

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, January 10, 2017**

**Committee Room**

**Department of Community Services  
Re: Employment Support and Income Assistance  
- Special Needs Funding**

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## **COMMUNITY SERVICES COMMITTEE**

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[Mr. Larry Harrison was replaced by Hon. Christopher d'Entremont]

In Attendance:

Mrs. Darlene Henry  
Legislative Committee Clerk

Mr. Gordon Hebb  
Chief Legislative Counsel

## **WITNESSES**

### **Department of Community Services**

Ms. Lynn Hartwell  
Deputy Minister

Mr. Brandon Grant  
Executive Director (ESIA)

Ms. Lindsay Wadden  
Chief Operating Officer (Housing)



House of Assembly  
Nova Scotia

**HALIFAX, TUESDAY, JANUARY 10, 2017**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

10:00 A.M.

CHAIRMAN  
Ms. Patricia Arab

MADAM CHAIRMAN: I'd like to welcome everybody. This is the Standing Committee on Community Services. My name is Patricia Arab; I am the chairman and also the member for Fairview-Clayton Park.

Before we get started and our witnesses introduce themselves, maybe we can go around the table and do our own introductions.

[The committee members introduced themselves.]

MADAM CHAIRMAN: Today we're going to be hearing from the Department of Community Services. We have Ms. Lynn Hartwell, Mr. Brandon Grant, and Ms. Lindsay Wadden. I will throw the microphone over to you, Ms. Hartwell.

MS. LYNN HARTWELL: Just to add a little bit more detail, to my right is Brandon Grant, Executive Director of the Employment Support and Income Assistance program. Brandon has been with the department, I'm going to say it has been a year - 11 months. He has been a great addition, a wonderful part of our team. To my left, as you mentioned, is Lindsay Wadden. Lindsay is the Chief Operating Officer for Housing Nova Scotia. I would say Lindsay is probably in her second year - is that correct? So again, another new team member who is leading some significant pieces of work with Housing Nova Scotia.

I am very pleased to have both of them here. They will be doing most of the talking but I want to take the opportunity to have a very brief opening statement, so thank you for the opportunity. I look forward to every opportunity to talk about the work that the Department of Community Services does and the future that we're envisioning through our transformation efforts.

I understand that most of the questions you have today will be around the Employment Support and Income Assistance program, although we did understand there was some interest in having some housing-related conversations. I would say that of all the programs we have in the department, and there are many, the income assistance program is one where we feel quite strongly that we're overdue for some significant change. When we use the word transformation we don't use it because it's a buzzword or we don't use it lightly. It is a carefully chosen word to describe a different future that we want for Nova Scotians who require the support of government through this program.

Brandon is going to take you through some details on what the program actually is. I think people may have heard it described, it is a safety net program, it is a program that is about doing what we can to support people's independence and self-sufficiency but essentially it is a program that meets people's basic needs. It's a needs-based program so people need to demonstrate ongoing need. It's on that basis that the financial benefit is assessed. There is a basic amount. There's a shelter component, there is some funding to support employment, and then there are what we call special needs - and I know you've heard some testimony on those and that really forms the basis of most of our presentation.

We've said - and I know that you've had representations from community that if 66 per cent of people are receiving special needs, they're not so special because we have the vast majority of people who require that support. Special needs can be anything from a special diet to transportation to child care to emergency dental. It can be employment-related needs. It can be medical supplies and equipment. It's quite broad.

Over the years there have been some regulatory changes that have changed the scope of what can be provided. I would say it's our desire very much that we are moving to a system that is simpler, that doesn't require people to have intimate knowledge of the system in order to know what they can access, and one that is based - not just taking into account people's needs, but is based on an assumption of dignity and inclusion that we're also looking at people's quality of life. That really forms the heart of some of our transformation efforts.

We have been working on this for the past two years - even pre-dating Brandon a little bit. We started by reducing some of the reporting requirements and tried to streamline some administrative pieces where we could, and Brandon can give us some details on that.

We've also been making some policy changes where we're able - very much in line with where we want to go. You may be aware, for example, that a while ago we made some changes to the post-secondary program to allow for child care and transportation for clients that are participating in Career Seek or in Educate to Work. These are small tweaks within a program, but are very much consistent with where we want to go, which is providing that basis of lasting support for those who need it and providing the steps to self-sufficiency for those who are able to make that journey.

There are more changes to come. We have come to the point in our transformation where we've been talking to people, we've been doing analysis, we've engaged the services of some experts like the Caledon Institute, and we've been able to kind of coalesce that. I believe that in the coming months we'll be able to bring some significant proposals forward to government to describe what possibilities there are for a new income system in Nova Scotia.

Brandon will also talk about our efforts to engage stakeholders and those most affected. While we can always improve in that area, I would say that we probably have done more in the past few years than we have done in the past. We're proud of that, and we'll continue to build on that and improve.

Overall, I have staff in the department - some of whom are very close to retirement - and they consistently tell me that they are hanging on from retiring because they believe that we are as close as we've ever been to making some fundamental changes in the department, and so they're going to hang on for just a little bit more to see if we can get some things done. I feel the weight of that. I feel the weight constantly of community expectations that this has been a long overdue process. What you'll hear today is about a system that's still in flight. This is a system we have now, and you're going to hear a little bit about the system that we're aspiring to. As always, I hope you'll take the opportunity to ask questions, provide comment, and provide us with the support that we need as we continue on the journey.

With that, I'll turn it over to Brandon.

MR. BRANDON GRANT: As the deputy said, I'm going to talk a little bit about the current state of the program, as well as some of the changes that have happened, as well as some of the changes that are about to happen in terms of the analysis that we're undertaking and developing as we move forward with transformation. I'm going to jump through the slides quickly for the purposes of time.

With the ESIA program, we're going to talk about a bit of the overview, what some of the caseload demographics are that have happened. We're going to talk about special needs funding, particularly around transportation, bus passes, special diet, and telephone. Then I'll provide an update on the ongoing work of transformation, and then I'll pass it on to my colleague Lindsay to give an update on some of the issues around housing.

As the deputy said, the purpose of the ESIA program is to provide for the assistance of persons in need and, in particular, to facilitate their movement towards independence and self-sufficiency. We provide financial assistance for basic needs as well as some funding for specific special needs.

Our staff work with our clients to support and assist them with accessing education and jobs. We work with discharge planning from shelters and transition houses, and referring and collaborating with community organizations and agencies, medical professionals, and other government services.

Our current caseload: we have just over 26,000 ESIA cases. A case could be a single individual or it could be a larger family. Of that number, 38,594 are beneficiaries. To be clear, to the deputy's point, we have 66 per cent of our caseload currently in receipt of some form of special needs funding each month, and \$40 million is spent on expenditures. I want to be clear: special needs is a type of payment with an IA payment. You'll see the breakdown of the ESIA budget and our program funding. Special needs is within those larger IA payments.

There has been a decline within our caseload over the last few years, starting in 2013-14. There was a fairly dramatic decline in our caseload in 2015-16, when we saw a caseload drop of 4.7 per cent. We're also seeing a changing demographic within our caseload. The majority of the folks who access ESIA are single individuals with no kids. Of those single individuals, 59 per cent are male, and 41 per cent are female.

Special needs funding: what's important is, it's provided under the ESIA Act, and the regulations further define what is and what is not included as a special need item. It's provided in specific circumstances in relation to health and safety needs or to support participation in employment or employability activities.

To be eligible for special needs funding, you must first access available resources, private/publicly funded, or community organizations. If a community organization offers that support, then program policy is that you access that support first. It will not be provided for medical purposes where an alternate exists under MSI or is otherwise funded by government. If it's funded through MSI, there is expectation that you access that support through them. It is based on the most economical and actual costs up to the allowable amounts in regulation and policy. This program is based on actual costs versus an allowance-based system that provides a sum.

On the bottom chart there, you'll see the trends and expenditures over time. In 2009-10, we spent \$38 million on special needs payments, and there have been fluctuations. We did see a decrease in 2015-16, where it's now at \$40 million in expenditures in that year. Part of that is what I'll talk about next.

