

**Appendices - Final Recommendations of the Task Team on
Income Support for People with Disabilities**

Appendix A: Task Team Terms of Reference

**Community/Government
Disability Income Program Task Team
Terms of Reference**

1. Purpose and Scope

The task team will develop initial recommended design options for a new disability income program to begin implementation in 2009-10. This would include options relating to the following:

- 1) Program definition and access;
- 2) Eligibility and assessment processes; and
- 3) Program interactions/requirements (e.g. reporting).

The task team will assist in recommending a phased approach to implementation, if required, with a primary focus on 2009-10 deliverables, but also providing recommendations for 2010-11 or 2011-12 work should the magnitude of change require a multi-year approach.

The task team will develop a discussion guide on the recommended options, which will be used to gather feedback from the disability community prior to making final recommendations to the Minister by March 31, 2009.

The issue of adequacy and benefit levels will be outside the scope of the work of the task team. The focus of the task team's work at this stage is to provide recommended options regarding the design of the new income program.

2. Activities

The task team will undertake the following activities:

- 1) Develop goals, objectives and principles to guide the work of the task team.
- 2) Identify the key characteristics/elements of a separate income program including:
 - i. Describing the changes that would be required to design and implement each new characteristic/element, and
 - ii. Prioritizing the implementation of each element, if required.
- 3) Define assessment and eligibility processes for determining who the work-limiting disability population is for the new program.
- 4) Develop program administration options including reporting requirements, rapid reinstatement, and earnings exemptions.
- 5) Provide advice and input regarding models of service delivery for the new program.

- 6) Develop a discussion guide on the recommended options for the disability income program and plan and facilitate consultations/discussions with the disability community.

3. Deliverable(s)/Outcomes

The task team will provide the Minister of Social Services with recommended design options regarding a new disability income program. These options are to be scalable in terms of the degree of program change, implementation timelines, and various fiscal conditions.

4. Membership

The task team will have a maximum of 16 members: eight community and eight government members.

The following community organizations will be members of the task team.

- 1) Disability Income Support Coalition (DISC) (6 members)
- 2) Saskatchewan Abilities Council (1 member)
- 3) Provincial Interagency Network on Disabilities (PIND) (1 member)

The task team will have government representation from the Ministry of Social Services and Office of Disability Issues. Officials from the Ministries of Health and from Advanced Education, Employment and Labour will participate on an as-needed basis.

A government member and a community member will co-chair the task team. The Disability Income Support Coalition (DISC) will nominate the co-chair from its task team members.

5. Reporting Relationship

The task team will report to the Acting Assistant Deputy Minister, responsible for the Income Assistance Division, Ministry of Social Services.

6. Task Team Subcommittees

The task team may establish subcommittees where more in-depth work is needed on a specific issue.

The subcommittees will report to the larger task team. All work of the subcommittees is subject to review and decision by the task team.

Any subcommittees must have at least two community representatives from the task team.

The subcommittees may include additional outside participants as required.

The subcommittees will complete their work within the time frame established by the task team.

7. Responsibilities

The Office of Disability Issues will be responsible for arranging meetings of the task team and any subcommittees.

Income Assistance Division and the Office of Disability Issues will coordinate the writing of documents.

Task team members will provide assistance in drafting any documents.

8. Task Team Decision Making

Decisions taken by the task team regarding its work will be based on the support of the majority of members. Minority opinions will be noted on request.

9. Confidentiality

Task team members may be privy to confidential material. Members are expected to respect the confidential nature of the material.

10. Meetings

The task team will determine the frequency of meetings based tasks and activities to be completed.

Members may send an alternate when they cannot attend a meeting.

The Ministry of Social Services and the Office of Disability Issues will be responsible for meeting notes.

The agenda will be developed by the co-chairs. The agenda and meeting notes will be sent to members prior to each meeting.

11. Expenses

Upon request, task team members shall be reimbursed for travel expenses at government rates in order to participate in meetings.

12. Time Frame

- Task Team recommendations will be submitted to the Minister of Social Services by March 31, 2009.
- Additional work and/or ongoing role for the task team will be determined after submission of the first recommendations.

Appendix B: Task Team Membership

Community and Government Disability Income Program Task Team

Community Members

Name	Organization	Representing
Merv Bender, Executive Director Task Team Community Co-chair	Prince Albert and District Community Service Centre	Disability Income Support Coalition (DISC)
Bev Duncan, Executive Director	Saskatchewan Voice of the People with Disabilities (Regina)	DISC
Elaine Naytowhow Community Liaison Officer	Sturgeon Lake First Nation (Saskatoon)	DISC
Clarence Neault Co-ordinator	Gary Tinker Federation for the Disabled (La Ronge)	DISC
Dave Nelson, Executive Director	Canadian Mental Health Association Saskatchewan Division (Regina)	Provincial Interagency Network on Disabilities (PIND)
Mike Richter Executive Director	South Saskatchewan Independent Living Centre (Regina)	DISC
Maritza Tello, Support Worker	Phoenix Residential Society Schizophrenia Society (Regina)	DISC
Ian Wilkinson, Executive Director	Saskatchewan Abilities Council (Saskatoon)	Saskatchewan Abilities Council

Ministry of Social Services

Name	Division/Branch
*Daryl Stubel, Executive Director Task Team Government Co-chair	Office of Disability Issues
Lynn Tulloch, Executive Director Acting Task Team Government Co- chair	Income Assistance Division
Jim Browne, Senior Policy Advisor	Strategic Policy Branch
Alan Hickey, Senior Policy Analyst	Income Assistance Division
Alan Jones, Regional Manager	Northeast Region (Prince Albert)
Randy Passmore, Director, Policy and Planning	Community Living Division
Doug Scott, Director, Strategic Policy and Benefit Design	Income Assistance Division
Craig Torgunrud, Senior Policy Analyst	Office of Disability Issues

* On medical leave during January and February 2009

Appendix C: Materials Used in Community Discussions

An Income Program for People with Disabilities: The Blueprint

A Presentation by the
Disability Income Support
Task Team

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Our Presentation....

- Task Team - Background and Purpose
- Principles and Goals –
The New “Foundation”
- Sharing New Ideas – “Building the New House”
 - Who is it for?
 - How do you get in the program?
 - What will the benefit be like?
 - What will the service be like?



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Background

- October 2006 - Disability Income Support Coalition (DISC) formed
 - to advocate for a separate dignified income support for people with disabilities to be developed in collaboration with the disability community.
- October 2008 - Minister of Social Services announced the development of a separate dignified income program for people with disabilities.
- The announcement included a commitment to collaborate and consult with disability community on the design and roll out of the new program.

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Background

- January 2009 - Community and Government Task Team formed 
- Task Team includes community representation from DISC, PIND, the Saskatchewan Abilities Council and government representation from the Ministry of Social Services
- January – March 2009 – regular meetings to develop recommendations for a new program
- Task Team will submit a report to the Minister in spring 2009

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Task Team Purpose



- Develop recommendations for the new income program – **The Blueprint!**
- Task Team asked for recommendations on:
 - Who should be eligible?
 - How to determine who is eligible? (*eligibility and assessment processes*)
 - How should the program work? (*What kind of benefits? What type of service?*)
- How much? **\$\$\$**
 - Money issues not part of Task Team work

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Community Meetings



TODAY.....

- Want to share the work the Task Team has done so far
- **NEED YOUR INPUT AND FEEDBACK**
- Are we on track?
- **MOST IMPORTANTLY - We do not have all the answers and we need your advice and input**



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The New Foundation: Program Principles and Goals



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New Foundation

- SAP was not designed for people with disabilities
- Need a program that reflects that people with disabilities have unique needs and usually need longer term support
- Need new program – one that is different
- So – we start with a new foundation.....

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New Foundation: Draft Principles

A well designed disability income support program is:

- | | |
|-------------------------------|--------------------------|
| ■ Dignified and respectful | ■ Flexible |
| ■ Person-centered | ■ Timely |
| ■ Empowering | ■ Impact-based |
| ■ Non-intrusive | ■ Fair and transparent |
| ■ Collaborative | ■ Aligned |
| ■ Separate | ■ A high quality service |
| ■ Easily accessible | ■ Accountable |
| ■ Simple | ■ Sustainable |
| ■ Individualized and portable | |

Watch for....



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New Foundation: Draft Goals

- Provide income support for those with limited ability to work
- Promote participation in community life
 - *learning opportunities*
 - *recreation*
 - *volunteer activities*
 - *paid employment*



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Building the New House: What might it look like?



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What.....

Four areas of discussion:

1. Who is it for?
2. How do you get in the program?
3. What will the benefit be like?
4. What will the service be like?

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Who is it for?

- People with work-limiting disabilities – initial definition provided
- Must be 18 years of age
- The disability must be SIGNIFICANT and ENDURING
- The disability must limit the ability to work
- Individuals must have little or no income

F.Y.I.

Not everyone who has a disability on SAP today will be part of the new program – the program will be for those with SIGNIFICANT and ENDURING disabilities

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Who is it for?

Significant means a disability that has a substantial impact on daily living/work activities and that requires support

Enduring means a continuous or periodic disability that is expected to be permanent or indefinite

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How do you get in?

A new approach to assessing for disability.....

What do we need to know?	SAP Today	Who??	New Program	Who??
Presence	✓	Primarily doctors	✗	Doctors + others
Impact			✓ SIGNIFICANT	
Duration	✗		✓ ENDURING	

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How do you get in?

- More emphasis on the **IMPACT** of the disability
- Assessment likely two stages:
 - Determine **IMPACT** first (variety of people might be able to do)
 - Then get information to establish **ENDURING** (could be from a doctor, could be from others too)

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How do you get in?

- Also need to assess **INCOME**
- Will be simpler than **SAP** is today – recognizing that most will have limited income
- Less frequent reporting – maybe annual only
- **Simpler & less intrusive**
- **Will better support periodic employment**
- Allow people to keep more of what they earn

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What will the benefit be like?

THREE PART BENEFIT

Part 1 – “Basic Living Income”

Use simple flat rate benefit amounts

- Monthly
- Would cover food, clothing, shelter
- Simpler
- Less reporting
- Greater flexibility

F.Y.I.

The Alberta Assured Income for the Severely Handicapped (AISH) program provides flat rate benefits. All benefits including food, shelter, utilities, personal costs are provided in a single benefit.

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What will the benefit be like?

Part 2 - "Disability Income"

- Flat rates for the range of routine costs associated with the impact of a disability (e.g. dietary, special transportation).
 - Monthly
 - Would require limited reporting or receipts

Part 3 - "Exceptional Needs Benefit"

- A benefit for emergency or extraordinary items
 - Would be based on reporting of actual expenses
 - As needed, not monthly
 - Maintains flexibility

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What will the benefit be like?

	Year One (2010?)	Future Years (2011+)
Basic Living Income	842	842+
Disability Income		
Level A	\$70	\$70+
Level B	0	\$
Level C	0	\$\$
Level D	0	\$\$\$
Exceptional Needs	SAP rules	New rules

Would vary by impact
Would ↑ with impact

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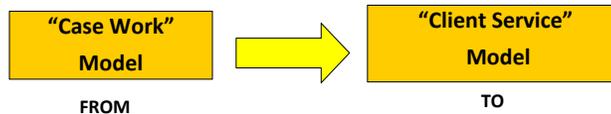
What will the service be like?

- Ability to choose – different service for different needs
- Overall – less intrusive – less interaction
- Examples:
 - Routine – by e-mail, phone, or web
 - Initial application/assessment – in person
 - Complicated circumstances – in person
 - Periodic reviews – some in person, some by mail, web, etc.
- Self service where it makes sense – least intrusive

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What will the service be like?

- Ministry staff will still deliver
- Staff will have specialized disability related knowledge and training 
- A less intrusive program will make it simpler for staff as well – will mean Ministry can shift resources to providing other higher value service to clients 
- Will also mean a shift....



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Next Steps

- The Task Team will finalize these recommendations based on your feedback today
- Report to Minister in May 2009
- **We don't have all the answers** – more detailed design to follow later....
- This will be a multi year process!
- Please be patient!



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Help us get it right!

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WHO IS THE PROGRAM FOR?

Refer to pages 13 and 14 on the presentation handout.

DISCUSSION QUESTIONS

1. *What do you like about the definition of who will be served by the program?*

Why – What makes it good?

What do you think about the definition of “significant” and “enduring”?

2. *What, if any, concerns do you have with this definition?*

HOW DO YOU GET INTO THE PROGRAM?

Refer to pages 15 - 17 on the presentation handout.

DISCUSSION QUESTIONS

1. *What do you think about the new emphasis on impact of disability?*

Why – what makes it good?

Why – what concerns you?

2. *Who do you think should do impact of disability assessments?*

Why – what do they bring to the process?

Is there anyone who shouldn't do assessments?

3. *What is important to you about how assessments are completed?*

If assessment is done well, what does it look and feel like?

WHAT WILL THE BENEFITS BE LIKE?

Refer to pages 18 – 20 on the presentation handout.

DISCUSSION QUESTIONS

1. *What do you think about this approach to benefits?*

What do you think about a flat rate benefit with limited reporting?

What do you like about this approach or what concerns you?

