hostile to the consultation process or worried about a consultation process.

I think there's also an unfortunate pattern of a lot of consultation processes not actually being that consultative, particularly. A government department will essentially present their plan, take some feedback, and then move forward with the plan more or less as-is. I think there's some concern about that. I think especially because a lot of ESIA clients are having parts of their allowances cut right now, while there's a lot of talk of this transformation, the impression that some people have is that the system is just going to be gutted, and that the result of it is going to be terrible.

I hope that's inaccurate, but you can see why, if they're facing cuts currently, the government being fairly tight-lipped or general about what's going to happen in the long term would create anxiety and a climate of hostility around the process.

MADAM CHAIRMAN: Ms. McLeod.

MS. KELLIE MCLEOD: Just to add on to that, I think what you're getting at is the importance of transparency, that there already is distrust. Folks are struggling. When you're struggling just to make basic ends meet, then you're going to come with anger, and you're going to come with frustration. Then when you take into account the historical pattern of what folks feel is a lack of openness and trust in them, I think you need to be prepared for that.

I don't know how avoidable it is, but I certainly believe it could be reduced by a more transparent process, being more forthcoming and talking about those issues upfront with folks - we know that this has happened in the past, and we understand that you're probably not trusting this, and we can understand that you're coming with a lot of anxiety.

Putting those issues in front in the beginning and talking about them may help, but it's certainly not going to eliminate it because you're talking about folks whose day-to-day lives are being affected.

MADAM CHAIRMAN: Our last question of the day will go to Mr. Wilson.

MR. DAVID WILSON: I've found myself over the last couple of years working hard to break the stigma that society has around people with mental illness, but more and more over the last number of years, trying to do the same for the stigma with people who are on income assistance. I just want to thank each and every one of you for the work that you do, not only through your organizations but presenting your personal experiences with income assistance. I think we need to do a better job as a society, but also as government employees on trying to recognize what people are going through and break the opinion that many people have, especially for people who are receiving assistance through the government.

We've heard a lot about this transformation of the system that the new government is partaking in but we often hear that we have to wait until that's done. Would there be a benefit to changing some of the archaic policies that I think all governments have contributed to put in place over the last decades of income assistance that wouldn't hurt the transformation but improve lives now? Is that something you would encourage government, especially the Department of Community Services, to look at implementing changes immediately, that could both benefit the transformation but the impact that it has on the people who were receiving income assistance?

MADAM CHAIRMAN: We have run over our time for questioning. I'm going to give each group an opportunity to answer, but I would ask you to keep it as concise as possible.

We'll start with Ms. Traynor.

MS. TRAYNOR: I think that in the short term, before we know what the transformation process will end up looking like, I think we can ask the government to actually follow the law and specifically around special needs that we have right now. Transportation allowance, special diet, follow the law instead of following the policies and the policy directives. That's really what I want to get at.

I would also say that if they could produce an Order in Council that would reinstitute that open-ended regulation that allowed for special needs that were essential to the health and well-being of individuals, that would go a long way in giving access to the appeals process when those decisions were denied.

MADAM CHAIRMAN: Ms. Paradise.

MS. PARADISE: As this is essentially what I was alluding to in my previous answer, I think people are really taking their cues on what to expect from the transformation process from what's happening now, and because they're seeing cuts now they expect cuts in the future, so if they saw the opposite now, I think you'd see a more positive response to the consultation processes, more willingness to engage in a sort of productive, forward-thinking way.

MADAM CHAIRMAN: Ms. Lord.

MS. LORD: I'd just like to second both those remarks. I think Fiona Traynor's comments about respecting the law is absolutely fundamental and would set a precedent going forward and it wouldn't involve a lot of changes. All it would mean would be that the law and policy and regulations would be respected.

I think Storm Paradise's comments are absolutely right on. I think there's a lot of skepticism, a lot of anger, about transformation in the community and amongst people who are in receipt of income assistance. They don't believe that it's going to go anywhere positive for them. I think putting something on the table and showing good will and a positive attitude, that going forward it will be much more positive for them by restoring the special needs that are in the law would go a long way.

MADAM CHAIRMAN: Thank you. I think that kind of eases us into our closing remarks. So each group will have five minutes to make closing remarks. We will start with Ms. Traynor.