In terms of special needs payments, there are special needs payments that are the most utilized, including special diet, medical transportation, telephone, and other types of transportation. Those make up the majority of the special needs that are accessed by our clients. There's a whole list of special needs listed within the regulations. I think there are just over 50 that are listed. That can be everything from, as I mentioned before, a special diet, to things like child care or car seats. There's a list of things that are available online under regulations.

In 2011, DCS did make changes to eliminate the open clause that allowed for items of special needs not covered under private or public health plans. This change was to provide clarity and consistency across the province to ensure that we had a clear and consistent approach in terms of how we provide special needs. In 2013, certain medical treatments that were excluded under the 2011 amendments were brought back in so that it included funding for essential medical treatments under certain circumstances. The examples of some of the things that we're funding under essential medical treatments include massage therapy, chiropractic treatments, acupuncture, and some dental treatments. These must be prescribed by a physician, dentist, or nurse practitioner and provided by a medical professional licensed or registered to practise in Nova Scotia.

The other impact of what we've seen is we have a requirement through the current program to facilitate an annual review with our clients to ensure that we can establish ongoing eligibility. At the time of the 2015 Auditor General's Report, we had a number of outstanding annual reviews across the province so we worked with our team and staff to ensure that we try to address our annual reviews as best as possible to ensure that we could establish ongoing eligibility of our current caseload.

Now in terms of transportation, a transportation allowance is provided in instances where the health and safety of an individual would be jeopardized, when transportation is required for a recipient to participate in employment, training, upgrading, volunteer activities, job search, attendance at Employment Services, and other activities deemed as appropriate as part of an employment plan, or where an individual with significant mental, physical, or cognitive barriers is participating in an approved learning, volunteer, or day program.

Now each of the special needs has a program policy maximum. Again, it's based on actual needs so the program policy maximum is at \$150, though in cases where there's an established need outside of that amount, a higher amount can be approved.

In terms of the special needs payments, there's travel and transportation as it relates to employment and then there's medical transportation. What you'll see are the trends over time, in terms of the payments that have been issued around these two special needs. Travel and transportation has remained somewhat steady over the years. There has been a decline in terms of the medical transportation that we see in 2015-16 partially offset by the decline in caseload, as well as other matters.

What you'll see is a percentage of cases per month receiving special needs so the percentage of cases receiving the special need has remained fairly steady over time as well. Between 2009 and 2015-16, what you see is actually a fairly stable percentage of clients receiving travel and transportation. Medical transportation as well remained fairly steady over time. Average special need payment per month as well has remained fairly stable over time. We do see a slight decline in medical transportation.

In terms of bus passes and issues around bus tickets, bus passes, and taxi fares, what we see specifically for HRM is the majority of people receiving ESIA received support for transportation costs. More than 8,000 clients received money for a bus pass, 1,400 received money for tickets, and about 700 received more than the cost of a bus pass, for services such as taxis. Six hundred of those clients in HRM have received no support for transportation at this time.

We've been working and communicating with the HRM around the low-income bus pass program where clients on ESIA who are not eligible for transportation allowance through our program can access this program. Currently the Employment Support and Income Assistance Regulations allow a transportation allowance to be provided to clients based on the actual cost or the most economical options.

Just for members' information, to bring everybody up to that bus pass amount of \$78 across the province, it would cost \$11.1 million in annualized costs. To be clear, for rural areas, many clients in our rural areas receive well above that \$78, because of the challenges they face.

On telephone, recipients may be eligible for assistance and again, it is for medical or personal safety reasons. The cost of the telephone equipment may be considered when a medical condition prevents a recipient applicant from using basic equipment, assistance not available from other sources, and again, documentation of need from professionals - medical or otherwise - must be provided in the current system.

Over time, again, telephone has remained fairly consistent in terms of the payments that have been issued over the years. The number of cases, the percentage of cases, receiving it has remained relatively consistent as well and the telephone payment per month has remained relatively consistent.

Special diet: there is a policy maximum of \$150 per month for a special diet, so approval for a special diet allowance is based on receiving medical documentation specific to the condition and to support the type of special diet and approved allowance is set in policy. Medical documentation is required from a medical doctor, a nurse practitioner, or a registered dietitian, and is required prior to the approval of the special diet.

What you see over time here again - special needs payments over the years. Right now, in 2015-16, what we see is a slight decline from the previous year, so in 2014-15 we saw \$9.2 million compared to \$8.8 million within 2015-16. The percentage of cases



receiving it has remained fairly steady over time as well as the average special needs payment per month.

That's the current stage, and as folks know and as the deputy has alluded to, we're undergoing an ambitious, comprehensive transformation of the ESIA program. The next two months are critical as we work towards finalizing the deliverables around a number of key work streams within the ESIA transformation that we'll bring forward to government.

We've been working on modernizing and innovating our service delivery, and I'll talk a little bit about what we've done there in terms of some quick administrative wins. We're looking at designing and implementing short-term administrative improvements for clients, as well as reviewing the ongoing and new system around intake and eligibility regulations, policies, and processes to determine where we can make changes - positive changes.

We're developing a business case around what we're calling a standard household rate that will look at adequacy. We are looking at how we can provide better and more adequate support to our clients, more consistent support to our clients as well. As well as looking at income security to ensure that we're looking at the basket of supports and services that are provided to low-income Nova Scotians - is there a way in which we can provide greater support; as well as our program design. We're looking at ways in which we can segment our client so that we can target programming, services, and supports - not only for employment, but for social inclusion to ensure that clients are able to meet their basic needs and feel more included in their community.

Some of the changes that we've made, including simplifying our reporting requirements for clients - where possible we've talked with staff about working to ensure that we're moving as many monthly reporting clients to periodic, which means to an annualized basis where appropriate. We've moved about 20 per cent of our cases over to a periodic reporting requirement.

We've developed a client-friendly and easy-to-understand document, so we've developed a service brochure. That was one of the things that our clients and stakeholders pointed to - that we needed to have a more transparent system. Accessibility of clients and caseworkers - so we've piloted and, in fact, rolled out across the province a telephone caseworker system in which clients and stakeholders were very concerned around clients having access quickly to a client to be able to access information that they needed - general information. We've rolled out this service across the province.

We've given our ESS caseworkers access to make ad hoc child care and transportation payments. Instead of going back and forth between clients, we're simplifying our correspondence and we're also looking at the medical form as well.

As the deputy alluded to, I've been here about 10 and a half months perhaps. I'm not close to retirement so what I would say is we've been busy over the last 10 and a half months where we've engaged with First Voice clients, so we engaged with 180 clients in 19 focus group sessions that were facilitated by local not-for-profit leadership. We also issued a survey for our clients. It was a really great process in which we heard from a number of clients. We heard their concerns, we worked in our stakeholder engagement to ensure that we updated our stakeholders on what those concerns were and how that's impacting the work that we're moving forward on.

We've engaged with our staff, we've developed a change champion network within our staffing group to get the message out, and we've created a number of summary documents to lead into the analysis, including current state documents, jurisdictional scans, and a project framework to help guide the work.

In November and December, we completed stakeholder engagement in which we invited close to 200 community stakeholders, agencies and community advocacy groups across the province; about 140 people participated in these sessions across the province. Just to change here, we did include a session in Yarmouth based on some feedback that we received from some stakeholders as well. We don't see that there but we did have a session in Yarmouth which closed off our stakeholder engagement. Again, we really appreciated the honest feedback that we received from stakeholder groups from across the province that led to a solution-focused conversation on how we can make a better system.

As the deputy alluded to as well, we've heard a number of times from our stakeholder groups, from clients, that access to post-secondary supports for our clients is an important thing. What we've done as well is, we know through our analysis that as a percentage of our caseload, the number of youth that are accessing ESIA is growing. What we're trying to do is work more proactively and preventively. We've expanded access to the Educate to Work program which is for our clients to go to community college, our ESIA dependents, so that they can access 50 per cent of their tuition as well as support for their books and their student fees.