2. *What types of expenses should be covered by the basic living income?*

3. *What disability costs do people experience and how frequently?*

WHAT WILL THE SERVICE BE LIKE?

Refer to pages 21 and 22 on the presentation handout.

DISCUSSION QUESTIONS

1. *What's important to you about service delivery?*

When would it be helpful to work with someone in person?

When would it be helpful to have phone/e-mail/web access?

2. *How important is it to deal with a dedicated service representative - one who is assigned specifically to you?*

If it's important – under what circumstances?

When would it be more appropriate to deal with a general staff person – someone who isn't assigned specifically to you?

CREATING A NEW PROGRAM

WRAP UP QUESTION

The task team envisions a new program that looks and feels different than SAP. For example, it will have its own name, a different benefit structure, and different reporting requirements.

Thinking of all that you have heard and discussed today, what specific features of the new program do you think would make it feel different from SAP?

Appendix D: Defining the Target Population and Eligibility Criteria

Defining the Target Population and Eligibility Criteria

Considerations in Defining the Target Population

The question of *who* should be targeted to receive new disability income benefits is the critically important starting point for defining the parameters of the new program. In developing its recommendation in this regard, the Task Team weighed three important considerations: the effect of disability on employment capacity, the impact and anticipated duration of disability, and the availability of alternative sources of income.

Employment capacity

For the most part, competitive labour markets have proven to be a fair and efficient means of distributing income required to meet basic needs. Mechanisms to provide a socially acceptable income for individuals must be balanced against the desire to minimize interference in the normal functioning of these markets. Limiting the target population to include only individuals with disabilities that tend to substantially limit their ability to earn a livelihood through competitive employment achieves this balance.

Impact and duration of disability

While all persons with disabilities have a right to reasonable accommodation and support, the Task Team believes that the need for support is greatest and most urgent for those with disabilities that can substantially limit employment capacity over a long period of time or permanently. This population should be considered a priority for inclusion in the new disability income program.

Alternative sources of income

In the interest of efficiency, the new disability income program should complement and not displace existing mechanisms of income support for persons with disabilities. Existing mechanisms include private disability insurance programs, sickness benefits available through Employment Insurance, disability benefits available through automobile insurance, Worker's Compensation benefits, and Canada Pension Plan disability benefits. Individuals who are eligible for financial support under existing programs should be targeted for inclusion in the new disability support program only when existing programs fail to provide a comparable level of support, and then only to the extent necessary to make up the shortfall.

Recommended Target Group

With these considerations in mind, the Task Team recommends that the new disability income program be targeted at adults with (a) disabilities that can substantially limit their ability to earn a livelihood and (b) little or no income from other sources. The target group is viewed as comprised of individuals who are likely to be incapable of long-term self-support through employment and therefore in need of ongoing financial support over an indefinite period of time.

Individuals included in the target group are Saskatchewan residents, 18 years of age or older, who:

- Have disabilities that are *significant* and *enduring*, irrespective of whether the disabilities are physical, psychiatric, cognitive, or intellectual in nature; and
- Have insufficient income from employment or other sources to permit self-sufficiency; and
- Are not expected to attain long-term financial self-sufficiency through employment or self-employment given available treatments or supports.

Significant disabilities are those that have a substantial impact on routine daily living activities and which result in a person requiring help in the form of an assistive device, the assistance of another person, a modified environment, or other accommodation.

Enduring disabilities are those which are expected to last permanently or indefinitely, and which limit a person's ability either continuously or periodically.

The new disability income program would replace the SAP as the primary source of support for this population. It is anticipated that 8,500 to 10,000 of the roughly 13,300 individuals currently designated as disabled in SAP will qualify for the new program and be transferred to it in the early stages. Individuals with disabilities that are not severe or enduring, as defined above, will continue to have access to SAP for financial assistance or may be granted access to the new program on a short-term or provisional basis.

Eligibility Criteria

The eligibility criteria that follow are an attempt to provide an operational definition of the target population that is consistent with the conceptual definition provided above. Should government choose to proceed with the program as recommended, it is acknowledged that some of the details of these criteria and their precise wording may change as operational details become clearer, and as the criteria become incorporated in legislation and policy documents. It is the Task Team's desire, however, to ensure that the spirit and intent of these criteria remain substantially unaltered through whatever subsequent re-working is deemed necessary.

Individuals should be considered eligible for the disability income program if they:

<p>Disability Criteria</p>	<ul style="list-style-type: none"> • Have an intellectual, psychiatric, cognitive, neurological, sensory or physical condition or a combination of conditions, which: <ol style="list-style-type: none"> i. in interaction with personal and environmental factors, results in a significant activity limitation or substantial participation restriction in one or more of the domains of communication, social interaction, learning, mobility, decision-making, self care or domestic life; and ii. requires assistive devices, personal support services, or modifications to the environment in order to perform daily living activities and/or participate in specific life situations; and iii. is, or is likely to be, of a permanent or indefinite nature, and either continuously or episodic.
<p>Financial Criteria</p>	<ul style="list-style-type: none"> • Have incomes below certain thresholds (to be determined through detailed program modeling prior to implementation). • Have assets below certain thresholds (to be determined through detailed program modeling prior to implementation). • May have income from CPP-D, OAS/GIS, WCB, providing their total income remains below the above thresholds.
<p>Other Criteria</p>	<ul style="list-style-type: none"> • Are Saskatchewan residents. • Are 18 years of age or over. • May or may not be participants in the paid labour force.

Appendix E: Estimates of the Size of Target Population

Estimates of the Size of the Target Population

Two methods were used to estimate the size of the target population. The first method started with the population of persons with disabilities already on the Saskatchewan Assistance Program (SAP) and applied assumptions about which of these current clients are most likely to be eligible for the new program. The second method started with an estimate of the number of Saskatchewan adults with “severe” or “very severe” disabilities from Statistics Canada’s 2006 Participation and Activity Limitation Survey (PALS) and subtracted estimates of the number of individuals who receive earnings replacement coverage from other programs. Both methods, of course, provide only a rough indication of the potential size of the target population. The estimates range from a low of approximately 10,000 individuals (from the SAP method) to a high of approximately 14,000 individuals (from the PALS method).

1. SAP Method

Electronic administrative data from the SAP program does not contain information regarding the severity or duration of disability. Consequently, these characteristics can only be inferred from other known characteristics. Two pieces of information seem particularly relevant in this regard: (1) continuous months on assistance and (2) residency in a family or community care setting.

In December 2008, a total of 13,321 social assistance cases contained household heads who reported disabilities. Of these, 9,529 lived independently in houses, suites or apartments, and another 3,464 lived in some form of care setting.

Of the 9,529 who lived independently, 5,669 had been in receipt of assistance continuously (i.e. without a break of even one month) for more than three years, and another 851 had been in receipt of assistance continuously for between two and three years. It seems reasonable to assume that both of these groups are likely to be considered eligible for the new program. It also seems reasonable to assume that all 3,464 cases living in some form of care setting are likely to be considered eligible. Together these three groups comprise 9,984 cases.

SAP Cases Where Household Head Reports Disability (December 2008)

<i>Cases Living Independently</i>		
<i><=12 Months</i>	1,775	
<i>13-24 Months</i>	1,234	
<i>25-36 Months</i>	851	→
<i>>36 Months</i>	5,669	→
<i>Total Living Independently</i>	9,529	851 5,669
 <i>Cases in Family and Community Care Settings</i>		
<i>Family Homes</i>	1,132	
<i>Group Homes</i>	586	
<i>CLD Approved Homes</i>	475	
<i>MH Approved Homes</i>	594	
<i>Special Care Homes</i>	473	
<i>Personal Care Homes</i>	204	
<i>Total in Care Settings</i>	3,464	→
 <i>Cases With Insufficient Information for Classification</i>	 328	
 Total Cases	 13,321	 9,984

2. PALS Method

Statistics Canada's 2006 Participation and Activity Limitation Survey provides estimates of the total number of Saskatchewan adults with disabilities and classifies those disabilities by severity. Information with respect to enrollment in major disability earnings replacement programs (other than social assistance) was obtained from the Canada Pension Plan (CPP), the Saskatchewan Worker's Compensation Board (WCB), and SGI.

According to the PALS estimates, 25,856 Saskatchewan adults have disabilities classified as either severe or very severe. It seems reasonable to assume that most if not all of these individuals would be substantially constrained in their ability to earn a living and may be in need of some form of income support. However, 11,737 Saskatchewan adults with disabilities receive some form of earnings replacement from CPP, the WCB, or SGI. This suggests that as many as 14,119 individuals with severe or very severe disabilities are without earnings replacement coverage and may be considered eligible for the new disability income support program.

PALS Estimate of SK Adults (18-64 years) with 'Severe' or 'Very Severe' Disabilities	25,856
Less: SK Adults (18-64 years) in Receipt of CPP-Disability Benefits (March 2009)	-8,407
Less: SK Adults (18-64 years) in Receipt of WCB Earnings Replacement Benefits (March 2009)	-2,146
Less: SK Adults (18-64 years) in Receipt of SGI Long Term Earning Replacement Benefits (April 2009)	-1,184
<i>Estimated Number Without Earnings Replacement Coverage</i>	<u>14,119</u>

Appendix F: Recommended Benefit Structure and Employment Support

Recommended Benefit Structure and Employment Support

Benefit Structure

Individuals with disabilities face many of the same basic living costs that are faced by the broader population – costs related to the purchase of food, clothing, shelter, transportation, and recreation, for example. However, they also face costs that are directly linked to their disabilities – costs related to the purchase of special medical equipment and supplies, prescription and non-prescription drugs, assistive devices, or home modifications, for example. In addition, individuals with disabilities often also incur higher costs for even the basic items that everyone needs like shelter and transportation.

Recognizing that some of the income needs of persons with disabilities are shared in common with the broader population and some are specifically related to their disability, it is recommended that the benefit structure provide both a *Living Income* amount for basic living costs and a *Disability Income* amount for disability-related expenses. In addition, it is recommended that individuals be provided with access to funding to cover exceptional and pressing expenditures, whether or not they are disability related, and supplementary health coverage as provided in SAP today.

Guided by a preference for simplicity, the benefit structure should incorporate fixed allowances to the greatest extent possible. Fixed allowances are allowances that are provided on a lump-sum basis, without the need for actual cost reporting. They are based on the average or typical costs faced by groups of people in similar circumstances, rather than on the unique costs that a particular individual might incur. The *adult basic allowance* for food, clothing and personal needs in SAP is an example of a fixed allowance. All adults who live independently receive the same fixed amount. *SAP utility allowances*, in contrast, are an example of allowances that are provided on the basis of actual costs. Individuals are provided with exactly what they need to pay their utility bills, requiring monthly cost reporting and reconciliation.

The fixed amount approach to providing for basic needs is used by disability income programs in Alberta, Ontario, and British Columbia, and appears to be well received by clients in those programs. Fixed amount benefits are simple to administer and communicate, can offer clients greater predictability with respect to what they will receive, reduce program intrusiveness because there is no need for clients to report actual expenditures, and allow clients greater discretion over how funds are spent. There are, however, some drawbacks to the fixed amount approach that should be acknowledged. Because they are designed to meet typical expenditures, fixed benefits may sometimes provide clients with less than what they would be entitled to receive through a benefit that addresses reported costs. One of the negatives from a program budget vantage point is that fixed benefits are usually more costly because they are targeted to slightly higher than average expenditure levels in an effort to minimize client hardship.

Despite the preference for fixed allowances, it is recognized that some costs are so highly personalized, variable, or sporadic that they do not lend themselves to fixed rate treatment. This may be particularly true for some disability-related costs. For this reason, a benefit structure comprised exclusively of fixed amount allowances is not considered desirable or appropriate.

Living Income Amount

It is recommended that all clients be provided a fixed monthly amount to address living expenses that are not associated with disability, including:

- Shelter and utilities;
- Food and basic household needs (e.g. cooking equipment, cleaning supplies, etc.);
- Clothing;
- Basic personal needs (e.g. toiletries, bath, and other hygienic items); and
- Basic transportation.

For most households, shelter costs are the largest single living expense. Since rental rates (and housing prices) vary significantly across the province, *Living Income* amounts should also vary depending on location of residence. The tier structure on which shelter allowances in SAP, TEA and SRHS are based takes average rental rates by family size and location into account and would serve as a sound basis for determining variability in *Living Income* amounts as well.

Living costs also vary with the number of people in the household, and the structure of the new *Living Income* amounts should take this into account as well. Recognition should also be given to the higher costs associated with food and other items for northern residents.

Recommendations concerning the adequacy of benefits are outside of the Task Team's mandate in preparing this report. The task team is of the view, however, that *Living Income* amounts should be targeted to a higher standard than the current SAP standard of preventing destitution. Given the nature of disadvantage and the expectation of long-term financial dependence, it is felt that a *socially acceptable* income for individuals in the target population is one which would assure a reasonable level of comfort and quality of life.

Disability Income Amount

It is recommended that all clients be provided with a fixed monthly amount for disability related expenditures that are routinely incurred, such as costs associated with homemaker, attendant or interpreter services; assistance with household chores; maintenance of service animals; respite care; prescription fees and over-the-counter medications; medical supplies; and routine travel to medical appointments or therapies.