MS. TRAYNOR: I want to thank the entire committee for sitting here for this length of time and asking really great questions and listening to our answers. I think it has been a really interesting kind of transformation in this process that we're in today. We began talking specifically about special needs, but we ended up now we're kind of focusing on the transformation process. I think that's inevitable because we know that it's ongoing and it's going to happen.

I think we've heard all of us speak on one way or another that the transformation process needs to be more transparent and needs to have more substantive engagement with all community stakeholders, especially with the people who are most fundamentally impacted by whatever changes are going to happen - those who are receiving income assistance.

What I would like to end with, though, is that the transformation process, the end results of the "new income assistance program" has to include a very robust and effective appeals process. If you go away with nothing else today, I hope that we will keep in mind that the government, the bureaucrats, need to have oversight over the administrative decisions that they make and through a robust appeals process, an arm's-length body that oversees those decisions, then people's special needs - people's needs in general - can be held up as valid and that those quasi-legal decisions that are made are of record and that people's needs will be met. Not just by the decisions of the administration who have a hard job, undoubtedly, but when those decisions aren't the right ones made that they can be decided upon by a legal process. Thank you.

MADAM CHAIRMAN: Thank you, Ms. Traynor. Mr. Worth.

MR. WORTH: I would like to once again thank the committee for allowing us to come forward today. It was very important for us to have this opportunity because I'm here not only speaking on what I know about the cases we talk about in the Benefits Reform Action Group, but I'm also here speaking on behalf of being a volunteer advocate in my community and being an income assistance client myself.

The thing is that it's good to know that transformation is actually happening and all we can do is keep our fingers crossed and hope that it will lead to a much better system than the system we have now. But at the same time we also have to consider the time frame that this transformation is taking is a real concern and 2018 is still a couple more years that people are going to be suffering from continuing to lose those special needs until the transformation takes place. With the department being so secretive in what they're doing, we don't know what that transformation is going to lead to. Is it going to lead to the people who have lost their special needs, getting those special needs back in 2018? That's a mystery because we don't know.

One of the things I've been fighting for through different articles I have written is for those like myself who have lost special diets and who went through what I went

through, not only to get our special diets back but also because of the way that it came down with our doctors getting phone calls from caseworkers further questioning the need for why the special diet is even required in the first place, after the doctor was already clear about their medical opinion.

Getting retroactive pay, like back from the date of when we first lost our special diet as a one-time thing, and I know right now it's over three years since the exact date of February 26, 2013, in my case. I can't speak for the dates of when other ESIA clients I personally know have lost their special diets but this is a way that we not only lost the funding for our special diets but also was abused by the system with the way it came down for us with our doctors getting further questioned and everything, we need to be compensated. And yes, phones and bus passes/transportation allowances in total do need to be considered as regular, basic needs. Once the system transforms, I hope that this will happen because right now income assistance clients are required to prove on a yearly basis that we require phones and transportation, and that's unfair.

I just want to close by saying I know that the transformation work, like the staff need to do their jobs, they need to do what they have to do but some changes, especially those that are affecting us severely, with the way they're enforcing special diets, with the way they're taking bus passes and telephones away from different clients, that needs to be changed sooner than 2018. I'm going to leave my closing remarks here.

MADAM CHAIRMAN: Thank you. Ms. Lord.

MS. LORD: I have some remarks prepared that I didn't have a chance to say earlier, so I'm going to say them now.

The Health and Wellness Department and the Nova Scotia Health Authority appear to espouse the idea of health equity. I advise you to all look at the concept of health equity; it's really interesting. It's a concept that takes into account social determinants of health in public policy, of which income is the most important. It also ensures equitable access to health care.

The kind of situations that have been described here are a long way from achieving either goal. We contend that if the government is serious about health equity, instead of pursuing cuts and denials of special assistance, additional resources must be found to address ongoing as well as new needs and directions within the income assistance program.

These cuts and denials, as we've said, are occurring simultaneously in the context of the transformation of the ESIA program. While we are generally hopeful that the transformation - when it is completed - will bring about positive outcomes, the current situation with the special needs program is creating distrust and raises questions about the authenticity of the engagement and consultation process. Given recent experience with the special needs program, many people on assistance are concerned about where

transformation will lead and what this will mean for them since they have been given little information about the direction.