We've also expanded our Career Seek program in which our Career Seek participants now can have access to their first year of tuition, as well as student fees, books, home Internet and data plan, child care and transportation, and support for campus incidentals so that integration within the campus can be achieved. These were barriers or challenges that have been identified by clients and stakeholders that we wanted to address so we can see the cycle of poverty broken, so we can see better success in our post-secondary offerings.

I'll pass it over to Lindsay Wadden.

MS. LINDSAY WADDEN: I'm going to take you through a couple of slides with respect to housing. The focus of those slides is on home repairs, pest control, and maintenance. We continue to invest \$20.4 million annually with respect to our home repair and adaptation programs. That specific programming allowed us to help over 2,000 individuals in 2015-16 stay in their homes. Those programs allow us to help people who are looking for repairs to things like their roof, heating systems, windows, doors, allows them to stay in their homes longer, and also we have the adaptation programs which allow people to make modifications that may be required as their needs change as they age in place or for people with disabilities. Through that programming we helped 985 seniors and individuals with disabilities.

As of October 2016, we have over 1,300 rent supplements in place which allows people on our public housing wait-list to access private sector rental units in communities that they're interested in living in, close to services and supports. Through the rent supplements, we essentially subsidize the difference between what they can afford and the market rent.

Since 2014, with respect to maintenance and capital repair, there was an announcement of a \$42 million investment from the deferred federal contribution. Of that \$42 million, \$24 million was to be directed towards renovations and repairs to public housing, including our building envelopes, electrical, plumbing, paving, and safety upgrades. By the end of this fiscal year, that full \$24 million will be fully expended.

In addition to that investment, in March 2016, the Government of Canada - in conjunction with the province - announced almost \$75 million in new housing funds for Nova Scotia, which we have to commit over the next 24 months. Within that funding, there's also almost \$20 million directed to renovation and repairs of public housing.

With respect to pest control, that is an ongoing issue within our public housing units and for our tenants, an issue we and staff take very seriously. We have made a lot of progress and great strides in the last couple of years. We have invested almost \$4 million in pest control efforts. We do have a lot of work to do, but I am happy to say that we've tried a lot of new innovative techniques, and we are seeing progress and results from those techniques. We have focused on installing fully sealed baseboards throughout our buildings and units, particularly the high rises, and focused on plugging holes where the pests may enter into the units.

We have also added four five-person bedbug teams to our MRHA public housing team. Those teams are focused on working with our seniors and with our families to work through the issue and to provide additional supports and information. To date, through the enhanced pest control program, we have helped over 1,500 households. Those are my slides, thank you.

MADAM CHAIRMAN: Thank you very much for your presentation. We're going to open up the floor to questioning. I would just like to remind, as much as possible, questioners and witnesses to wait until you're recognized by the Chair before speaking, just for the purposes of Hansard, so they know who's talking, who's saying what.

We'll start with Mr. Orrell.

MR. EDDIE ORRELL: Thank you for your presentation. It's really interesting - the qualifications, what's needed and what's presented, and how people come to our office on a regular basis because they're not able to access some of the funds or eligible to access some of the funds.

I guess the big concern my office has is the confusion around eligibility - what's eligible and what's not eligible. People who are on a special needs diet are reviewed yearly. Something they needed last month, they get reviewed this month, and they're not eligible for it next month. My question is, can you do a list for us of what is actually eligible, what is not eligible, and what the requirements are for that eligibility so that when people come to our office, we can actually have a list to say, you're not eligible for Diet Pepsi, but you're eligible for Ensure. You're not eligible for a new coat, but you're eligible for a wool blanket - whatever it would take.

I'm not trying to make light of what are needs and what are not needs, but when we have people in our office with genuine need, and they can't access for that need, we would like to know what is actually eligible and not eligible.

MR. GRANT: The member raises a number of important points. I think, as we move towards transformation, one of the key things is to create a simplified benefits structure so that it's very clear for all people - whether they're clients, stakeholders, applicants, MLAs, or whoever might be advocating on behalf of our clients - so that they're very clear on what people might be eligible for. We're moving towards a more standardized rate and we're also looking at how we establish more of an allowance-based system in which allowance allows for a program to disburse funds based on simple criteria versus more complex criteria, which is our current system.

Our current system in terms of eligibility and what people are eligible for is available online. Our special needs schedule is available online through the Department of Community Services website. What I would say is that income assistance is a fluid program where eligibility changes potentially from month to month for some clients, so that's where it causes some of these concerns. Our hope is that in the new transformed ESIA program we'll have simplicity so that people will be very clear in terms of where people's eligibility stands so that some of these frustrations that we've heard - not just from you, but from some of our clients and stakeholders - are addressed.

MR. ORRELL: You say eligibility changes from month to month. I guess I'd like a little explanation on how that would change month to month because a lot of the people who get reviewed change month to month, yes, but because of whatever reason - the caseworker has just eliminated a special need in their diet or whatever. I've seen this as early as last week where people were in - they've cut off my diet funding or my transportation. I only made 11 trips to the doctor, but it's in Sydney and I needed 12. To a person on income assistance, if it's one trip to Sydney from where we live it's a very important issue to take away the travel allowance because they didn't get the 12<sup>th</sup> trip is kind of tough on us because these people need that. You say people come and go from the program all the time.

I guess the other question I would ask is, how many people enter the program on a yearly basis and how many exit the program on a yearly basis? It looks like in here the costs of special diet and transportation have gone down, and in my area there are more people entering than there are exiting.

With the cost of everything going up and more people, something has to be given. Someone is either not getting what they need or they're cutting stuff off for people that don't need it. Can you just explain how many people actually leave and, like I say, I'd just like to know the definite need of transportation and costs like that?

MR. GRANT: To clarify, there are a number of things that can change eligibility for a client. One is they could be earning more. For special diet, they might require a certain special diet to assist with post-surgical supports that require a different type of special diet. Transportation might change so again, transportation is determined based on actual costs, so in a rural area where somebody would need to have access to a longer distance, that's taken into account by our caseworkers.

What might change that eligibility is if somebody was receiving a base amount for a temporary training program, had a temporary condition in which, again, it's provided for that specific time frame in which that person has that specific need, and to the actual cost. If somebody is attending a training program for six months and after an annual review that training program has ended, they're no longer eligible for that transportation allowance that would provide support for them unless there was another training program or another circumstance which required them to have access to a special diet, special needs for transportation, or whatever else.

What I would add is we have seen a decline - in 2015-16, I pointed to about 4.7 per cent. This year has remained fairly stable. We haven't seen a dramatic decline in our caseload this year.

What we're seeing in some areas - to your point - we're seeing a higher rise, so in our northern region we're seeing more clients. What I would say is it's a program in which we address those needs as they come. We have an 80 per cent reapplication rate within our program so we have a lot of clients coming in and out of the system over time. That's why

through transformation we want to find out how we can make improvements, how we can ensure that we're not seeing a significant turnover in clients coming in and out of the system. How do we address some of those long-term challenges that clients are facing that have them reapplying over time? That's why we have an interest around changes to our post-secondary so that we can have long-term solutions around how we're supporting clients so that we can see long-term changes for that client and their family.

MADAM CHAIRMAN: Ms. Mancini.

MS. MARIAN MANCINI: Thank you for the presentation and thank you for providing the materials in a timely manner. I do appreciate that. What I seem to get is that while there may be a decline in the caseloads, the people who are receiving income assistance, a very high percentage are disabled. I would suggest that it's not rocket science to maybe make the determination that those who are disabled would probably be the individuals who would be in need of special needs.

I just noticed in the chart you provided that over the years there has been a significant cut or decrease in the amount of spending on that. I think you already alluded to it, it's a little chart that you had there - anyway, it showed a graph right at the bottom of the page. It started in 2009 and then it goes right up to the current year and we're looking at a significant decrease in the amount of spending.