Most SAP clients with disabilities who live independently currently receive a \$50/month disability allowance and a \$20/month mobility allowance. Without a commitment for new funding during the initial roll-out of the program (anticipated in 2010), it is

acknowledged that *Disability Income* amounts are unlikely to exceed the sum of these two allowances (\$70/month). Consequently, *Disability Income* amounts will not be sufficient to fully cover the full range of routine expenditures listed in the paragraph above. Some of these expenditures will continue to be addressed on an “as needed” basis as they are in SAP today. However, it is recommended that *Disability Income* amounts be increased over time through incremental investments and by reconfiguring benefits currently provided through SAP on an “as needed” basis (like medical travel benefits). In its fully developed state, *Disability Income* amounts would be graduated such that persons with more severe ability limitations would receive a higher fixed amount than those with less severe ability limitations, in recognition of the higher costs they incur.

Exceptional Needs Income

In addition to the *Living Income* and *Disability Income* amounts described above, it is recommended that all clients be provided with access to funding to address exceptional or emergency expenditures as they are in SAP today. Some of these expenditures may be disability-related, like costs associated with exceptional medical travel requirements; special equipment; exceptional veterinarian costs for service animals; home modifications; or special skill training. Others may be pressing expenditures that are not related to disability, like costs associated with compassionate travel, furniture replacement, and non-routine household repairs.

Exceptional Needs amounts should be provided as needed and on the basis of the actual costs incurred, and could be subject to dollar maximums for certain types of expenditures.

Supplementary Health Coverage

In addition to basic living and disability allowances, program participants should be provided with supplementary health coverage through Saskatchewan Health as in SAP. The coverage ensures that individuals receive needed health products and services at no additional cost, including certain dental services, prescription drugs, medical supplies and appliances, eye care, podiatry/chiropractic (foot care) services, hearing tests and hearing aid services, chiropractic services, and ambulance services.

Financial support for employment

A major limitation of welfare approaches to disability support is the lack of support they provide for employment. Beyond very limited thresholds, increased earnings result in dollar-for-dollar reductions to social assistance allowances, providing little incentive for persons with disabilities to enter or remain in the labour force.

While evidence regarding the effectiveness of earnings exemptions in promoting labour force entry is scant and often contradictory, there is considerable agreement that exemptions are more effective in encouraging work experiments among persons with disabilities than among the non-disabled.

Policy-makers are generally wary of extending exemption levels too far, given that exemption increases also extend the exit thresholds for assistance such that a larger

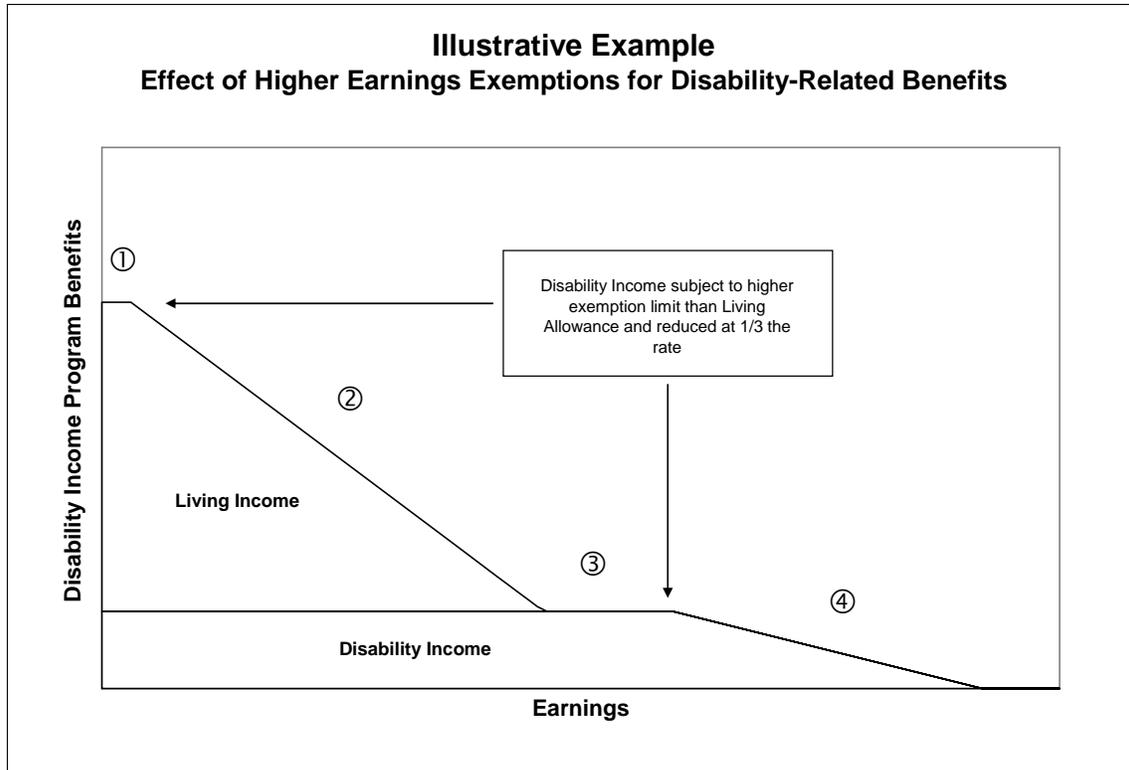
segment of the population becomes eligible for financial support. The Task Team believes that earnings exemptions can be increased considerably over levels currently found in SAP, without significantly widening population coverage, providing two conditions are met:

1. Assessment criteria and procedures at program entry are sufficiently rigorous to restrict eligibility to only those individuals with substantial limitations; and
2. The higher exemption limits are applied to disability allowances rather than to living allowances.

The intent is to allow individuals to retain the full amount of disability-related support provided by the program until they become well-established in the labour force. Earnings exemption rules currently applied in SAP could be carried over in an unmodified form to the new program, but applied only to *Living Income* amounts. New, more generous exemption rules could be applied to *Disability Income* amounts. Importantly, individuals with employment earnings could continue to have access to *Exceptional Needs* funding and supplementary health coverage for as long as they retained eligibility for the disability base allowance.

An illustrative example of these exemption provisions, without dollar values, is provided in the figure below.

1. As in SAP today, low levels of earnings (e.g. less than \$100/month) are completely exempt in the disability income program and have no impact on benefits.
2. More substantial earnings are accompanied by reductions to the *Living Income* amount only.
3. Individuals retain their full *Disability Income* amount, access to *Exceptional Needs* funding (not depicted), and supplementary health coverage (not depicted) until earnings are much more substantial and exceed the income point at which the living allowance is reduced to zero.
4. *Disability Income* amounts are then reduced gradually, and at a lower rate than reductions to the *Living Income*.



Treating earnings in this manner would put individuals with disabilities on a more equitable footing with the non-disabled population in the labour market. As individuals enter the labour market and experience wage growth, earnings would gradually displace the *Living Income* amount, but the disability-related and health costs that are not incurred by the non-disabled population (and not considered in the determination of wages) would remain fully covered. Importantly, the arrangement could extend disability support funding well beyond current SAP thresholds without exposing government to the same level of financial risk that would accompany more global exemption provisions.

Access to supported employment services

In addition to financial supports, the new program should be more fully aligned with existing supported employment services provided through the Ministry of Advanced Education, Employment and Labour (AEEL), and should provide greater access to these services.

Supported employment services provided by AEEL are unique in several respects. First, individuals seeking assistance are not required to submit medical reports or to self-declare their disability status. Eligibility is determined on the basis of need as determined by an employment counselor. Second, support is available on a long-term basis, for as long as it is required. Third, employment counselors have been allowed considerable discretion and flexibility with respect to what types of supports are offered or purchased. The only types of expenditures that are not permitted are those related to workplace retrofitting, involving significant modifications to a business.

The following supported employment services are available:

Work assessments to measure the ability of the person with a disability to find, acquire, and keep an appropriate job, as well as being able to manage transitions to new jobs as needed. A work assessment provides a starting point for creating an action plan for a job search, or to address gaps in employment readiness. It also allows an employer to “test-drive” a job candidate and allows a worker to build skills, experience, and job references.

Work site accommodations to render the workplace or job more suitable to the needs and skills of workers with disabilities. Specialized software and technology, flexible work assignments, video/audio taped instruction, and extended training periods are examples of work site accommodation.

Job redesign/job carving to achieve a match between the individual seeking to move into employment and the actual skills/abilities required by the employer. In most instances, it means working with the employer to identify their needs and creating a job or adapting existing duties according to a worker’s skills and capacities.

Productivity supports to provide resources for increased supervision or to allow extra staff to be hired to perform tasks that the individual in the position is unable to perform due to their disability. An employer may see wages subsidized for a worker who cannot perform all of their duties, for example.

Job mentoring to link individuals wishing to acquire experience and competence in a particular role with a mentor who provides support, encouragement, information and advice.

Job coaching provides on-the-job training to assist the individual to learn the required job skills, including the development of natural supports at the work site. A key activity of the job coach is to assist the individual to problem-solve and seek solutions to issues that present difficulties, rather than leave employment

Appendix G – Summaries of the Community Discussions

WHO IS THE PROGRAM FOR?

COMMUNITY SESSIONS

MONDAY, MARCH 30, 2009 – REGINA 1:00 P.M.

Likes:

- Liked the new definition, especially around significant and enduring – more respectful of individual and circumstance. Eliminates repeated reporting.
- Looking at the impact is important – respectful
- Liked a definition of 18 years
- Philosophy of significant is good
- Paid versus non-paid work – volunteer work is important and should be allowed for
- Want smooth and easy transitions from one program to another – not giving out the same information over and over

Concerns:

- Concerns around criteria – how is that defined.
- Concerns about “invisible” disabilities
- Question around independent 16 – 17 yr old
- Approach is respectful and dignified and people might not fall through the gaps
- Concerns about who determines that – how subjective
- Will there be an appeal process?
- No guarantee that this will be an enhanced support.
- Concerns about definition of significant – should be known before hand
- Concerns for people who might improve and work more hours – reinstatement questions
- Flexibility in the age – 16/17 need assistance; what supports for over 65 – will they maintain benefits
- Definitions of enduring and significant need to be clear – consistent; don't let people with invisible disabilities fall through the cracks
- Net impact assessment
- How will the program impact people in level of care facilities
- Will staff understand these concepts
- Where will the line be drawn for definition and hours of work

MONDAY, MARCH 30, 2009 – REGINA 6:30 P.M.

Likes:

- Seems to make sense
- Pleased with the efforts to build a new program
- Person-centred and needs based – as opposed to eligibility
- like term enduring – less judgmental
- design appears flexible – allows for creativity

Concerns:

- The work definition needs to be reframed, “disability must limit the ability to earn significant income” – concern is around earning an income.
- What is significant and who would decide that/how would that be decided?
- Concern that nuances of the old program are being used.
- Who does the assessment and how do we measure impact when the impact can be so varied? Caution around measuring impact – this is individualized
- Capacity, desire and expectation to work as compared to SAP – how to make that shift.
- How are assets and income determined to support self-sufficiency?
- Recognizing that this is for person 18 and over, but we also have children whose disability has impact and cost. How do parents find out about these services and programs – public education about services?
- Issue of serving the needs of dependent children who have costs that are not currently covered
- Assessment process needs to be well thought out
- Flexible to include people who live independently, living in care, different living situations
- self-determination of impacts needs to be a part of it
- Needs to have rapid reinstatement
- how do you define significant and enduring – needs more work
- needs to include younger than 18
- add the term progressive – recognize this
- needs to be some public awareness around “significant”
- difficult to define impacts – how will that be determined and reported

WEDNESDAY, APRIL 1, 2009 – SASKATOON 1:00 P.M.

Likes:

- Liked definition - allows for fair equal treatment
- Word significant is positive – broad and allows for range of disabilities/periodic disabilities
- definition – more flexibility – less intrusive
- Liked demonstrating impact one time only
- Liked definitions – need to be clear and consistent
- Like both significant and enduring as they relate to impact to daily living

Concerns:

- Will family income be considered?
- What are the tax implications?
- Will family status be part of assessment?
- More equity across province - regional standardization
- Who will decide significant – client advocate should have a role in assessment

- Need to ensure there are special skills for staff and advocates
- Consider family types – including eligibility for benefits and income exemption (don't penalize couples)
- family taken care of not just applicant
- Needs to be a disability benefit for everyone – even if they can only work a little bit or volunteer
- May be situation where people under 18 need assistance
- Concerns about idea of having to prove enduring, program should help people and not create obstacles
- Need equal service across the province
- Definition needs to be broad from low to high impact
- Ensure no internal forms of discrimination
- Doctor should be a main assessor for eligibility

WEDNESDAY, APRIL 1, 2009 – SASKATOON 6:30 P.M.

Likes:

- Approach is individualized for different needs
- Significant and enduring captures long term impact of disability
- Like: one program to serve person's with long term disabilities
- Like: significant – “that requires support” positive
- Good also in the sense that impact is considered

Concerns:

- Definition should also include quality of life (pg 14)
- Reference to little or no income should also include significant life altering income change ex. Accident and reduced income from that
- Ensure that benefit is not taxed
- Wording (page 13) “must limit the ability to work” – ambiguous
- Who will be deciding the significant and enduring components of the definition?