We understand that money for telephone and transportation may be included in a proposal of a single benefit envelope, but recipients and stakeholders are concerned about what this will mean in regard to other special needs items that should be available to people with health and other disability needs. We recommend that DCS allay these fears by providing more information and consult with recipients and other stakeholders on an ongoing basis on their specific plans for ESIA transformation.

In the meantime, I would reiterate what Kendall said about reinstating the special needs now. The rise in special needs costs has also been occurring in the context of extremely low basic IA benefits, which have not kept pace with increases in the cost of living, especially for basics such as housing, food, and energy. Depending on the family configuration and the number of dependents, basic allowances are now anywhere between 30 per cent and 45 per cent below the low income cut-off.

As research on food security from the Mount Saint Vincent University FoodARC program demonstrates, budgets for people on income assistance do not allow for a healthy diet, and in many instances people on IA must cut back on healthy food in order to pay rent or energy bills. What happens to people with diabetes when access to a special needs allowance for a special diet is cut off? How long will it take before they are admitted to the emergency department or experience conditions that will ensure that they actually do have to have 12 doctors' appointments a month?

Finally, while the federal government bears some responsibility for the situation due to limits and cuts to the Canada Social Transfer starting in the 1990s and to other transfer payments, the denial or cuts to special needs - in concert with extremely low IA benefits - undoubtedly puts Nova Scotia in contravention of Article 9, "the right . . . to social security," and Article 11, "the right to an adequate standard of living . . . including adequate food, clothing and housing, and to the continuous improvement of living conditions," of the International Covenant on Economic, Social and Cultural Rights.

As the concluding remarks of the sixth annual review of Canada by the Committee on Economic, Social and Cultural Rights, under the UN Economic and Social Council, stated in its recent March report, "The Committee recommends that the State party" - and in Canada and in other places it does say that this includes the provinces - "ensure that social assistance rates are increased in all provinces to levels that allow a decent living for beneficiaries and their families so as to ensure an effective income safety net."

Clearly the lower income assistance allowances and cuts to special needs are not enabling Nova Scotia to be in compliance with this directive. This situation must change. Thank you.

MADAM CHAIRMAN: Ms. Paradise.

MS. PARADISE: I feel like most of what I have to say has already been covered by the other speakers, but just to reiterate, I think the things that we're talking about in terms of special needs here are, for the most part, things that we will think of as very basic necessities of life. We're talking about food, phones, the ability to get around. It's things that are needed because of people's specific situations but are really the bare minimums of what you need to survive and have any kind of a life in society. When those things are taken away from people, it obviously leads to health problems, extreme social isolation, increased exclusion, as compared to the level of social exclusion that is already experienced by most people on income assistance.

This would be an extreme degree of that and out of that, it creates a climate of hostility. People feel they are facing a form of social control, that they are a social out group. Being socially excluded is obviously not something that is going to make someone feel particularly that they are going to be listened to when they go to a consultation session, so they are going in with the idea that they are less than the people at the front of the room leading the meeting - in the eyes of those people, anyway.

If we want to reverse this trend, if we want to create a different dynamic around the consultation process and around the transformation, we need to stop these cuts immediately. Thank you.

MADAM CHAIRMAN: Thank you very much. I want to take a few minutes to reiterate Mr. Wilson's comments. I do agree with him. I want to thank you for presenting here today; I want to thank you for sharing your personal experiences, especially Mr. Worth - I appreciate you being here and speaking as a First Voice. I'm not a big fan of the word stigma but there are assumptions, when it comes to those who are on assistance, and there are assumptions for those on assistance who have special needs. I want to really thank you for the advocacy that you do for those individuals and what you do for yourself. I am really proud that we were able to make this work today.

I want to thank our committee members as well because I know that this was an outside of the box way to do our committee meeting but it was a really important topic and I was happy to make it work. Mr. Maguire, would you like to add something?

MR. MAGUIRE: I'd like to put a motion on the floor, if possible, Madam Chairman, a motion that the committee send a letter requesting the Department of Community Services appear before the committee, in the near future, to discuss the information that we gathered here today.

MADAM CHAIRMAN: There's a motion to have the Department of Community Services come and present to us, based on information gathered here today.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

That's wonderful. We will make sure to put that request in.

Mr. Gough.

MR. STEPHEN GOUGH: I would also like to put a motion on the floor for an update from DCS on special needs and also bus pass policies.