I would think that some of those special needs items, particularly if you think about transportation and diet, would have increased pressures on them, cost pressures, within them anyway so just the cost of a client ascertaining those would increase so the decreases raise an alarm bell to me. What I'm really getting at and leading into, I noticed in June when the committee met, there were questions asked of the panel regarding the \$20 increase in income assistance which amounted to \$7.5 million. Ms. MacBride stated that they discovered it was not new money and Ms. Lord stated that it is likely that the \$7.5 million may have been gained as a result of special needs cuts and not increasing income assistance for two years. I'm just wondering if anyone would care to comment on that.

MS. HARTWELL: On both points: on the first, on the decline of people who are receiving, I would say that we've spent a fair bit of time trying to understand some of the numbers because I would agree with you that people who have a disability are often people who require special needs. The breadth of special needs though is it's not necessarily a correlation all the time. Part of the challenge with the program, as we've expressed, is that at its heart it is a needs-based program and it's a need at a point in time so I cannot tell you how many times we've had staff or others say that if we could just add a little bit extra it would allow them to maybe do something different.

The program as it is currently is not about making proactive investments, it is about meeting the need at that point in time. If that need changed from month to month, then under regulation, the staff have to address the need at that point. When you have folks who have chronic conditions, lifelong situations, it seems crazy to be constantly assessing,

reassessing the need. That's part of our work, how can we, in a way that's transparent, in a way that's fair and consistent, make sure that the people who need longer-term support, who need a greater depth of support, are getting that without really burdensome reporting requirements and people who may be in more transitory situations are also getting the support but we're also taking steps to help them increase their self-sufficiency. That really is the challenge.

The decline I think accounts for part of the decrease. The changing demographic of who is on income assistance is also there. As Brandon just mentioned quickly, in some areas of the province we've seen an increase in younger people who are not attaching to the labour market as they're leaving school and they're entering into income assistance. They are not necessarily coming with great special needs requirements at this point in time so it's always dangerous for us to draw the correlation without really looking at the caseload.

The other thing that Brandon mentioned very quickly was something we had to deal with, that the Auditor General really did call us to task for not having up-to-date reviews. As a result, we required staff to get caught up on their annual reviews. In some cases, those annual reviews revealed an unmet need. In some cases, it revealed that a payment that a client was receiving, they were no longer eligible for because of that needs-based client.

In some ways, that is the crux of trying to manage this program where I don't think you will find any public servant who would say that the program meets all needs. We're trying to manage that.

At the same time, we're stewards of the public funds and being held by the Auditor General and others to be accountable to make sure that, where there are regulations, they're being followed. It's trying to balance that, and I would say our role is to always make sure that it's on the side of the clients, but we definitely need to balance that. I think that did result in a greater number of reviews taking place that may have resulted in a change to special needs.

On the \$20 increase, though, what I would say is that over the past few years in income assistance - I believe I said this at the Public Accounts Committee - due to the declining caseload numbers overall, what was happening throughout the year was that there was money in our income assistance budget that was more than taken over by our other budget areas, whether it's services for people with disabilities or whether it's child welfare. I think we all know, they're not discrete programs. The implications can be quite intertwined.

There are times when we sat back and said, rather than just by happenstance, if there is money in the income assistance budget that we had forecasted for, but the caseload went down, let's make sure that that money is returned to the client, is kept for low-income Nova Scotians. That's where the idea came from for a significant increase, where we were able to do that.

It wasn't that other cuts were made. In fact, emphatically no, it was not that other cuts were made to make that \$20. That \$20 was something that we were able, by becoming much better forecasters and budgeters, to identify, that we felt we could achieve that in the budget envelope and that we would not be using income assistance money to cover off shortfalls in other areas due to usage. Government provided us with additional money to cover off the shortfalls.

You can slice and dice it, but I can tell you that that \$20 was not at the expense of anything in income assistance or special needs. I'm pleased to say that it was not at the expense of any of the other programs, that we received the additional money from government to support those. It was not a cut.

MS. MANCINI: There does appear to have been a cut anyway. There's \$5 million cut from last year, 2015-16. We saw \$7.5 million put back in overall. I guess, to me, the \$20, the \$7.5 million, seemed to be spread very thin out to everybody. If the program basically is looking at getting to those who are most in need, it would seem to me that it would have made more sense to put that money back into the special needs. Ms. Lord, when she presented in June, expressed her view that it was a political decision - not surprisingly, I think I agree with her - that putting it back into special needs didn't have the same public appeal, maybe, that giving everybody \$20 would have. If you give everybody \$20, it becomes a nice news story.

But what we have and what we're seeing is people really suffering it out. People who need their transportation costs or need their bus passes are missing out on those. As the deputy minister, and you were on the job at the time, can you tell us about the reasons for that, for the department to opt for that, a \$20 increase, as opposed to putting it back in the special needs?

MS. HARTWELL: I can. As always, when we put forward any kind of request for a change in policy or particularly as it impacts budget, we provide a range of options. Staff would have worked on a range of options - really everything from that amount, other amounts across the board, particularly targeted investments.

I would say that at the time what we had heard was that after two years without an increase, there was a significant appetite from clients and from the public to have an increase overall.

What we were learning, and starting to learn at the time - and now I think has become even more clear - is that the segmenting, understanding the clients and understanding the particular needs - assumptions on where investment of any new money would get the best result, I think we are now finally starting to understand that.



It is always easier to - as you say - spread to everyone, and two years without an increase it made perfect sense, and the fact that it was an amount that people would notice would have an impact. But these are hard decisions. If we had unlimited resources, we would be able to do the targeting that we want and also make sure that we're doing that slight lift that we're able to do with the \$20.

At the time, given what we were hearing from clients and what we were starting to learn about the complexity of the caseload, we felt like it would have the best result at that time.

If we didn't have transformation ongoing and if we thought that was it, maybe we would have made a different decision or a different recommendation, but certainly we knew that through transformation we were going to be making some proposals, and we are going to make some proposals that are really specifically targeting different populations - so people who have chronic illnesses, people who have disability, people who are new emergents in income assistance, people who are long-time clients who have significant mental health and other barriers. We want to have focused targets on them so we kind of knew that targeted work was coming, so the \$20 at the time felt like it was the investment that would (1) signal that we were continuing to move in a positive direction, but (2) would affect the most people while we were becoming more and more focused on targeting.

MADAM CHAIRMAN: Mr. Maguire.

MR. BRENDAN MAGUIRE: Has your department done any research on the benefits between our current needs-based system and a guaranteed income - and also the cost of the two?

MS. HARTWELL: I'm going to start to answer and then I'll let Brandon jump in with some of the details. The answer is yes, of course. Other provinces in Canada, other jurisdictions around the world for a long time have been talking about what is a basic annual income, what is a guaranteed income, how would that affect - is that the panacea that people think it is, what could that look like, how could that be structured? It seems to align very much with our idea of having reduced administration, streamlined processes with as much resources as possible getting in people's hands.

We have been looking at it. We have some joint work under way with our colleagues at the Department of Finance and Treasury Board who are helping us look at the interplay between our system, the tax system, other government-related benefits, so that we're not looking just at the income assistance system. We have been looking at it.

I would say that some of the preliminary numbers - and Brandon, you can jump in if you want - I think we're going to need - we don't want to have significant people that lose and people that win, and so we would want to make sure that we're looking at it so that it's something we can sustain and something that will really make life better for, I would say the most vulnerable, but really all Nova Scotians.

MR. MAGUIRE: Are you looking at the guaranteed income with the same current level of staffing as are needs-based? I just think that a lot of conversations when it comes to income assistance - and for those of us that represent areas with a high amount of income assistance individuals - is around confusion, it's around permission, it's around dignity, and it's around asking for this and asking for that. It would seem to me that requires a lot of staff and that requires a lot of resources to go into your department rather than to the people on the ground.