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 1:00 P.M.

Likes:

- like: impact emphasis over diagnosis
- like expanding beyond physician for assessment

Concerns:

- concern about limiting to over 18
- parents need support as well
- What about those over 65?
- Will FASD be covered?
- How will addictions be addressed?
- people with improving conditions, treatment, what will this do to eligibility?

- change definition of enduring – take periodic and put it at the last word of the definition
- should be a registration system: once applicants turn 18 – available to all, regardless of income and part of education system
- what does “limitations” mean in definition?
- Definition is acceptable, but don’t discourage labour force attachment
- change wording to remove stigma of welfare
- adequacy is an issue
- like emphasis on impact and not nature of disability
- like: income is allowed
- love the concept of a dignified program
- conflict with those in the educational system up to age 21 - how will the two systems be integrated – education system . There should be a smooth transition from education system
- Definition of work: work that is self-supporting? Is the impact limiting their ability to do any type of work or the work they desire to do (previously doing)
- Definition should emphasize “dignified” work
- Concern: CBO workshops for employment – will these people become eligible with those earnings?
- Need a rapid reinstatement process
- What about the transition for those who are leaving prison

Staff Sessions

TUESDAY, MARCH 31, 2009 – REGINA 8:30 A.M.

Likes:

- pleased to see mental health included – respond to episodic nature
- fits well with other programs
- focus on impact is critical
- pleased the program will provide individuals with hope and not punishing people pursuing goals and opportunities – different from SAP
- understanding people's daily living challenges – different from SAP
- definition is vague, but addresses all types which is good – should not name all types of disabilities
- should be based on need which is good
- over 18 is a good definition

Concerns:

- indefinite and enduring: what happens if the impact changes over time, lessens – what will happen to benefits
- significant – concern clients will define disability differently – need to do work to help them understand new terms
- interest in including seniors over 65

TUESDAY, MARCH 31, 2009 – REGINA 1:00 P.M.

Likes:

- like the definition: broader, more flexible, considers periodic episodes
- Like the depth of assessment – would support planning for clients
- does feel different from SAP
- agree with significant and enduring
- won't have difficulty attracting client base

Concerns:

- Questions around: tool for assessment, how long would it take, would they get a benefit while assessment is completed
- Concerns: what is this magical assessment and the tools, impact on the resources both human and financial cost of providing the assessment
- don't want definition diluted – must go to impact, consequence not cause
- critical to have assessment tool to mitigate abuse of the concepts of significant and enduring
- trying to explain to clients on SAP that they wouldn't automatically be in
- Is the program for someone who has a bank account/trustee – divergence of opinion here

- Treatment of seniors – top up for seniors on pension, will we treat them dollar for dollar
- University students should be eligible

THURSDAY, APRIL 2, 2009 – SASKATOON 8:30 P.M.

Concerns:

- definition is too broad – needs to be more focused to figure out who will get into the program
- how to decide who should be the first people to start in this program. People on level of care should not be the first – perhaps length of time on SAP would be better
- how will the definition of impact accommodate varying needs
- work limiting: difficult to define because this is interpretative – doctor opinions may vary
- people with mental health issues – assessment and transition process will be difficult, particularly north
- will there be an ability to choose to be in this program? Good idea to have choice
- need to make sure the program addresses particular needs of the north

THURSDAY, APRIL 2, 2009 – SASKATOON 1:00 P.M.

Likes:

- good with definitions
- like concept of significant and enduring

Concerns:

- questions: issue of addiction – would this be a disability
- consider impact on daily life – maybe employability isn't as important
- concerns about how to link this program to employment
- Consider term “substantial” or “impactful” rather than significant
- Consider term “long term” rather than enduring
- might be useful to move outside of Social Services to eliminate stigma

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 8:30 A.M.

Likes:

- prefer shift to impact
- Significant and enduring – these are grey areas – that's ok because it gives direction and flexibility
- How will the program align with other income programs (WCB)
- Agreement with age and work definitions
- Definition: vague, but does provide flexibility which is important

Concerns:

- significant and enduring need to be clear and consistent
- tough to assess impact, particularly multiple conditions - some disabilities are straight forward – but some are not
- how will this program address service gaps, especially for those with multiple conditions
- Will people qualify if they have earnings,
- What about family earnings – how is that considered when determining eligibility?
- Will people with FAS be included?
- How will progressive conditions be measured? There may be a need for multiple reassessments
- Family status – what if more than one member has disability or experiences the impact of a disability
- Program should not provide disincentives to work
- Should provide supports for those who have income for basics, but need extra support – just the disability component

HOW DO YOU GET INTO THE PROGRAM?

COMMUNITY SESSIONS

MONDAY, MARCH 30, 2009 – REGINA 1:00 P.M.

Likes

- Good approach with assessing impact not just disability
- new emphasis on impact is positive
- Agreement to impact emphasis – more responsive to episodic circumstances

Concerns

- Gifts inheritances should not be counted as assets when determining benefits
- If your disability is already assessed through CPP – shouldn't have to go through assessment again.
- Assessment should not negatively impact continuity in benefits
- Caution we need to explain in clear plain language - VLOG for people with hearing disabilities
- Supports other than income need to be available through the process
- significant change for people on SAP currently and will need to be explained to those people
- Concern about people with multiple barriers which might have an impact
- How long will the assessment take – will they receive assistance during the application process?
- How is impact going to be determined?

Who should do the assessments?

- Team of professionals
- Family and significant others/applicants being involved
- Assessment outside the Ministry
- Some felt assessments could be done by people who understand the disability and impact, some felt only professionals who could produce a “credible” assessment

What's important about how assessments are done?

- Importance of training people for doing assessments
- Social workers must be trained and tools should be both objective and subjective.
- Assessment needs to be person-centred and move the person from where they are at to where they want to be. All services and supports available to them are offered. People want and need employment.
- Assessment in the person's environment – richer

MONDAY, MARCH 30, 2009 – REGINA 6:30 P.M.

Likes

- great approach and the change of program is timely

Concerns

- are we screening out or screening in?
- how much impact is enough?
- There is a need for individualizing – what constitutes normal range of supports required by each client?
- impact is a good idea, but could be subjective
- needs to be some discussion about what impact means
- Challenge of finding an assessment tool of all the conditions and ensure discretion that ensure needs are met

Who should do assessments?

- group homes, parents, family supports, service providers, friends, references, self-declaration, interim supports, advocate for those who don't have family supports, school system – teacher, employers, mentors,
- Not professional bureaucrats,
- by people in the person's life who know the individual, move away from case workers with limited knowledge.
- Majority people who know the person should agree

What's important about the assessment process?

- One time process, not repetitive, respect is huge – sensitive to the persons issues, empathy, compassion for clients needs, client can be in a vulnerable position
- Assessment that considers all aspects – ex risks
- needs to be person-centre
- Should be transparent in how it was achieved
- no net worth question
- RDSP should be exempt

WEDNESDAY, APRIL 1, 2009 – SASKATOON 1:00 P.M.

Likes:

- Like approach - individualized
- Like impact - could be a wider range
- appreciate impact emphasis and acknowledgement that impact can vary with episodic conditions/symptoms

Concerns:

- appeal process – need impartiality of assessors
- multiple revenue sources – alignment of programs how would that work?
- whose responsibility to advocate: agency or parent?

- who handles the funds?
- term significant – is subjective, might be exclusionary, where will that line be drawn?
- tone is negative in the word significant
- complexity of assessing impact
- how to gain immediate access if there is variance (episodic)
- Invisible needs – may create dilemmas for assessment
- Definition of significant and enduring – compare to federal government – don't use those definitions

Who should do assessments:

- team approach preferred, clients also need to define ability
- Dr don't always see impact
- team approach – holistic look at person
- persons need to be involved
- circle of people around them that know the different facets of their life
- diagnosis should be included
- assessment should not be done by the funder
- team approach: subjective information, family clergy or friend; objective – doctor, nurse,; CBO could speak to functional impact
- No one system should have sole autonomy

What's important about how assessments are done:

- Need to build on existing programs
- Less complexity for client and provider
- Important to have a strong assessment
- Flexibility
- Recognition that assessment tool doesn't negate any supports already established for the individual
- No gaps between educational system and transition to adult support model
- Not having to prove yourself, need to prove that you have a need or your disability – don't want to see that
- Consider models: similar broad based – cognitive disability strategy is an interesting approach (model)
- Rights explained to them – clear and transparent process to explain concerns – process of appeal
- Address the individual needs
- When you're working and in the program – need capacity to work and encourage that without losing supports – respectful and should be a choice
- person will feel good if it's done right

WEDNESDAY, APRIL 1, 2009 – SASKATOON 6:30 P.M.

Likes:

- like emphasis on impact because it gets away from labeling and blanket programs

Concerns:

- question: is there going to be a need for a label in order to get the “enduring” answered

Who should do assessments:

- need team approach
- people should be able to choose their team for assessment
- team approach – consider restorative justice model
- who should NOT do assessments: system administrator - conflict of interest, medical model of home care
- person needs to be involved as well as others around them
- supporters, CBOs, doctor, person themselves – person should be at the centre – others around them – team approach

What’s important about how assessments are done:

- people who are assessing need to be trained to deal with people with disabilities
- tool needs to be flexible to work with all kinds of disabilities
- this program would be related to impact of disability and not employability
- timely assessments
- inter-rater reliability – consistent results in assessments – transferable, non-intrusive, consumer friendly
- appeal process
- if the impact is lessened, don’t pull out the supports and resources – success is dependent on those supports
- assessment done well: feel like a sigh of relief, respectful, debriefing for families, accommodating, all information was used, individual would be thriving

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 1:00 P.M.

Likes:

- focus on impact: recognizes the relations and information already gathered – transfer education system information
- impact emphasis – responds to availability of service and those who have to travel – north and rural
- Like that once you establish eligibility you do not have to go through again

Concerns:

- what is the assessment tool? How do you measure capacity over time?
- ensure assessment is not linked to person providing the funding – conflict of interest

- minimize objectivity in assessment process
- needs to be easy to access – assessment streamlined

Who should do assessments?

- group approach
- doctors not best positioned, likely it needs to be a team of people – specific to the individual and whomever makes sense for that person
- compassionate people, honest and accurate and representative of the individual

What's important about how assessments are done?

- Ensure assessment information transfers from one system to another – avoid repeating the process of gathering of information
- Assessments need to be thorough, flexible, respect their interest capacity, motivational - encourage capacity building

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 6:30 P.M.

Like:

- prefer face to face contact for assessment process
- shift to impact and away from diagnosis is encouraging

Concern:

- determination of impact will be difficult – how do measure that? Who is involved? How subjective is this process going to be?
- How do you assess “enduring” impacts?
- How do you assess mental health – impact varies so much even day to day

Who should do assessments:

- team approach – physicians should be included to provide a sense of legitimacy and professionalism

What's important about assessments:

- client needs must be met at assessment as opposed to later
- program needs to be less intrusive than SAP
- avoid stigma of welfare
- only do it once, unless conditions change
- provide program to on-reserve people

STAFF SESSIONS

TUESDAY, MARCH 31, 2009 – REGINA 8:30 A.M.

Likes:

- will allow for more planning with clients
- emphasis on impact – helps understand the daily living challenges

Concerns:

- what are the tools, variety that need to be considered
- how “black and white” is the assessment in relation to how much people can work – how do we define that?
- Assessment will be complex – concerns that this is explored thoroughly
- Seniors – what will the continuity of benefits be for them?

Who should do the assessments?

- combination, including medical staff and people from agencies, relatives, people who know the individual, contract this out,
- Review panel to look at assessments
- Client should be able to determine who participates in assessment
- team approach – all the right people, people from other programs, client’s support network. Team approach would help people connect to other programs or services
- team approach would help ensure assessment is done well – may reduce appeals

What’s important about how assessments are done?

- assessment should happen in individual’s environment
- need training for those doing assessments
- Need a good assessment tool – flexible and individualized
- Opportunity to appeal assessment
- Transitions from other jurisdiction using information that’s available
- Ensure people are aware of all the supports that are available
- Timely assessments
- Need a variety of ways to report and apply
- Ability of workers to go to homes for assessment
- Desire to have transfer from one program to another - seamless
- Offer those who need help assistance for the application process
- Important to support the capacity to do work – volunteer work as well

TUESDAY, MARCH 31, 2009 – REGINA 1:00 P.M.

Likes:

- emphasis on impact is great, connects to needs of an individual and connects them to services, more holistic

Concerns:

- would people with addictions be a part of this?
- Resources to determine assessments
- Appeal process: what would that be?
- Training and education is important

Who should do the assessments?

- ability for CBO or staff to do assessment (team assessment)
- should be inter-disciplinary and team networks; physiotherapists, occupational therapists, neurologists, mental health, caregivers, doctors
- Client should have input into assessment – self-declaration,
- collaborative approach; significant relationships with individuals, MSS staff, medical community, not by one person, rich information about the individual

What's important about how assessments are done?