MADAM CHAIRMAN: Okay, we have a motion on the floor to send correspondence requesting information or an update on the transformation process, specifically on bus passes - is that correct?

MR. GOUGH: And special diets.

MADAM CHAIRMAN: Okay, and special diets.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Mr. Horne.

MR. HORNE: Thank you for this opportunity to propose a motion, that the Department of Community Services provide updates and information on housing, housing repairs, maintenance, and pest controls being an issue, to this committee at their earliest convenience.

MADAM CHAIRMAN: There's a motion on the floor that we send correspondence to the Department of Community Services requesting an update on housing, housing maintenance and repair, and pest control.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Ms. Treen.

MS. TREEN: I'd like to put a motion on the floor, Madam Chairman, that we send a letter to the Minister of Community Services for an update on the ongoing transformation process.

MADAM CHAIRMAN: There's a motion on the floor for an update on the ongoing transformation process from the Department of Community Services.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Are there any further motions? Mr. Orrell.

MR. ORRELL: Yes, I'd like to put a motion on the floor that we send a letter to Community Services to reverse and halt all cuts to special needs, special diets, bus passes and telephones until the review and the transformation process is in place and a decision is made on what the permanent situation is going to look like.

MADAM CHAIRMAN: Could we possibly table that for when we actually have the Department of Community Services here to talk about what we have heard today? I would not personally feel comfortable sending a letter asking them to do something when we haven't gotten an update from them. (Interruption) Right, but that could also possibly be in the works as well.

There is a motion. That is fine. I will put forward the motion. Can you repeat it again for me, please?

MR. EDDIE ORRELL: That we send a letter to the Department of Community Services to put a halt to all cuts in Income Assistance, special needs, bus passes, telephones, and special diets until the transformation has taken place and the decision is made on what the results will look like.

MADAM CHAIRMAN: Mr. Maguire do you have something to add to that?

MR. MAGUIRE: Yes. I appreciate the member's motion. What I think would be appropriate is to send that letter when we request the Department of Community Services here, to make some special exceptions to have them here as soon as possible so that we can actually get answers to see where they are at on this. I know that dealing with people in my community who have had issues with bus passes and special diets, we have been able to reverse those. Speaking with some of the case workers, they have been told that there is some flexibility now. I would prefer if we wait until we have the members from the Department of Community Services here to answer those questions.

MADAM CHAIRMAN: Is there any further discussion on this motion? Mr. Wilson.

HON. DAVID WILSON: Thank you, Madam Chairman. I support that motion. We know as a caucus we have advocated and have been denied the opportunity to reverse those

changes and cuts to those special diets, transportation, and telephones, so I would support the motion from my colleague.

MADAM CHAIRMAN: Thank you. Mr. Maguire.

MR. MAGUIRE: It is not that we are not supporting the idea in theory. Instead of the letter, I would prefer to have the members of the Department of Community Services here to answer the questions to the committee face to face. So, we put it on the floor for a vote.

MADAM CHAIRMAN: Okay, so, we will put it on the floor for a vote, to sending correspondence to the Department of Community Services asking them to halt all changes to special needs funding in terms of diets and transportation,

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is defeated.

I do thank you and I think that it is important that we make note - I think as a committee we have we made a decision that we are going try and get the Department of Community Services here as soon as possible. Is that a fair thing to say? Okay. We can talk about that. We will talk about that in committee business.

Again, thank you so much for being here. We will just recess for a minute or two to let you leave and then I would ask our committee members to please stay seated because we do have quite a bit of committee business left over so thank you.

[The committee recessed at 3:33 p.m.]

[The committee reconvened at 3:35 p.m.]

MADAM CHAIRMAN: We do have some committee business to take care of that could potentially require some conversation.

The first piece of committee business is that we've received correspondence from the Nova Scotia Association of Community Living, which was information requested from the April 5th meeting. Everybody would have been sent that electronically and should have a hard copy of it. What I need from the committee is approval to post this to the website.

Is it agreed?

It is agreed.

That's wonderful. We'll direct the Clerk to upload that to our website.

There has also been a request, through me, to discuss the potential of changing our committee time. Typically we meet on the first Tuesday of every month, between the hours of 1:00 p.m. and 3:00 p.m. There has been a request to move it to the first Tuesday of the month, but from 10:00 a.m. until noon. I'm just wondering if there's any dialogue on that. Mr. Wilson.