I hope when you do this research you are not looking at a guaranteed income and the cost of it with the same amount of staff and resources that we are using to - and I'll use the term of some of the clients who I deal with, individuals I deal with - babysit them. I mean just giving a basic income I think, personally, would prevent 15 or 18 or 20 or whatever it is this month, doctor appointments. That would free up resources in health care, let alone in DCS. It would allow people some dignity and it would allow them to kind of go on with their life and not have to spend - we have all seen the transit system here in HRM, to go from Dartmouth to Halifax is a 15-minute drive but on buses it's an hour, if you're lucky. So it frees up half their day from having to go to a doctor's appointment. It could allow them to volunteer, it could allow them to look for jobs.

We talk about a needs-based system, I don't understand how if this is a needs-based system and the purpose of income assistance is also to allow people to transition, so when people are at a moment in their life when they need assistance, how are they supposed to transition if they don't have a phone? How are they supposed to transition if they don't have Internet? How are they supposed to transition if they don't have transportation? How are we expecting people to find jobs?

It's kind of a two-part question here. I hope you are looking at the social benefits to a guaranteed income and also you are looking at a cost saving to the department, because I don't think we'll need the amount of staff that we have now and the amount of people answering phones saying no, you can't have \$20 for a haircut or whatever. Also, it will allow people to make their own decisions; if they want to get a phone they can get a phone and they don't have to call Joe at the office and say hey, this month I need a phone and next month say hey, this month I need a phone.

MS. HARTWELL: Thank you for that. The comments you made are exactly why we started the whole process of doing the work we're doing. I wouldn't want to leave anyone with the impression though - because I have staff in departments who will be very interested in my answer - we have enough work to go around so we right now have staff working very hard at following the rules and enforcing those rules. Until those rules change, that's their job and my role is to support that and then to infuse in our current system some of the principles we are looking for in our new system - empathy, respect, but also I would say innovation, forward thinking, all those things.

There will be staff who we will need to continue to check boxes and make sure that when documents are required that those documents are there but we will also need staff to do the work of helping people, having meaningful conversations with clients, casework. We don't necessarily have a lot of people doing that now. We have some people by calling, but they are people who are receipt-checkers, spend a lot of time checking receipts and not as much time actually having the conversation.

When we had the First Voice sessions, reading the comments from the clients, there were amazing comments about the role the caseworker played in the person's life; if the relationship with the caseworker was bad, if they didn't feel like they were getting support, it was really a significant impact on their life. Where there were clients who were able to name and point to that one caseworker who took the time and was on their side, it was quite amazing. We know we need that and we know we are moving towards a system that has to be less policing and more actual casework and helping people move forward.

Just to finish off, on the guaranteed income we absolutely are looking at the full range of what the options could be. That will be part of our go-forward over the next couple of months. Included in that will be what the system could look like to support that, so what kind of staffing system could we look like - at a very high level, of course.

Finally, just to say the comments you made about people needing to have telephone, Internet, and all those pieces, a large part of our focus is really what social inclusion and economic inclusion looks like for people. I would say that our current system has been very much premised on what is the absolute bare need, and then we'll meet that need. We are recognizing that - obviously, we all have whole lives - how people are able to participate in their community and in the economy affects their experience in education, their experience in health, whether they have an interaction with the justice system.

We are doing our best to be able to put forward a business case that takes into account not just the Community Services impacts but the system-wide government impact. I think that's where government is going to be able to make some really good decisions on where to invest and where we're going to get the most response from our investment.

MADAM CHAIRMAN: Just before we move on to the next round of questioning, I just want to ask if all committee members can try to keep their questions as concise as possible. We have a long speakers list, and we do have another committee that is meeting directly after us, so I would like to keep our time as condensed as possible.

With that, Monsieur d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: I've got a couple of quick questions. We've been talking about transformation for a very long time; hopefully I'm still around when transformation actually takes place. I know it has been a little bit of this and a little bit of that. My question revolves around, as we bureaucratically nickel-and-dime some of these things - and that's kind of the way I would say clients look at it, nickel-and-diming. They're allowing this and not allowing that.

They need to have the doctor's notes in order to approve or not approve certain things. We all know we've been talking a lot about transformation of the health care system, the lack of family doctors for a lot of these clients/patients. I'm just wondering how that has been affecting the system right now - not being able to get a doctor's note, especially in rural areas, Cape Breton and other areas, where there has been a doctor shortage and we can't actually get doctors to see these clients.

MR. GRANT: I think the member raises an important point about what we try to do in areas. There's flexibility within the policy. It doesn't necessarily have to be a family doctor who provides a note. It can be a dietitian or it can be a nurse practitioner. We try to ensure some flexibility, depending on the special need which somebody is trying to apply for. It depends on the level of note that is required. It's not necessarily just a family doctor. It can be a dentist, a nurse practitioner, or dietitian who can provide notes for our clients to access special needs.

MR. D'ENTREMONT: On the second point, what I really wanted to underline - I don't know if you can provide me with some more information. When you look at the special needs transportation and you look at the issue of medical transportation, I know we've talked about busing systems here in the city. But we don't have a bus system in Argyle-Barrington, and the majority of testing and cancer treatment - and it goes on and on and on - happens either here in Halifax or in Kentville in most cases. It is the dirty secret of the health care system, that rural areas are disadvantaged because of their distance from those services. What happens is people who are on the periphery of these things either can't get service - especially if you don't make the limits - and actually opt not to get the life-saving or life-changing surgeries and/or treatments.

I'm just wondering if you can provide me with a little more information around that. Twenty-eight per cent of the budget is being used. How many people are being turned away on this one? I have people all the time who come into our office who are looking for some kind of help. I know there are people who are just basically saying, I'm done, and go back home and are finished. Can you provide me with more information on that?

MR. GRANT: The member raises a couple of important points around rural transportation. We've heard certainly from stakeholders and clients about the challenges associated with living in rural areas and access to transportation. As I stated in the presentation, we have a policy maximum of \$150 for medical transportation. If there is a significant challenge around an individual in a rural area that needs access to a higher amount above the \$150, we would work with that client to ensure that we get that person

the support they need so they can access the transportation so they can get to their hospital appointments, and get the care that they need.

MADAM CHAIRMAN: Ms. Roberts.

MS. LISA ROBERTS: Under the current system, I understand the description of where we are and where we're heading - a needs-based system going towards possibly something related to basic income or guaranteed income, but less checking of boxes, less checking of receipts and so forth, and hopefully less administrative cost and more casework.

But we are in the current system where people have to have a relationship with a caseworker, and though it's described as very based on regulation and policy and paperwork, there is still discretion in the system as it is now where a case is made that this is the need and somebody has to make that discretionary decision.

What can you tell me about how those decisions that are based on discretion are overseen and also the access to appeals for clients if they feel like those discretionary decisions are not being made in a way that is fair and truly does reflect an understanding of what their circumstances are?

MR. GRANT: There are a couple of pieces to that. There is discretion within the regulations where there are cases in which a supervisor can approve a higher amount. I've just articulated to some of the policy maximums that can be gone over depending on the need that's established in cases. There's an essential medical program as well that's built outside of it, so some discretion is built into supervisors. Conversations happen within managers. We have a specialist system as well so that each region has an ESIA specialist that can consult with caseworkers on difficult, complex cases.

Those types of decisions usually happen within the regions. Some are escalated higher at the director level as well for further review in cases of high complexity to ensure that the best decision within the current policy and regulations, as well as the concerns that are brought forward, the clients are all balanced in that decision-making process.

To the deputy's point, we are a regulated program. We are a policy-focused program. We're always trying to balance ensuring that we're interpreting that we're actively engaging with the regulations in a way that's supportive of the clients, as well as ensuring that we have consistency and clear processes so clients understand how decisions are made. Decisions that are made by our caseworkers are appealable when the client feels that the process hasn't been followed appropriately.

MS. ROBERTS: There was a lot of background material for this and one was a circle graph which seemed to capture goals, outcomes, and indicators for the ESIA program. One of those circle graphs was titled ESIA client outcomes. One goal was that clients are able to meet their basic needs and then an outcome of that would be clients do not live in poverty. An indicator of that would be total income supports by segment and family composition as a percentage of poverty lines, including the low-income cut-off.