- Assessment needs to be accurate; standardized tool
- Rural/northern clients: process must not be different
- Assessments should be equal regardless of location/resources; also a quality assurance mechanism i.e. some audit or review to ensure consistency.
- assessment well done: details their capacities and interests, helps them understand why they are there and the purpose of the assessment; helps determine what they can do to enrich their lives and contribute to the community

THURSDAY, APRIL 2, 2009 – SASKATOON 8:30 A.M.

Likes:

- like impact – better than diagnosis

Concerns:

- case workers will need specialized training and ability to travel to different communities

What's important about how assessments are done?

- consider transportation and language barriers in north – need someone in the community to help
- language barriers are addressed
- assessment needs to include advocates
- address quality of life – different for different people – need to be addressed individually

THURSDAY, APRIL 2, 2009 – SASKATOON 1:00 P.M.

Likes:

- Recognize there is good information that comes from that process

Concerns:

- Need for a really good assessment - critical
- Challenges of measuring impact – what tool?
- Assessment can be intrusive – at least at initial stage
- Question: how do you keep this simple? Can it be?
- Consider that impacts could be more severe in rural or northern areas
- Assessment of impact is subjective – concerns about how to make it equitable
- Additions: assessment of impact is critical – different for every person, concerns about how these people will fit into the program

Who should do the assessments?

- Someone who is independent – but then the down side is they don't have the relationship
- Models: team approach (WCB model), school assessments that are already done
- team assessment – not just doctor
- teams in the region including dr. psychologist, CLD, CBO, client could add members – could give consistency

What's important about assessments?

- Rapid reinstatement is important
- Standardized assessment tool – but maintain flexibility to address individual needs

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 8:30 A.M.

Likes:

- Expanding assessments beyond doctors

Concerns:

- remote locations can be a barrier for assessment process
- what about re-assessment – is there a need for that?

Who should do the assessments?

- Could be a level of care assessment that includes professionals
- Not exclusive to doctor – team assessment
- team approach might minimize interviewer bias

What's important about how assessments are done?

- cannot be black and white – has to be flexible
- needs to be reliable
- different tools for different disabilities
- need special training for those who will do assessments
- need checks in assessment to ensure more than one person does approvals
- consistent
- collaborative

WHAT WILL THE BENEFITS BE LIKE?

COMMUNITY SESSIONS

MONDAY, MARCH 30, 2009 – REGINA 1:00 P.M.

Likes:

- Liked the flat rate approach for the most part
- Limited reporting is positive
- Right track – need clarification on family size and role of medical professions
- Flat rate makes sense for universal costs
- Flexible and self managed
- Liked less reporting
- CPP could be used as a model

Concerns:

- Like flat rate concept, but need options for people who wouldn't be able to budget
- Acknowledge spousal incomes – exemptions for this
- Ensure specialized shelter level of care is accounted for
- Ensure no negative impact on anyone
- Income should raise standard of living
- Need to continue supplementary health benefits
- Letter and mail for those with cognitive disabilities
- Flat rates are fine, but it comes down to differences from one region to the next – geography
- Flat rate – concerns about whether it creates a division between new program and people on SAP
- Must ensure adequate income for all – flat rate will be too low to provide quality of life. Doesn't reflect individual needs and costs
- More flexibility for how assets are treated
- Questions around kinds of supports to assist people into the workforce
- Rural differences
- Benefits need to be indexed to cost of living
- Concern about flat rate being adequate – needs to reflect the cost of living
- People from SAP should be grandfathered
- Need an adequate rate that is indexed
- Cost to families needs to be recognized – lost wages and extra disability costs
- Not about a flat rate, individualized case plan should be client driven – too many grey areas to be flat
- Agreed flat rate brings stability, but still living in poverty.
- Needs to be a higher exemption for earners so working is to benefit and improve quality of life
- Red flags: how do you balance personal choice with responsibility?
- Concern about flat rate – where does it start
- Concerns about inflation and cost of living
- Concerned about different rates – low income housing

- Will it cover the “actuals” or will it be similar to the T program?
- Will clients get to keep money left over?

Basic Living Income Expenses:

- 3rd party trusteeship, childcare, real costs without sacrificing non-intrusive
- Recreational costs – health and wellness
- Health and wellness needs to be come possible
- taxes, house insurance, medical costs, cellular phone, social allowance, travel for family, in-city transportation (taxi)
- cable, internet, maintenance costs
-

Disability Costs:

- medical benefits, medical travel, clothing, housing in rural, supported socialization, access to recreational and cultural inclusion programming
- assistance for shopping, housekeeping, service animals, transportation, communication devices,
- adaptable equipment, communication aids, caregiver support
- medicals required by the program for supports, transportation and recreation costs
- need to be individualized, provide care for adults living at home,
- needs to be directly reflected in their quality of life and improvement of that.
- will vary based on disability – actual cost needs to be covered with cost of living and inflation
- different for everyone – comes down to people having a choice to do what they need to do to have optimal health – reduce reporting with receipts
- Visually impaired – technology cost is significant – translations, watches, cooking implements for the blind
- shoe inserts, communication devices for autism, fitness programs, art, music therapy, horseback riding
- Transportation to medical appointments – not always para-transit – need flexibility
- caregiving, home modifications – need to be flexible.

MONDAY MARCH 30, 2009 – REGINA 6:30 P.M.

Concerns:

- Must be a reasonable level for flat rate and take geography into consideration – costs are impacted by where you live
- Include measures to ensure proper choices – advocate to help those who need help making choices
- Consolidation of all costs – as opposed to a person going to a number of organizations for benefits
- Needs to be adequate, flexible and indexed
- mechanism for people to use trustees – flexible for different types
- Reporting should be individualized depending on person’s disability and how they interact – flexible

- Challenge the concept of flat rate benefits – see this as a SAP like program, without major conceptual changes around benchmarks – adequacy of living, giving the choice of home ownership, secure tenure-ship, ensuring the basic benchmarks for people with disabilities
- this program has to be as easy as possible
- Umbrella for other income support programs – link you to other programs,
- Program should work for the client – not fit in to a cookie cutter program;
- Person-centred
- how do you define socially acceptable?
- Value civic involvement
- Flat rates need to be significant enough for people to have choice
- Earnings exemption: tired of being penalized for working; maybe earnings should be assessed over the year and then you may have a settle up month (equalization plan)

Basic living expenses:

- insurance, cable, internet
- pet, entertainment, social, travel, mentoring

Disability costs:

- travel to friends and family
- service dogs
- technology
- death benefits,
- pick up where other programs leave off – top-up

WEDNESDAY, APRIL 1, 2009 – SASKATOON 1:00 P.M.

Likes:

- like idea of flat rate – socially acceptable level is positive
- Non-intrusive is a goal
- Recognize regional differences for costs
- much simpler than today
- flexibility
- Great first start – more dignified and less intrusive and needs to eliminate poverty

Concerns:

- flat rate: has to be adequate – base on poverty line or minimum wage
- rate needs to be reviewed annually to reflect cost of living
- Questions: taxation of benefits – how to not lose money
- What will happen to the housing supplement, and other supplements
- concerns: about flat rate and adequacy (specifically housing which costs more)
- food allowance – needs to be adequate to provide good nutrition – meet special needs
- minimum wage – make sure that it's adequate

- name shouldn't spell something silly
- flat rate could be ok, but must provide ability for choice and must be substantially better than today (adequacy)
- Scandinavian models for adequacy
- Concerns about adequacy – especially housing
- Let's reconvene in a year and talk about progress and implementation of feedback
- Flat rate must be adequate
- What does basic mean – has to be more than adequate
- Aging – quality of life should improve with age
- Ability to work – needs to be considered and not discouraged
- Consider how now it is a disadvantage to be a couple

Basic Living Expenses:

- Transportation: expensive and crucial – public isn't always an option
- Recreation and supports for healthy lifestyle – improves quality of life
- Expenses: living income – table was divided: some felt all special needs/costs that address disability should be included in basic living expenses, others said keep it separate to ensure people's needs are better met
- Quality of life is important – recreation is important

Disability Expenses:

- Medical needs are expensive: how will they be harmonized with current health benefits – should be easy
- Medical costs: supplementary health coverage needs to travel with people, needs to include special formulary needs
- Disability costs: variance – like individualized approach to special needs both ongoing and periodic
- Part 2 disability available to all special needs (housing, diets, transportation) – all encompassing

WEDNESDAY, APRIL 1, 2009 – SASKATOON 6:30 P.M.

Likes:

- approach laid out is good – addresses differences in need

Concerns:

- how will people still in their parental home be addressed – should still be entitled – should not be discouraged if that's the right choice in terms of supports
- flat rate great if there is the ability to purchase the support services – if services aren't available that's a problem
- concerned that tier systems need to reflect differences within communities
- some people make income that covers basic but need disability benefits – will the program help these people – can they access exceptional portions of benefits
- need timely access to exceptional benefits
- need adequacy and flexibility

- basic living allowance: shouldn't be called "basic" – should just be "living" so that they can live a life like a non-disabled person
- indexation to cost of living is important
- rural and northern needs – additional supports
- geographic considerations – recognize availability of basic services does vary
- part 2 component: ensure even when it gets to specific disability needs – consider geographic
- Personal assets allowability needs to be raised
- Hospitalization should not reduce benefits

Basic Living Expenses:

- transportation: costs throughout the school year
- if the program requires certain assessments for eligibility, then any cost for those should be covered
- basic living needs: medical
- if an individual owns property or has assets, where is it covered to help with maintenance

Disability Expenses:

- Disability expense: dental, access to services, - inclusive of supplementary health benefits
- Non formulary medications that suit their needs should be covered

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 1:00 P.M.

Likes:

- part 2 is responsive to individual needs and that is good
- Prefer flat rate to SAP rate – appreciate simplicity and reduced reporting, individualized, flexible
- Flat rate: offers ability of consumer to purchase – could lead to a shift in quality of service

Concerns:

- part 1 needs to have more flexibility – so people have more choice
- "socially acceptable" – needs objective criteria – should bring people to poverty line – model of seniors
- Base line as shown in presentation is not adequate - keeping people out of poverty is a preventative approach;
- Direct costs of disabilities – should be captured in part 2
- what will the special circumstances benefits include – education around that so people know what they are entitled to

Basic Living Expenses:

- Fixed cost: transportation or food
- All costs have to consider extra costs of north
- adequate for a quality of life – safe shelter -

Disability Expenses:

- diet
- transportation, attendant care, adaptive devices to encourage participation
- people need to understand what these disability costs are – general education on this
- Frequency varies: one time to ongoing

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 6:30 P.M.

Like:

- flat rates are an improvement

Concerns:

- some may find flat rates difficult to budget with – may need third party or trustee arrangements
- services shouldn't be lost during transition from SAP to new program
- benefits are not adequate
- who will pay for costs associated with assessments

Basic Living:

- transportation, recreation, respite, medicine,
-

Disability Expense:

- medical, additional shelter costs (modifications)
- accommodation retro fits
- expenses related to support people – travel, meals, etc

STAFF SESSIONS

TUESDAY, MARCH 31, 2009 – REGINA 8:30 A.M

Likes:

- flat rate is ok if adequate
- less intrusive/less reporting is positive
- Fluctuating income may need monthly reporting, but where not fluctuating could be annual

Concerns:

- adequate and flexible: deal with individual needs
- indexation is important
- spousal or parental income: don't want people to lose benefits because of this income (or their own income)
- Payment of exceptional expenses needs to be timely
- What will happen to supplementary health benefits
- Address needs of all people with disabilities – all kinds of living arrangements

Basic Living Income Expenses:

- rural client: have particular needs, travel further;
- medical travel, clothing, replacing furniture, social interaction, cable, respite costs that aren't covered by other programs (top-up), alternative heating sources (rural), shelter rates not adequate in rural areas, consider needs of homeowners, home repairs
- Help people to purchase homes (rural - may be cheaper than renting)

TUESDAY, MARCH 31, 2009 – REGINA 1:00 P.M.

Likes:

- flat rate means easier to administrate – good thing

Concerns:

- flat rate must be adequate – needs to be higher than today
- Flat rate, still need to consider differences across regions
- Basic expenses: concerned about how expanding basic living expenses and how this will impact SAP clients and other programs
- Simplification: not too complicated with exceptions for different circumstances
- Is there going to be a maximum for special expenses - how would they be defined?
- How would this program mesh with other programs and should you qualify for these programs if you are on a social benefit program? What is the incentive for people with disabilities to work if the benefits are too high?
- Staff training: necessary if we are going to act as navigator
- How would fraudulent cases be prevented?

- Provide bridge funding for time it takes to complete assessment
- Establish one application for all supports – should provide them with access to other supports/programs that are available

Basic Living Income Expenses:

- specialized computers, laundry, fitness, internet, banking fees

Disability Costs:

- keep these separate from basic expenses; travel, medical costs,

THURSDAY, APRIL 2, 2009 – SASKATOON 8:30 A.M.