MR. DAVID WILSON: I would ask if we could just hold off, as I'm a substitute on the committee, so I can confer with both our members. We'll get back to you as soon as we can.

MADAM CHAIRMAN: That's fair. Mr. Orrell.

MR. ORRELL: We do have people on the committee from out of town who travel on the day of. That would mean travelling the night before, most of the time, so it's an extra day's travel, which is an extra expense to the committee and the government. I want everybody to consider that on a day, that it might be just because of someone local having another commitment or meeting - just be aware that it's going to cost a lot more money to have that happen.

MADAM CHAIRMAN: It's not necessary to change it, it's just that . . .

MR. ORRELL: I'm just bringing that up to consider. It doesn't make any difference to me either way.

MADAM CHAIRMAN: Right. So maybe what we can do, where we do have some committee members from each of our caucuses who are not present, who are regular committee members, is take that request back and then discuss it at our next committee meeting - put that on for committee business and just see what works best for everyone.

That being said, our next committee meeting is scheduled for the first Tuesday of September, which happens to be the first Tuesday back after the Labour Day weekend. So I'm making a motion to say that we hold that meeting on September 13th, which is the second Tuesday.

That being said, if we were to hold it on the second Tuesday, there are a number of other committees that run on that day, so our time would have to be in the morning. Economic Development meets from 1:00 p.m. to 3:00 p.m. in this Chamber and Veterans Affairs meets from 2:00 p.m. to 4:00 p.m. the following week, the following Tuesday. (Interruption) Economic Development is not in this Chamber.

In the Committee Room you have Economic Development that runs on Tuesday the 13th, and then Veterans Affairs would meet from 2:00 p.m. to 4:00 p.m. the following Tuesday. So again, we could kind of put that out there.

Mr. Wilson.

MR. DAVID WILSON: I know in other committees it's permitted to do it via email, as long as you get responses from people. Would the committee be comfortable to give a timeline, or does it have to happen at the committee to change the meeting?

MADAM CHAIRMAN: No, we can ask the Clerk to send out an email requesting that that September 13th meeting be in the morning.

That being said, it needs to be unanimous, so all committee members will have to agree to it. (Interruption) Okay, my Legal Counsel - this is fun. I've actually never had to discuss this with the Legal Counsel before.

If we currently get consent to give me authority to change the time to the meeting now, then we do not need unanimous consent. Is that correct? Have I said that right?

This is just going to be the September 13th meeting. There's also the option to meet the Tuesday after Labour Day as well and keep it as is. (Interruptions) Okay, so is there consent for me to send that out? Okay, thank you, that is agreed..

For the September 13th meeting we've had the Victoria-Cape Breton-Victoria Child Advocacy Society that we've had to defer. We now have them tentatively booked with assurance that this should be able to go forward on the date of - I'm assuming either September 6th or the 13th, but the next meeting.

We will need to hold an agenda-setting meeting at our September meeting as well because we're down to only one witness after September's witness. Maybe this is a good time to put forward inviting Community Services, as discussed at this meeting, to be at the top of our witness list. Is that something that all caucuses can agree on? So we do have consent that we would add DCS to our existing witness list? Mr. Orrell.

MR. ORRELL: So when we have our agenda-setting, is that considered a Liberal agenda witness and then the next witness would be a Progressive Conservative and the next witness would be a NDP witness?

MADAM CHAIRMAN: I think since we agreed, as a committee, to the four motions, it wouldn't take away from anybody's witnesses, it's just that we're adding them on the way that we've added on a number of priority witnesses throughout the course of this year. It wouldn't take away from anybody's . . .

MR. ORRELL: The one we set then we usually set three, two and one. If that's one of the three - if there are only six meetings or five meetings and that's one of them, then someone is going to miss out on a meeting. It could be the Liberal caucus, it could be the NDP caucus, it could be our caucus.

MADAM CHAIRMAN: Ms. Treen.

MS. TREEN: If it makes them comfortable, we'll call it our witness.

MADAM CHAIRMAN: That's fine.

MR. ORRELL: That's all I'm asking, so no one misses out on a witness.

MADAM CHAIRMAN: Is there anything else to add? That is my agenda, is there anything else that anyone else and anyone else would like? We don't need a motion but Mr. Wilson's will adjourn the meeting. Thank you all very much.

[The committee adjourned at 3:43 p .m.]