I'm wondering if you can comment on how close we are right now to accomplishing that goal and how close you anticipate as being post-transformation, to meeting that goal. Right now, my understanding is that many ESIA clients are living well below the poverty line and they are living in poverty so we're not actually meeting basic needs now. Post-transformation, will we be closer to meeting basic needs?

MS. HARTWELL: The circle you're referring to is part of our work that we've done over the last year on what we call our outcomes measurement framework. If I could, I would wallpaper it all over my office because it is probably the first time that we've been able to clearly delineate what it is that we're striving for.

Some of the things you reference - and I apologize that not everyone will be able to see this - what you're referencing in the middle are the things we are aspiring to: clients are able to meet their basic needs. The next level out is what would indicate to us that that's true. That's when we would say that we do not have clients living in poverty or that we have clients who are able to have their needs met, and are able to but not necessarily become dependent on those systems.

The farthest one out is really the measures. As I say, we've been working on this for the past year. We have one for client outcomes, for system outcomes, and we have one for each of the programs in DCS. It is still a work in progress but we want to be able to do what's quite hard sometimes in the social policy area: to describe when we're able to make a difference. I just wanted to provide that background of what that is.

I would say we use the low-income cut-off measure, we use the low-income measure, we use the market basket measure, all of which will tell us in different ways that people who are on income assistance and a significant portion of people who would not be eligible for income assistance but who would sometimes be described as the working poor, they do not meet those low-income measures.

Part of our work on putting forward a new system is whether there's a way we could move more people towards that low-income cut-off, whichever measure we are looking for. I would actually be foolish to say that that transformation alone is going to be able to move people out of poverty. I think we're doing some really great things and in some cases we're really pushing the curve, but I don't know if we're going to be able to - I'm pretty sure we will not be able to solve that problem wholeheartedly.

Will we be able to make significant strides according to some of the measures - people who are closer to that so we're able to make some deeper dives into the more vulnerable population? Absolutely, I think we will.

Part of the work on costing, one of the things we've learned, is that currently to bring - just on a financial basis, just to take the low-income cut-off measure alone, if we were to bring everyone on income assistance to the low-income cut-off measure, it would be roughly \$143 million, so we're not likely to have that infusion. All governments have grappled with poverty reduction and I know that it's not as simple as just the money. An infusion of money is important, but it is not the answer alone because people are grappling with some really significant issues and challenges in their lives.

For us we have to find interventions that have an income element. Just simply providing more income is one option and then the other options involve casework, participation in community events, and participation in the economy - all those pieces. These will keep us reporting consistently and show us when we're making progress but we are not necessarily going to have achieved them all fully by ending our transformation. We need to have clarity of purpose and this is reminding us all that we're not doing this to save money. We're not doing this to balance our budget in Community Services. We're doing this to meet the needs of Nova Scotians so that's why the outcomes are so important for us.

If I could just mention, Mr. d'Entremont indicated that he may be retired when the transformation is done. Just to be clear, if we have the approval to continue, our transformation project is only probably for another year or two. I hope you will see some significant pieces of work in the next year or so. (Interruptions) Well, I guess so.

MADAM CHAIRMAN: Mr. Rankin.

MR. IAIN RANKIN: I'm interested in the discussion around guaranteed income but I won't belabour the point. Is it not true that this transformation really is the foundational piece that is required in terms of even looking at a variation of that? I think of the administration improvements you're looking at and streamlining the different programs. For me, I think the only way it would work is that there's a concerted effort from government to look at who is on income assistance. I know my colleague mentioned the large number of people who will likely always be on some kind of support system with disabilities, or others who will need something. But then there are also people - some of them, I would say the minority would be job-ready and then some of them just need that extra boost.

When you're looking at all the various cases, as part of this transformation do you develop cohorts of individuals and have a different system of trying to get some people who need that extra boost, and then make the realization that there will always be supports for people and have less attention on following up on some of the different paperwork needed? For me, I think that transformation even highlights more of an importance going

into a guaranteed income. I don't think we're there yet; I think it's a great, compelling opportunity to look at it. We probably all know of the case in Manitoba in the small town, but that was a small town and it did eliminate poverty in Dauphin. But this is a province and I think if we're going to do it, or a variation of it, we need to do it properly.

MR. GRANT: I think the member raises a number of important points. We're systematically working through various different work strains through the project, including looking at ways in which we can modernize the system so that it's more responsive for our clients, to be able to better meet their needs. We're working to mindfully look at how we can assess eligibility, how we can have an intake process that better meets clients' needs over time, so looking administratively at how we can improve the system because we know we do need to make changes. We've been making changes over the last year to address some of the concerns that stakeholders and clients have raised. We have a lot more work to do.

On the service determination, I think speaking with stakeholders over the last couple of months, when we're talking about segmentation of the caseload, it's really about making service and program determinations in more of a targeted, strategic way to ensure that people's needs are being met, whether it's employability needs or community inclusion needs. We're trying to find ways in which we can have programmatic responses to better meet the needs of people. Our purpose around the post-secondary changes is really how we can work more proactively, preventively, to support our young people and also our not-so-young people who want to access post-secondary supports so that they can have a better life for themselves and their families. It's a big, ambitious project.

To the deputy's point, we're closer than ever. In the next few months it's going to be critical as we finalize what these deliverables will be and as we bring them forward. At the department, we're excited about the opportunity to bring change and we know that change is needed.

MR. RANKIN: On that point with education, I think that's a great initiative to make the attempt to break the cycle within some of the families and address some of the root causes of poverty, like lack of education. Are there any other initiatives that look to addressing that root cause in our society? I would think there would be an element from the Department of Justice, perhaps, and public education to look at disproportionate amounts of African Nova Scotians in our justice system and Aboriginal people, a disproportionate amount of people with disabilities on the streets facing homelessness, and other issues such as that.

From the root causes of poverty, is there anything else the department is engaged in on a collaborative approach, even such as - I know the hybrid hub unfortunately was something the RCMP was engaged in. I think they've stopped that, which I thought was a very good program. Is there still some level of collaboration within schools, justice, and community services?



MS. HARTWELL: Yes, absolutely. We work very closely with Education and Early Childhood Development, Health and Wellness, and Justice in particular. I would say that we've recently been expanding that to Communities, Culture and Heritage, and some other actors because we know with 100 per cent certainty that the issues that may present for Community Services clients are going to manifest in other places, as we've said.

We've been doing some interesting things. People may be aware of Between the Bridges - a pilot which is in the north end of Dartmouth. We're looking to expand that approach to a couple of other places, and that really is about using a collective impact model and harnessing the energy in a community to look holistically at all of the issues.

If you look at kids and the experiences they're having with struggling in school, some of those relate back to what's going on in the home; some of that relates back to some unmet health needs; some of that relates back to domestic violence, et cetera. We know the cycle and so that's one where we've really been learning quite a lot from that approach.

As I think people know, the deputy ministers of each of the departments that I named have a social policy deputies committee. We've identified a number of priorities for collaborative work and, in fact, just yesterday we were talking about how to use some enhanced information we're receiving from the justice system, which is telling us about how often people are re-engaging with the justice system and what some of their other attachments to other government services might be and how we could have played a different role.

I would say that work - we call it horizontal government - is really the new way of working. Some of the more innovative things that we've been working on are where we've been able to reach across departmental lines and do some joint work - whether it's about young people transitioning from secondary school into adulthood and not necessarily having an easy passage - what our role is in helping them make that easy passage, and particularly if they happen to have disabilities or some other challenges, what we can do to make sure that's there.

I would say that is the way forward because we know individually each department is playing a piece, but we are absolutely affecting one another's outcomes.

MADAM CHAIRMAN: Monsieur d'Entremont.

MR. D'ENTREMONT: Just to quickly finish up, I'm glad you were talking about interdepartmental co-operation because I think when it goes back to the issue of transportation or access to health care, that's a big discussion you need to have with the Department of Health and Wellness because of where services are available.