Likes:

- flat rate is good with limited reporting
- like flat rate with less reporting

Concerns:

- challenges in terms of flexibility to respond to regional/geographic differences
- for some, assets are growing – needs to be someone to help with planning for those assets
- what about parents – and their costs (respite) how are they covered
- rollout: program needs to be different from the beginning
- may need the option of reviewing things on a case by case basis
- concern: how will it address very diverse needs
- need to identify separate costs so people understand the funds are there
- before starting program – have sessions about how to manage funds
- Supplementary health coverage: moved to additional costs – look for way to people to hang on to this longer

Basic Living Expenses:

- cost of food in the north – more expensive and current allowances don't cover those costs
- transportation: not necessarily available everywhere – may need to be purchased from somebody – important for social life
- need to purchase support services: grass, housework
- need coverage for personal care: ex. Haircut
- transportation, recreation, entertainment (cable and internet), phones/cell phones, more equity between money singles get and money families get

Disability Expenses:

- Transportation, special diets

THURSDAY, APRIL 2, 2009 – SASKATOON 1:00 P.M.

Likes:

- flat rate are a good idea – easier to administer and clients will know what they are entitled to

Concerns:

- urban rural and northern concerns - need attention
- who decides socially acceptable
- funding limits choices in some cases
- personal care home – do we assess a person’s income in this situation – this could be a double clawback
- quality of life is important – will it be adequate?
- make system user friendly
- flat rates must be higher than SAP and T – not adequate
- what is “socially acceptable” and who defines that?
- Different living arrangements (level of care homes): what might be covered?

Basic Living Expenses:

- basic living income: variety of needs, must meet an individual’s needs
- funding for conference or seminars

Disability Expenses:

- individualized and not based on whether they live in an approved home – people should have choice of living arrangements
- exceptional expenses: furniture replacement – may need to be more than once

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 8:30 A.M.

Concerns:

- flat rate needs to take into account different geography costs – how costs vary within communities – not just large regions
-

Basic living costs:

- bank charges, internet, recreation, computer

Disability costs:

- companion/support for appointments, adaptive equipment, repair of equipment, travel to specialist appointments
- all costs can be more if you are a rural or northern resident

WHAT WILL THE SERVICE BE LIKE?

COMMUNITY SESSIONS

MONDAY, MARCH 30, 2009 – REGINA 1:00 P.M.

What's important to you about service?

- Should be flexible to respond to clients needs, including trusteeship
- One size does not fit all/everyone is different
- Rural and northern clients – should be flexible to go see them in person where comfortable
- Individualized services
- Flexibility is important
- Small case load
- Sensitivity training
- Medical background for workers doing assessment
- First assessment in home environment
- Truly make it separate from SAP – different building - “Home feeling”
- Having the consent of individual and involve family members
- Person-centred navigation role – even with a worker, people don't know where to go next
- Individualized service – need multiple service devises
- client choice – gives a sense of empowerment
- some people do better in person, or telephone depending on disability
- need greater flexibility for workers
- less rigid environment in the office
- Provision for client to self-report changes in disability
- Permanent disabilities shouldn't need an annual review
- Client should be able to request review as their situation change
- Get help to navigate the system
- Emergency situations attended to
- Emphasis on work needs to be transparent and resourceful – need education to enable them to link to other services and understand abilities
- Needs to be a better appeal process – ability to change worker if not suitable
- Cooperative relationship – facilitated not dictated
- Dealing with multiple people can be frustrating – need continuity
- Workers more available through email
- Workers attitude and availability crucial
- Workers need education about different types of illness
- Staff should be a voice or advocate for people having difficulty
- Need realistic expectations of the client

In person:

- In person is important for assessment
- some accountability is necessary – 6 months face to face and let you know how that individual is doing

- Importance of personalized contact – needs to be individualized – face to face service in client’s environment especially on assessment

Phone/web

- Phone/web access for range of services – routine matters (i.e. change of address) to 24 hour emergency access
- Responses to questions in a timely manner – web useful

Dedicated staff

- Advantages – understand your circumstances, needs
- Need for a resource person – individualized worker
- prefer a team or supported approach with a designated person and a recognition of 3rd party or parents who advocate
- for initial application and as needs require

MONDAY MARCH 30, 2009 – REGINA 6:30 P.M.

What’s important about service:

- Flexible – as easy as possible
- connected to other supports provided by other ministries
- rapid response
- workers coming to the home would be useful but at the individual’s choice – not imposed – respectful of privacy
- needs to be accountable
- some means of evaluating customer service because there is a culture of disempowerment – third party evaluation
- wouldn’t want it seen limited to once a year with worker
- training needs to be available – disability awareness; hire new staff
- ability to do pre-work
- methods of delivery should be flexible to needs
- continuity between programs
- Only need to reassess when needs change significantly
- Communication of change in worker
- Assistance where necessary
- role for third party advocate

In person

- person to person access is important – be responsive and timely and based on the individuals needs and desires
- important to see someone in person, especially assessment
- attitude of person dealing with is important

Phone/web

- should have option to use phone or email to contact their worker
- General enquiries could be handled by phone

Dedicated staff:

- where possible it's important so there's less time retelling your circumstances
- this person knows you and has more in-depth personal information

WEDNESDAY, APRIL 1, 2009 – SASKATOON 1:00 P.M.

Likes:

- Culture of service is positive

What's important about service:

- people who work with individuals need same information as customers
- global package on all the information - personalized and in plain language
- mentorship to access program is important
- everything should be accessible, including alternate formats, easy to access location equipped with phone, computer, and support person – all forms should be there to pick up – not enough to say “get it off the website”
- Individuals need training and specialized knowledge
- Services need to be non-centralized
- Choice is important and so is flexibility
- Separate from SAP (name and delivery)
- Seamless: one stop shop – have a client service representative who can manage your needs, however, when it comes to accessing the services it should be up to the individual to choose from different options
- Accessible forms – information available in a variety of formats – meet different needs
- critical that it is respectful
- customer service approach – informative pleasant, helpful - no stigma
- Multi-level client-centred approach that addresses the spectrum of abilities and challenges experienced by clients
- assessment needs to be accurate – critical and good communication with everyone involved
- micro-board: core group of people that each client needs – to address issues of aging and caregiver needs
- flexible and responsible service delivery
- communication is critical – with client – choose what makes most sense to them
- individual from ministry needs to be a travel agent – navigator
- need the capacity to take your business elsewhere – one stop shop doesn't allow for this – consistent evaluation of service
- develop capacity for crisis response – not available for people with disabilities right now

In person

- opportunity for personal meetings on an individual needs basis – at their choice

Phone/web

- Every situation is unique so hard to say when to use in person versus phone/web – depends on the person's cases – individual choices

Dedicated staff:

- Dedicated worker: accessed on an individual basis
- Dedicated service rep: important to have someone who knows your case – deal with people as unique individuals

WEDNESDAY, APRIL 1, 2009 – SASKATOON 6:30 P.M.

What's important about service?

- need for new technology system
- service needs to be consumer driven based on need and choice
- service might come to you or you might access it
- need to know what services are available – satellite offices within the community for help with forms and information. That role might be provided by community member
- Consumers should be able to rate the relationship they have with their resource person – based on that rating, they could make a change as necessary – frequency to that?
- Consider how will emergency situations be handled – would there be 24/7 access

In person:

- in person help is important for initial contact, possibly in their home
- in person - emergencies and if there are major changes in needs

Phone/web:

- SAP voice mail “sucks”

Dedicated staff:

- there is a need for a dedicated person
- if there could be history information on file and readily accessible then might help with general person
- general person for basic information requests

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 1:00 P.M.

What's important to you about service?

- Acknowledge this is not a service – it's an income (dignity)
- easy exit and re-entry
- integration of services
- move from program-centred to family- or client-centred approach
- need training and need to know resources available
- focus on people's/client's strengths

- move away from term worker to advocate, supporter - need to change labels – “case worker” “recipient”
- flexibility based on clients needs/wants - needs to be sensitive to individual needs
- shift worker role to navigation
- team case planning
- consider assessment and admin done in the field or out of a CBO
- needs to be dignified, client-centre, individualized and respectful
- structure of delivery needs examination – perhaps split off from Social Services – different ministry or someone else.
- linked to community partners for delivery – not so associated with SAP
- look at existing community programs

In Person:

- need to have face to face service in your region
- office visits should be possible and home visits should be an option
- initial assessment should be face to face

Phone/web:

- use of phone/web/mail for routine changes

Dedicated staff:

- good to have consistent person to deal with – need option to change

STAFF SESSIONS

TUESDAY, MARCH 31, 2009 – REGINA 8:30 A.M.

What's important to you about service?

- should be personal contact and should be consistent
- worker tends to be person's social support/life line
- joint inter-ministry teams
- current service delivery is a maze
- need simple descriptions and application processes
- communication strategy: internal and external – community and staff
- validating the current relationships staff have with clients – may be a sole contact for that person
- Person-centred, individualized service is important
- Continuity will be important
- lots of staff want to make this shift to service relationship with clients as opposed to benefit administration
- Personal connection is important to help people progress
- Flexible to the individual's needs
- Connect to other agencies
- Ensure staff receive clear communication, support and training to make the shift
- current clients don't want to lose contact with the worker they deal with now – don't want to lose that relationship

Concerns:

- roll out starting with person's on SAP who meet the eligibility criteria – may mean the program stays more like SAP. If we open it up, it may help distinguish it from SAP
- how do we address service gaps? Whose role is it to address this gap? Ex. People with mental health challenges who may not be engaged but could benefit from connecting to supports
- Assessment could give us a lot more information – what do we do with all that? Enhanced capacity with that information
- Challenge: see staff more knowledgeable and supported to provide service beyond the ministry
- concern about centralized services and increased travel

Dedicated staff:

- People already have a personal relationship with staff and this makes a difference.

TUESDAY, MARCH 31, 2009 – REGINA 1:00 P.M.

What's important to you about service?

- person-centred: individual who receives the benefit needs to dictate the service – so we need to be flexible to respond to various needs

- one-stop: help them access other services and programs that support
- need to know what services are available – need an up to date directory of services
- value person-centred approach throughout the organization
- measuring service: in terms of quality of life
- Good publicity about support programs for people with disabilities – good opportunity with this new initiative
- Should interface with other programs
- More timely access to the worker – technology may help this

In person:

- Face to face contact if there are significant changes, helps with accountability

Phone/web:

- Web based/phone/email: good for rural clients, check eligibility status, relay call, web calculator, client online account, payments

Dedicated staff:

- need a dedicated service person: in place at the beginning of the assessment to build relationship
- good to build relationships, builds trust, learn their needs,
- Non-assigned staff: if assessment is comprehensive enough, you'd have history available, change of address, emergency,

THURSDAY, APRIL 2, 2009 – SASKATOON 8:30 A.M.

What's important to you about service?

- needs to work for individual and their support system
- seamless – systems need to work together – integrated
- staff are trained – have knowledge and expertise in disability issues/needs
- fast and timely – streamlined
- clients who refuse service: open to a person selecting their own advocate and service delivery would engage those people in a better way than we have been
- consider community connection: identify role of community agencies
- worker can be the service navigator – need to know what services are available – cross training
- clients need the right information not just pass them along
- consider supports to help with long term planning

Dedicated staff:

- relationship is important – needs to be one on one access with someone who knows your circumstances

THURSDAY, APRIL 2, 2009 – SASKATOON 1:00 P.M.

What's important to you about service?

- person driven
- flexible
- choice
- role of worker is going to change so it's important to define that role and services and communicate those to the clients

MONDAY, APRIL 6, 2009 – PRINCE ALBERT 8:30 A.M.

What's important to you about service?

- service depends on circumstances of clients – disability and its impact
- there are communities with no staff person available – next best is constant community service person who builds a relationship and an understanding of person's circumstances/needs
- As a ministry, we need to do good work with people already receiving services – ex shaken baby – opportunity to get it right
- Needs to be a range of services – flexibility is important – people will require different levels of support and need to respond to that
- Relationships are important
- relationship and service need to be valued by this program – recognize it by making it a program value
- range of communication tools is important, must be appropriate to the situation
- interpreters are important to northern communities
- Application should not be centralized – needs to be regional
- Discretion for trusteeship – flexible to allow for this when appropriate
- Client-driven – based on their needs/desires – also important for worker to identify when to connect with client

In person:

- personal interview needs to be there, especially for those with unique needs
- certain supports have to be done in person
- for crisis work – this can't be done over the phone

Phone/web:

- important for those who experience barriers of getting to the office
- email might cause language issues
- best for reporting changes, simple matters, benefit administration
- Communications tools: texting may be a good resource in the future – information sharing

Dedicated staff:

- this model is preferred – more friendly, can understand complexity, less intrusive
- Important for building a relationship with person, familiarity – they only have to tell story once and worker knows their circumstances
- Need to have resource team – 2 or 3 people
- Team would draw resource people from community
- Some in our group wanted a specific worker assigned to a client – others considered a team

Appendix H – Responses to Community Discussion Wrap-up Question

WRAP-UP QUESTION:

The task team envisions a new program that looks and feels different than SAP. For example, it will have its own name, a different benefit structure, and different reporting requirements.

Thinking of all that you have heard and discussed today, what specific features of the new program do you think would make it feel different from SAP?

COMMUNITY SESSION – REGINA, MARCH 30, 2009, 1:00 P.M.

RESPONSES:

- Separate it from SAP. New building creating a “Homey” feeling.
- Create a new Ministry.
- See claw backs eliminated like “SES.”
- Individualized with case plan – client driven. It is easier for the worker to go to the home.
- Do not want to see client paying for mistakes “overpayment.”
- Transportation – see file when they want.
- More flexibility – choices.
- Better work incentives – job finding grant i.e. \$100 for the individual. Work related costs i.e. \$300 for the employment specialist.
- An increase in exemptions, a 16 week return to work trial period before exemptions are in place. Ongoing disability related costs to when a person is no longer eligible for the disability income.
- Easy referral to employment related programs and choice in those programs.
- Employment and disability specialists, health care professionals/support networks and individual work as a team. Consider cyclical nature of disability.
- Early ongoing supports provide rapid reinstatement.
- Clear and concise information regarding available resources.

- Eligibility – enduring a significant definition. Flexibility, appropriate resources, appropriate name.
- Different space, more comfortable and inviting environment, keep emphasis on dignified and respectful principles outline.
- Not punitive, accessible, flexible, empowering. Life enhancing and supportive.
- Not income tested.
- The fact that there will be three different incomes. One for basic living, one for disabilities and one third for extra costs that can come up unexpectedly. Like new service animal, etc.
- More flexibility than SAP, tailored to PWD.
- Program will/should reach or meet client needs.
- DIP will be less stigmatizing and less intrusive.
- More flexibility.
- Separately managed.
- Based on entitlement philosophy not judgmental/stigmatizing.
- Absence of underlying “meanness” or judgment.
- Provides quality of life = ordinary citizen.
- Assistance to thrive, not just survive.
- Individual’s support network play a role – not only health professionals/workers.
- Better work incentives/supports.
- No need to reapply.
- Something that reflects “partnership funding” rather than social assistance.
- Needs to give client an incentive to go to work (not worrying constantly about bureaucracy).
- Consideration about impact of other benefits (e.g. claw backs).
- Balance.

- Criteria for hiring of staff needs a lot of thought (e.g. follow-up, evaluation...).
- Forum for client feedback and evaluation – pilot project.
- Not one size fits all.
- Elimination of redundancies.
- Different building.
- Individual flexibility.
- Acronym friendly name.
- Reduce stigma.
- Benefits will cover individual needs.
- Collaborative efforts with other divisions/agencies/ministries.
- Name change “Independent Living.”
- Education for general public.
- Families paid for the care giving they provide.
- Appropriately resourced so they can afford quality of life.
- Different building.
- “Person centered.”
- Meeting the individual in their space.
- “Equality Income Program.”
- Use of different terminology.
- About the client; empowering.
- Social assistance worker would have greater role of being facilitator (specialized training).
- Choice of services, payment of benefit; management (budget/trusteeship).

- Make environment more friendly.
- Good foundation.
- Drop in centre (for those without computers or want information).
- Staff who don't have as high a workload so they can work with you.
- More things should be covered like full insurance, social things to help people get out into the community.
- Technology.
- Assessment done by a qualified person. Whatever that might be - not clear on what (assessment) might be.
- Less reporting.
- Not as restrictive – only earn this much – how do you have – not consistent with other programs (should be w/cap).
- Should be able to save.
- Only one office to deal with (centralized support).
- Don't wait to deal with benefits. They need to be consistent (and rise consistently with the cost of living).
- Annual review doesn't always catch things. More periodic reviews. This would be more responsible to cost of living changes.
- Flexibility.
- Ability to report repeatedly.
- Ability to earn \$.
- Ability to ask for special needs.
- Ability to understand person, their needs and work with them.
- \$ for socializing costs (movie, coffee, travel).
- Less intrusive with contact.
- Clear communication on all 4 questions.

- Information should be volunteered vs. having to ask for.
- [www/public information](#) on 4 questions.
- Consistent information and services and benefits for all workers.
- Believability and approachability.
- Supports participation/living in community.
- Encourages part-time employment and volunteerism – participate in community.
- Translation plan – where now – where you want to be – increases self-esteem.
- All family types should receive benefits of new income program.

COMMUNITY SESSION – REGINA, MARCH 30, 2009, 6:30 P.M.

RESPONSES:

- This is backward (writer is referring to content of wrap up question).
- Make SAP truly transitional or admit failure of programs to guarantee higher level of income support. Higher levels of income support for individuals with disabilities justified by significant and enduring e.g. rent under SAP, facilitate home ownership (could be other programs, not SAP). Do not claw back contributions of family and friends. Use LICO concept as frame of reference, not SAP.
- Transparency.
- How to obtain needed information without losing the dignity, respect and non-intrusive aspect.
- Move away from “hand out” mentality - change in mentality.
- Focus on “income” program.
- Can’t penalize for working.
- Different assessment.
- Different benefits.
- Distinguish from SAP.
- Should be flexible in income supports.
- Potential for creativity rather than just a check list.
- There’s still going to be exclusion of some people. There will still be a line drawn.
- Assessment is key.
- Delivered by different Ministry than Social Services.
- Delivered by different workers.
- No need for just a name change.
- New program appears/needs to be more personable than SAP.

- Need for sufficient and adequate income support.
- More person-centered.
- Significant and long-term.
- Adequate.
- Take into consideration all aspects/needs of client (e.g. phone).
- New/properly trained staff.
- Client shadowing.
- Optimism/fear on behalf of clients and caregivers on impact of program. Change requires special consideration.
- Transition – fear of loss of benefit or caseworker.
- Proper name for program.
- Respectful service with individualized assessment and adequacy. Quality of life.
- More generous than SAP (\$\$\$\$\$).
- Less stigmatizing.
- Ability to serve all clients with varying disabilities.
- Well trained staff to deal with sensitivity of PWD.
- Ability to change workers/processes.
- Welcoming environment.
- Program policies driven by clients being served.
- Make them feel more worthy. Accomplish by different location.
- Not being punished for working.
- If you can save up so you can do things you need to do like visit your parents/family.

- Need people to access what's available. They help you achieve what you want (your goal) with the right knowledge.
- Respect people's views.
- Up \$ for rent and support for home ownership.
- Different from SAP.
- Up work exemption.
- Equal benefits and clarity for all applicants.
- Less paperwork.
- Guarantee that persons employed for 3 years transfer to program for PWD.
- Dental, medical, transportation.
- As required with SAP – self-sufficiency – less pressure to work. Persons motivated to work are supported.
- Asset accumulation (ownership) helps transition out of poverty.
- Index costs to inflation (all costs).
- What about getting rid of SAP (meanness).
- Are learning disabilities to be included in this group.
- How will assessment cover all disabling conditions and their impact.

COMMUNITY SESSION – SASKATOON, APRIL 1, 2009, 1:00 P.M.

RESPONSES:

- Flexibility (adequacy).
- Don't use the word "challenged" – no labeling.
- More collaboration with advocates.
- Separate building/less stigmatizing .
- More welcoming.
- Satellite locations.
- Respectful name/environment.
- More awareness about disabilities.
- Well trained staff.
- Negotiation.
- Non-taxed income.
- About disability (which typically do not change).
- Costs.
- Annual financial review (income based).
- Not welfare but dignified assistance to people with disabilities.
- Homey, friendly, non-intimidating environment.
- Completely separate administration/division.
- Attitudinal adjustment from the current system administrators.
- Includes supports – e.g. to find work.
- Non-intrusive.
- Basic income – socially accepted.

- Security – long term.
- Fundamental right – don't continually apply.
- Dignity.
- Family is compensated for lost income.
- Dignified name – not SAP.
- Transition funding when moving to another province.
- Not wanting to work attitude would change.
- Raise the bar on allowable income.
- More grassroots program rather than government – reduce red tape.
- Workers/employees take sensitivity to disabilities training.
- Advisory committee to report back on process – evaluation tool.
- Power not concentrated in hands of people other than clients.
- Customer service focused.
- Monopoly – customers can take their business elsewhere.
- Less intrusive.
- Don't have to prove disability every year.
- Staff have to be sensitive to disability.
- People don't have to say that they are on assistance.
- Budgeting help available .
- Flat rate and flexibility on special needs.
- Enduring disability – allowing for change in disability.
- Impact and endurance .
- Flexibility.

- Customer focused.
- Immediate human voice with better intake process (no “leave a message”).
- Less stigma for disabled client on welfare.
- More staff – less turnover.
- Would be a more positive environment for workers.
- More respect for clients.
- Intake more appropriate for the client.
- Responsive to emergencies.
- Appeal process/ombudsman.
- Less intrusive accountability, trust client to be accountable (3 year review and client declares changes).
- Ministry receives automatic ITR for client to reconcile income.
- Saskatchewan Disability Benefit Pension.
- Different name – customer representative.
- Dignified.
- Needs to be more than regulated poverty.
- Case file specific – not having to repeat your circumstances every time.
- Flexible and non-intrusive.
- Adequate indexed income.
- Fair for everyone.
- Independence rather than feeling like a hand-out.
- What we can do matters.
- Provide people dignity – don’t take it away.
-
- It would remove stigma by taking the name away.

- Name would provide people with same quality of life.
- Life Enhancement Income.
- Would have enough money.
- Difficult to get away from the term disability.
- Guaranteed Income.
- Program would feel different by being individual.
- Appropriate supports are in place (seamless from the get go).
- Use resources – advocates.
- Have an advocate/evaluator at office.
- Look at unique needs.
- Mechanism to prevent abuse of service.
- Some medical requirements may be needed that are private or not covered under current SAP.
- Hopefully new program will cover grey areas regarding broader spectrum of disability.
- People receiving program will feel valued.
- Different participation.
- More choices.
- Not having to report everything.
- Ability to save without being penalized.
- Being able to live and have a life.
- Being able to work without being penalized.
- Empathy, understanding, respect from the service providers.
- Training for all service providers related to understanding disabilities.

- Easy to access without having to fight for it.
- Should be warm response, shouldn't feel like you have done something wrong.
- Flexibility as your needs change.
- Responsive to the impact of disability.
- People treated the same, receive the same benefits regardless of where you live.
- Less stigmatizing and less reporting.
- Should be enshrined as a right if you have a disability.
- Individualized.
- Flat rate allows for personal choice.
- Feels more like a positive approach to financial/living needs as opposed to a hand out. It feels more like a citizens' rights approach as opposed to an approach that makes people feel like they are a drag on society.
- There should be a dignified method of administering the new system.
- Accountability of customers and system administration.
- Adequate indexed income.

COMMUNITY SESSION – SASKATOON, APRIL 1, 2009, 6:30 P.M.

RESPONSES:

- Income not welfare.
- Dignified (this whole program needs to be applied to the SAP soon).
- Reduce confrontation.
- Non-evasive – non-intrusive.
- Not worried about cut-off or welfare fraud.
- Accepting of periodic disability impacts – reduce deductions.
- Earn reasonable income.
- Social life inclusion – recreation – meetings.
- Flexibility.
- Adequacy – quality of life.
- No call centre.
- Less intrusive.
- No stigma.
- Call it a pension.
- Easier transition to adulthood.
- Advocate in/out of system.
- Retention of windfalls.
- New philosophy – client friendly.
- Appeal processes – user friendly.
- Time sensitive.
- Cultural shift.

- Success isn't rewarded by removing supports.
- Based on need and goals.
- Supported – work with clients, not against them.
- Personal component – supports.
- Network/resource connection.
- Worker/program is there to help you be successful.
- Seen as a person – entitled to as good a life as possible.
- Clients will have dignity.
- Focus strictly on disability.
- Greater benefit levels based on impact of the disability.
- Focused on core and attention of the disability.
- Service centers could be spread out in urban areas.
- Don't feel guilty for phoning.
- Like the way it looks.
- More flexibility in responding to what their need is.
- This would not be the worker's money or treated as the worker's money.
- Generic name, focus on the positives, keep it real.
- People can trust the program.
- Accountability – people need to understand the consequences if they abuse the program.
- It is integrated better with Health, Education or other needs such as transportation.
- Boundaries for agencies should be the same.

- If an employee is successful and is able to work and save enough of his/her income to purchase a house, the employer doesn't penalize that success by cutting that employee's wages.
- Success should not be penalized by cutting funding; should represent more of a "real world" model where effort and success are rewarded, not thwarted.
- Initial individual contact.
- Dedicated person for each individual.
- General person for small changes i.e. address change, small questions in general.

COMMUNITY SESSION – PRINCE ALBERT, APRIL 6, 2009, 1:00 P.M.

RESPONSES:

- Use different building(s), rename “worker” to other title i.e. “facilitator,” “advocate,” “mentor.” Try to avoid the client to worker mind set. Ultimately it will feel differently as the program is operated and people see and feel the different approach. If it is administered by Social Services it will be seen as it always has been.
- Less reporting and less intrusive – receipts, burden of proof , worker’s approach (the way they speak to people) people leave or don’t get the program.
- Name – take out of a welfare model, won’t have the stigma of welfare.
- People don’t feel penalized to receive the benefit.
- High enough asset limit.
- Higher basic benefit to bring people out of poverty.
- Basic healthcare is part of the public health basic. People shouldn’t be in jeopardy of losing their healthcare.
- Health care preventative model – take out the burden of proof. No one checks to see how broken your hip is.
- It should be very simple to understand and use. Forms should be in plain language – phone in application is not easy. At least give supports.
- New program should be more objective in its assessment for beyond part I basic need. Therefore, meet special flexible needs of client.
- Location outside of government office.
- Less regimented.
- Less cumbersome admin process.
- Accessibility in having home assessments (option).
- Different building should be used to make it different, it has to be delivered by a different Ministry other than Social Services.
- “Choices” instead of “have to’s”, more flexibility in terms of supports.