To go to Mr. Grant's comments, we have \$150, but if you're travelling from Barrington or Argyle that barely covers the cost of the shuttle because there is no bus service that accesses southwestern Nova Scotia. Then most times these individuals have to stay overnight. If you're lucky enough to stay at the Lodge, that's a \$70 item, plus a \$90 item for the shuttle, so \$150 doesn't go a very long way, and that's one visit.

I know it's your problem because you're picking up the pieces, but it's a problem that's created by a health care system that does not recognize service across the province. So in your discussions, please take that up with your colleagues over at the Department of Health and Wellness.

MS. HARTWELL: Just to add, there is a conversation going on about transportation in particular because we certainly heard it from clients in our own experience that it can be one of the largest blockages to not only their health and well-being, but to community inclusion and all of the things that affect quality of life.

We are having a conversation and certainly we also think about education - we have school buses going all over the province, if there are opportunities there, so I think there is some good work that we can do together.

MADAM CHAIRMAN: Mr. Orrell.

MR. ORRELL: I guess I'm going to follow up on the special diet/no doctor issue. In Cape Breton alone we have 10,000 people with no doctor. Most special diet needs - as you said, Mr. Grant, you need a letter from a doctor or a dietician. If you don't have a family doctor, you don't access a dietician, you don't access other parts of the health care system. If they're fortunate enough to get into the emergency room - or outpatients, as we call it - Northside is only open 8 a.m. to 4 p.m. every day, and a 10-hour wait, which is another \$20 cab ride back and forth, so it just goes without.

If they're fortunate enough to get a letter from a doctor, sometimes we see that letter rejected by the department. I guess my question is, does the department have medical specialists on staff that would qualify to reject that letter and if they get it rejected and have to go back and get it again, doctors require payment for letter-writing today. Who pays for that? People who have no doctor, usually on the lower end of the pay scale who are on income assistance, don't have that ability.

I'm hoping that if they're fortunate enough to get that letter it won't be questioned, and if it is questioned, hopefully it's a medical professional who can make that judgment, and the dignity of the person going back and forth to the doctor almost begging to get these special needs. It's not great for us and we see it every day, so I'm hoping that stuff will be looked at in the transformation to make sure that people are able to access what they actually need.

MR. GRANT: I think the member raised a number of important points and certainly we'll take that feedback back. We know that the medical form is being reviewed through the transformation. It's one part of the administrative work we're undertaking because we know that it creates frustration for clients when there's back and forth seeking verification around the medical forms.

We are working through the administrative stream of the project to look at the medical form and how we can streamline it in a way to address some of the concerns that you've raised as well.

MS. HARTWELL: I just wanted to add that as a result of concerns being raised over the past year, we recently did have the occasion to reach out to staff around the province and remind them that they have the discretion that if it's a chronic condition - based on their understanding - they don't need to have medical reaffirmation that the person is still disabled.

Just to remind them that they don't have to do that annually, they don't have to do that monthly - it's really dependent on the situation of the client. Thank you for the people who brought that forward and again, if you're hearing that what we're saying our policy is not necessarily what's being interpreted, it's always helpful to let us know because often it's just that clarification that staff need.

MADAM CHAIRMAN: Ms. Mancini.

MS. MANCINI: Just in terms of the transformation, even the use of that language - that word suggests to me that a transformation is something that evolves. Certainly in the Legislature whenever I ask the minister questions in relation to what's happening, it's always - it's going to happen, it's going to be great, it's going to be 2018, or whatever.

It seems that with all the consultation that's happening - and we're talking the language that this is going to move forward and it's going to be good - what my constituents have seen and what's a concern to them is that for two years the rates were frozen, and there has been a dramatic cut to the special needs budget. Then we hear about the consultation - in the Hansard from the June meeting, three people talked about the quality of the consultation process and they weren't happy with it and thought it was more about DCS saying what they want, and then sending people off to World Café committees to discuss it. It was sort of like a control of the agenda.

It's cold comfort to people, it seems. The overall transformation process - I don't think if I said to any of my constituents that when this comes out it's going to be all worth the wait, that they'd believe that. What can you tell me today that would give them some hope that this process has been worth the wait? They are suffering as they wait it out.

MS. HARTWELL: Thank you for the question. I absolutely accept and agree that for people who are experiencing poverty, for people who are in receipt of income assistance who have been waiting for change - hearing that change is going to come is cold comfort. I accept that and that is the weight the department feels, I think, as we're trying to move this complex system forward.

My ask, I think, is that the hope that we feel is hope that will allow us to continue, that people will continue to support that the status quo is not okay, so that what we're doing, although it may seem to be imperfect - it certainly has been the subject of criticism - comes from a sincere desire to re-shift. Again, not fast enough, not deep enough, we hear that, but all we can do is continue on the path that we have, with those outcomes firmly in mind and the belief that we have to do better.

On the engagement piece, I would say that when people were here last June - I read that as well and that was the experience of those people who were here testifying. It was the first time we had a significant engagement on our transformation, we learned some things from it. Following that, we had meetings specifically with clients and heard from clients themselves rather than funnelled through advocates. Then we went back to the advocates and back to the stakeholders and worked with them to design the next phase, which is the phase that Brandon had showed, so that the consultation that took place in October and November was designed with some key stakeholders around the table.

Our First Voice sessions, as Brandon mentioned, were facilitated by community members. That ended up being a really powerful thing because it was people like, for example, the head of Shelter Nova Scotia, the ED from Phoenix, and someone from a Learning Network. I think people who were on the ground were - well I know they were because I met with them - incredibly moved by the stories they heard and were able to help us really inform the transformation so that it wasn't simply, as you say, just here's the transformation, it's going to go a certain way, and then there's going to be an outcome.

It had to evolve. For example, it's a small thing, but one of the things that we heard loud and clear from clients is that they really didn't like receiving a payment once a month. They thought it was onerous, it was hard to budget to a month, so we were able to go back and we now have people who can opt for every two weeks. It's a small thing, I get that. It wasn't on our original work plan but it was responsive to what we heard, so we are trying.

When we hear something that we can do that's consistent with where we believe we're going, we're going to do it. Ultimately if it's as simple as just changing some rules - we've changed rules all the way along, but what we're really hanging our hat on is that there will be an appetite for a fundamental rethink of what income security looks like in Nova Scotia. What does it look like to provide income security for poor Nova Scotians? What does it look like to help people transition from where they are to where they might want to be?

It's a trite saying but it came from one of our staff in the Lunenburg district office who said to me: I don't want to be the department of last resort; I want to be the department of lasting support. That has stayed with me. She said that several years ago and that has stayed with me because that's essentially what we're trying to do.

We're a big department, it's complex. Every time we think we've figured out what is the best approach, we often learn and we often are learning from the advocates and clients who are on the journey with us. I guess all I can say is we're going as fast and as hard as we can with what we have and we will continue, I think, the hope that you see and the genuine desire, I hope, will keep propelling us forward.

MADAM CHAIRMAN: Ms. Roberts.

MS. ROBERTS: It is a big department and a big subject and I could ask a million questions about housing, but we're going to stick to the focus today. I want to really give credit to the community organizations and advocates who presented in June. I wasn't here at the time, but I found that Hansard was a really rich source of questions and things to follow up.

I want to go to the point of Megan MacBride, who's a social worker at the North End Community Health Centre, who talked about the importance of access to Pharmacare and about how maintaining Pharmacare was important particularly for the example she gave of a mother with children - the need and the desire to hold on to Pharmacare could actually shape life decisions about re-entering the workforce.

Just to give us something really specific, I'm wondering how might you transform that choice which she has watched clients struggling with - do I go off the system and leave my children at risk?

MR. GRANT: I think it really is an important point. What we have within the current system is transitional Pharmacare, where if somebody has exited ESIA, they have access to Pharmacare for up to 12 months afterwards. Certainly what we're hearing in some of the stakeholder sessions is what other supports we can put in place to help with that transition, not just for Pharmacare. That's really what we're doing when we're looking at the income security stream of the work: how we make sure that there are transitional supports in place so that people who want to choose employment and who are able to choose employment can see the benefit of transitioning into employment.

That's certainly part of the income security stream. We have something in place now. Whether or not that has to be expanded is part of that project stream.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: Thank you for your presentation. I would like to ask some questions concerning the investments that went into housing. Could you just be a little bit more detailed on how that money was spent, where it was spent, and what improvements came out of that, please?

MS. WADDEN: With respect to the \$20.4 million related to home repairs and adaptations, I do have the counts by region, which I can provide to the group if that's helpful.

Essentially, in the eastern region, we were able to help 608 households through repair and adaptations, 319 households in the northern region, 449 in HRM, and 723 in the western region. This is a wait-list-based program. Our goal is to help those who are approved through the program within a six-month period. That's the breakdown of the households helped in 2015-16 with respect to that \$20.4 million.

With respect to the \$24 million in deferred federal contribution - the capital contribution into our public housing system - I have a breakdown as well that I can provide to each of the members. As I noted, that money went to a number of different aspects: the building envelope primarily, but also electrical and mechanical, life and safety, lifts and elevators, paving and walkways, and emergency operation items.

I have a regional breakdown. Of the \$14.1 million of the \$24 million that we've spent to date - as I said, we'll have the full \$24 million spent by the end of the fiscal year - \$2.5 million was spent in the Cape Breton region by our Cape Breton Island Housing Authority; about \$600,000 was spent in the Cobequid Housing Authority region; \$1.1 million in the Eastern Mainland Housing Authority region; in metro, about \$6.9 million was spent on public housing repairs and renovation; and in the western region, it was about \$2.9 million of the \$14.1 million spent to date.

MS. TREEN: When you say it's according to a list, is a certain amount allotted for each region? Is it one big list? Everybody enters a provincial list? How does that list work?

MS. WADDEN: For the home repairs and adaptation programs, the lists are maintained by region. Our Housing Services offices - there are regional offices, and the wait-lists are maintained according to region and they're serviced in chronological order.

With respect to the maintenance for public housing that I just spoke about, what we do is go out and complete building condition assessments on our buildings and the work is prioritized throughout the province, based on need that's determined through that process.

MADAM CHAIRMAN: Thank you very much. That will be an end to our questioning for today. We do have a bit of committee business, but I would invite Ms. Hartwell to make some brief closing remarks if she would like.

MS. HARTWELL: I'll be very brief. Thank you for the opportunity. If there are any questions or concerns that have arisen today either from the committee or from people in the audience and they would like more information, please contact us. We would be more than happy to provide what information we can.

My ask, which I will always make, is for your support as we move forward on really this incredibly important piece of work. Thank you very much.

MADAM CHAIRMAN: Thank you. To all three of you, we appreciate you being here. I appreciate you taking the time to present and to answer our questions.

We're going to take a very brief two-minute recess to transition. I would like to make a note to anyone who would like to speak to our witnesses or have discussions, we have another committee coming in so if we could move into the media room, that would be fantastic.

Committee members, I need you to stay until 12:00 noon because we do have stuff that we have to discuss. Other than that, if we could take discussion into the media room that would be very helpful. We'll break for two minutes.

[11:41 a.m. The committee recessed.]

[11:44 a.m. The committee reconvened.]

MADAM CHAIRMAN: I'd like to call the meeting back to order, if everybody could return to their seats. We have a couple of things for committee business. One will take some time because we've deferred it a number of times already so we do need to discuss it and make a decision one way or another.

First, we received some correspondence; I believe all committee members have received that correspondence over the last few weeks. Some were clarifications, some were articles of interest, and some were responses to letters that we have sent. What I would like is just agreement to post all this correspondence on the website. Is there any issue with that? Okay, we can give a directive to go ahead.

The big thing that we have actually pushed off for a number of meetings now is our committee time and coming to some sort of understanding or agreement as to if we will continue to hold our committee meetings from 1:00 p.m. to 3:00 p.m. or if we will move it to the morning, and being cognizant of our rural members who are coming in, travel times. I would just like to have a few minutes of discussion on this to see where people stand.

I know that one of our members who has quite a distance to travel is not here at the moment, but maybe we can have some of our members discuss their preferences so that we can come to some sort of an agreement. I'm going to look at Mr. Orrell because I . . .

MR. ORRELL: I'll start. I know there's another committee meeting this afternoon that would conflict. If we change the time, does that conflict with that other meeting?

MADAM CHAIRMAN: It does not because this is not our regular day. We typically would have met last Tuesday.

MR. ORRELL: The other question is, this time of year it's weather permitting. If we had a meeting at 1:00 p.m. and I got up in the morning and it's 7:00 a.m. and storming I'm not going to be here, or I'll come the day before. I'm driving back in the daytime or the nighttime, either-or. If it's 1:00 p.m. to 3:00 p.m., I'm still driving in the dark. If it's the night before, I'm driving in the dark.

MR. MAGUIRE: I think we could keep it at 10:00 a.m. just to keep people off the road at night in the wintertime.

MADAM CHAIRMAN: The time is typically 1:00 p.m. to 3:00 p.m. It is typically the first Tuesday of every month. What we are suggesting, what has been discussed, is that it stays the first Tuesday of the month, but the time would change from 10:00 a.m. until 12:00 noon. There is no conflict with any other committees so the day stays the same, it's just the time.

I am looking to our members who have quite a distance to travel to see what fits for them. Mr. d'Entremont, I know that you aren't a regular, but Mr. Harrison who you're here for does have quite a way to travel as well.

MR. D'ENTREMONT: In my case, when I'm backing up - I end up having to back up on a lot of different committee meetings - the earlier ones I always have to actually come in the day before. In this particular case, it was snowing like hell when I left Yarmouth and it got nicer as I came closer, but I wasn't going to wait until morning to actually try to drive in for a 10:00 a.m. meeting. Ten o'clock is a tad early - 1:00 p.m. to 3:00 p.m. would be better - but you just never know because of the wintertime.

In Mr. Harrison's case, he lives about an hour away so a 10:00 a.m. start or a 1:00 p.m. start, it doesn't make much of a difference.

MR. ORRELL: We just have to keep an eye on the weather. It doesn't make any difference what day or time it is.



MADAM CHAIRMAN: We also have a storm policy that was sent out to us as well. In bad weather during the meeting time we do have a storm protocol for cancellations of meetings.

I said I wasn't going to do this, but - right now we already have our witness scheduled. It's actually Mr. Grant who is coming back to meet with us on February 7<sup>th</sup>, and he is scheduled for 1:00 p.m. to 3:00 p.m. Let us keep our February meeting for 1:00 p.m. to 3:00 p.m., but really if you could go back to each of your caucuses - the actual committee members - to see if we can find a preference.

I know that the request was to make it in the morning, so there is a desire to have it in the morning from a number of our regular committee members. For those who are subs, if you could just speak to the members that are typically on this committee and then we can make a decision. Where we have our witness already scheduled, we'll keep it for 1:00 p.m. to 3:00 p.m. on February 7<sup>th</sup>. That will be the Department of Community Services again, Working and Education for Income Assistance Recipients. Ms. Mancini.

MS. MANCINI: I would like to put a motion forward, but I will defer it until our next meeting, given the time, but I just wanted to give some indication to people of what it is so that you can have some thoughts on it.

I know that there was a request made in June for updates of what's happening in the transformation. I wanted to talk about that a little bit more and maybe structure a motion that would be called for regular updates on the transformation to this committee.

MADAM CHAIRMAN: Do you have that motion? Can we maybe give it to Mrs. Henry and have that circulated so we have an understanding, so we can look at that?

MS. MANCINI: Yes, I just didn't want to - I wasn't at the June meeting. I'd like to put a motion forward that the Department of Community Services would provide the committee with regular updates as to the progress of the transformation.

MADAM CHAIRMAN: We will defer that to our February meeting but that's great.

Is there anything else; would anyone else like to say anything? Okay, thank you so much for your time and it was good to see you all. Happy New Year.

With that, we will adjourn the meeting.

[The committee adjourned at 11:50 a.m.]