- Less hoops than other income support programs.
- Less intrusive and less reporting for expenses that occur every month.
- More generous in terms of benefit amounts.
- Perception of a community based organization or at least the presence of a steering committee outside of Social Services.
- Frequent/ongoing consultations such as these throughout the life of the program. At least the first couple of years and as needed after that.
- Looks/feels different from SAP.
- Emphasis on quality of life vs. general admin.
- Increased level of respect.
- Part of the community.
- Separate delivery from SAP not even close to MSS.
- Increased money with new program.
- In/out different – easy – impact enduring supports employment.
- More dignity to PWD.
- Not penalized when inheritance received, increased assets.
- Assets to enhance quality of life.
- Maximize supports/do not tax increase, balance quality with cost.
- In AB AISH provided \$120k/year, was not excessive, rent, day program (\$ SK/mo), transportation, daily living.
- More transparency/consolidation with service delivery.

COMMUNITY SESSION – PRINCE ALBERT, APRIL 6, 2009, 6:30 P.M.

RESPONSES:

- Concern that people currently on disability (SAP) won't be eligible for the new program. SAP benefits are not adequate – below the poverty line.
- Flat rate is great for loss receipts.
- Encouraging to hear that program is being developed through task team process.
- Are benefits going to be clawed back if earnings are received in labour force?
- Will people be able to work on program?
- Will this be delivered in all centres? Hope not.
- Yearly reviews are tough (on SAP).

STAFF SESSIONS

STAFF SESSION – REGINA, MARCH 31, 2009, 8:30 A.M.

RESPONSES:

- Client focused – less intrusive, less reporting, less cold. Hope that clients will have a better experience than they have had on SAP
- Workers will have time to spend with client and totally address their needs
- Design of benefits are good/better than SAP
- Important that workers establish a strong relationship with clients which appears to be a feature of the program
- Workers – perhaps the workers might enjoy working with the new program compared to SAP and TEA
- Vague but addresses all types of disabilities – good
- Good that the definition doesn't name particular disabilities – should be based on needs and/or daily living/working activities
- Indefinite – substance abuses might be part of the impact, create substantial impacts on daily living
- Indefinite - what if the impact on disability is no longer or becomes less enduring through treatment. Will there be expectation to seek this type of treatment? Will benefits be reduced? Reassessments?
- Age – should include over 65 – over 18 is fine
- Benefits are not adequate CCP and social assistance
- Less intrusive
- Eliminating redundancies
- Expand special needs less verification
- Name that has a respectful tone and acronym
- More flexibility
- More respectful

- Income reporting less often
- Yearly income exemption
- The way you do the assessment
- Client focus (person centered) rather than program focus
- No contact centre – personal face to face
- Recognition on impact rather than what people can see
- More understanding of client disability
- Levels of supports because of level system
- Team approach (collaborative)
- Supports employment and achieving personal goals, quality of life (empowering)
- Level of funds – telephone, cable
- Social acceptable levels that are not welfare. Workers (dignity)
- Don't have to rely on strict medicals. You don't have to fit the client into the disability box. Looks at individual (individual)
- Will deliver on unmet needs. Improve a person's quality of life. Not the welfare system – more than basic, basic
- Connection to disability supports in community
- Distinct/separate from SAP – does it mean a separate Ministry as notion of welfare when delivered by MSS
- Desperately seems to becoming a distinct service focus
- New service for more in depth assessment than SAP at present. However, persons with disabilities not meeting new criteria who need lots of service.
- Need strong communications strategy, marketing plan to clarify how this is different from SAP service

- How to make purposeful intervention with those persons we don't currently engage with (e.g. FCS, Aboriginal Support Centers, Catholic Family Services) vulnerable/less visible client groups
- More flexibility with reporting requirements for clients less able to self-report
- Worker connected client – better recognition for role conflict/ability to support/access sources. Clients choose who they connect to.

STAFF SESSION – REGINA, MARCH 31, 2009, 1:00 P.M.

RESPONSES:

- Different color of cheque (separate), unique, new.
- User friendly system, more personable.
- It has to be simple because none are.
- Consumer needs to know and understand what is available.
- Positive publicity – better for pwd.
- Less paper work more people work.
- Shift in how management looks at clients, they are not numbers. Principle of person-centred needs to be lived, believed, valued by all in the Ministry.
- Measurement can't be by number. Can't measure quality of life by this method. Quality of life measure has to be defined by the client. This needs to be linked back to what the individual wants as a person, goal that we are supporting.
- Meeting people in their environment.
- Less reporting.
- More thorough needs assessment and at front end.
- Improvement in standard of living.
- Less intrusive (still expectation of a client/worker relationship, minimal contact).
- Earnings exemptions.
- Less stigmatizing.
- Tiers of benefits – different (flat rate) – same (similar to flat rate with actuals).
- Supports flexibility for choice of living arrangements – like TEA. Freedom of numbers and flat rate.
- Would receive maximum vs. actual shelter utility rate.
- Simplifies communication (flat rate) gives personal choice focus on personal needs.

- Persons applying would feel more dignity/be validating.
- Service is made individualized (why can we not do this for ALL persons on SAP/applying for suggests higher) benefits sufficient.

STAFF SESSION – SASKATOON, APRIL 2, 2009, 8:30 A.M.

RESPONSE:

- Flexibility.
- Adequacy – particularly Northern people.
- Concern that clients may not spend their funding appropriately if paid directly.
- Have you thought about CLD administering this program?
- Ability to choose service provider to make changes as necessary.
- Deliver system not in the same location as SAP or through a contact centre.
- Receive a service from my culture or community group.
- Diverse group of staff.
- Some people (staff) are experienced, ready to deliver. They have networks/connections. This comes with time and working
- Training would be provided in disability and on-going to keep up to date.
- Decentralizing the service to support more contact and help.
- If it was integrated with other services – e.g. Health.
- Adequately funded and resourced program.
- You can access a person to provide a service (adequate caseloads).
- It needs to be flexible to meet the needs of the recipients – responsive to demographics, geography and culture.
- Community and workers are looking for big change.
- Needs to meet expectations.
- Not delivered by SAP workers.
- Good name – watch the acronym!

- Delivered outside our office.
- New office in larger centres (very important).
- Staff dedicated to this program – no crossover to SAP or TEA.
- Training, greater knowledge of disabilities and services, more time with clients.
- Staff need to be able to get out of the office.
- Service in-person, web-based, phone.
- Service would feel less intrusive.
- Communicate program positively (it's not the old program).
- Communication with medical profession is vital (needs consistency).

STAFF SESSION – SASKATOON, APRIL 2, 2009, 1:00 P.M.

RESPONSES:

- Different workers depending on the level of care.
- Focus and expertise on disability.
- More personalized, dignified process.
- Small caseloads required.
- Focus on individualized.
- Focus on impact.
- Transfer of power and decision-making outside of government (families, community support).
- You just get your benefits.
- If you want assistance, you can ask and receive it.
- Clients are involved in the decision-making.
- Options for people to get information.
- Different location (culture or environment).
- Take it out of Social Services.
- Not enough to take it to another branch.
- Benefit level that addresses poverty.
- Less intrusive.
- Reporting requirements less strict depends on disability 5-10 years.
- Totally different process for getting on than SAP.
- Home visits/phone/web-based not just office visits.
- Communications targeted to disability population but more broad as well.

- More user friendly.
- A program for disabled.
- Have staff that will understand and have training on disabilities.
- Moving to be more holistic more client centred.
- Simpler.
- Must have a good assessment.
- Simpler to administer.
- Less intrusive.
- Simpler to administrate .
- Less intrusive.
- More dignity/ more positive approach.
- Separate and distinct from SAP units.
- Separate reception area from SAP.
- One stop shopping.
- Less stress for clients.
- Positive relationships.
- Clients will appreciate in person personal service.

STAFF SESSION – PRINCE ALBERT, APRIL 6, 2009, 8:30 A.M.

RESPONSES:

- Paper work.
- Name – what will it be.
- Less intrusive.
- More simple.
- For PWD only vs. SAP open.
- Policy regulations.
- Different rates > \$'s.
- Less stigma with welfare.
- More money needed – adequate.
- Different reporting methods/options.
- Different relationship with client + service vs. accountability/paperwork.
- Clients feel like there are less rules, less paperwork.
- More positive overall for clients and staff - more social work like.
- Clients feel better about themselves – disability vs. having to prove/fault.
- Welfare stigma down – some currently feel that SAP eligibility is because of disability.
- Flat rate vs. needs based/actual.
- More \$ than SAP.
- What special features would make a new program feel/look different from SAP.
- Simplicity (SAP is too cumbersome).
- Better assessments (more reliant on professional/other community input).
- Individualized – based on tiers.

- Potential delivery from a separate location than SAP/TEA – our office.
- Remove the stigma of welfare!
- Removal from SAP and CLD, etc.
- Stigma of welfare might be gone depending on what they name it.
- Less intrusive.
- Better suitable for individual clients.
- More sensitive.
- Increase in income is good.
- Greater flexibility for clients and staff.
- Different concept of definition of disability
- Much better program!
- Win-win for staff and client.
- More time for client focused supports.
- Less paper work.
- Not so much of a babysitting job for workers.
- SAP cases might have relatively greater barriers however might not qualify for new program.
- Might not be a sense of fairness.
- Financially sufficient/decent to meet their living needs.
- More client focused.
- Respond to geographic needs and is sufficient to meet needs.
- Less paperwork for the worker.
- Recognition for/approval to spend time with clients rather than just benefit admin.

- Different ministry/agency (staff and clients).
- Divided/administered north and south to best address unique need. Services for urban/rural are different.
- Admin organization. This is very important.

**Appendix I – Responses to the question:
“If you had five minutes with the Minister, what would you tell
her?”**

COMMUNITY SESSION – REGINA, MARCH 30, 2009 1:00 P.M.

RESPONSES:

- Please help PWD reach educational and employment goals. Under employment can be devastating and it comes hand in hand with poverty. We are an untapped resource going to waste at a huge personal and tax dollar cost.
- Please level the playing field – find ways to allow PWD to fully participate in ALL facets of life. Needing assistance should not be shameful and should not make it harder to ever get off.
- The principles are great. Leave a legacy as Minister of this government to ensure dignified resources of \$, and personnel to make us proud of living in this place.
- Everyone deserves to have dignity, respect and the right to a quality of life. At the meeting a woman sat at my table eating her lunch. It consisted of a sandwich meat that had a scent of rancid to it. She also ate an orange that was rotten. These are things that I wouldn't feed my dog. Where is the dignity for this woman and so many others.
- Child with autism – even when funding is available, often there is no program or service we can even access. For example, where can he go for care on non-school days? We struggle with this now that he is 7 years old and will continue to do so...
- It is very much appreciated there is an attempt to treat people with disabilities differently than those on SAP. You need to make sure people with disabilities have their basic needs financed properly. Need to stop dentist, optometrist discrimination of patients they take because Sask Health does not cover the costs.
- A new disability income program needs to be adequate, indexed, be less intrusive, provide dignity and ensure that eligibility criteria does not lead to people falling through the cracks.
- I appreciate the process to consult with the disabled community, their supporters and caregivers. This “new program” looks a lot better and easier, more humane, meaning less judgmental and person centered. Needs are a big factor to consider, also who is assessing and first point contact, it is essential that it is done with respect and sensitivity. Make it happen!!
- I have a 15 year old, so have not experienced the SAP program. He has a cognitive disability. Even with funding there still needs to be services and programs for families to access. I am told by other parents with adult children, that once they are out of school, there is **NO PLACE TO GO** every day. They face a life of isolation and the impact to the families is huge.

- Give her in point form about this program and ask her for her support.
- A lot of the disabilities here in Regina go unnoticed. Invisible disabilities are being ignored. More needs to be done to help.
- Be willing to listen to us when we talk to you and please do not take our criticism as a personal attack or take it the wrong way.
- There needs to be more collaboration among different sectors and more real consultation. This process today was good providing the information is considered.
- Change the way all sectors fundamentally do business. More collective action on the development of social policy is desperately needed. Should be done trans-sectorally through a “common lens” with collective accountability for the impact of social policy on individual and community well being.
- If you don’t increase the \$, you haven’t improved things. If you don’t index the “basic” you haven’t improved things.
- Be sure to address the differences between rural and city regarding housing and transportation. Person centered planning is important. Be flexible and encouraging when people are trying to go back to work, i.e. pay babysitting until the person is more stable. Look at the disability when trying to have the person understand the claw back factor.
- All programs TEA, SAP, PTA and DIP should be individual based. Higher exemption for clients with wage income.
- Thank you for acknowledging the need to do something different.
- Thank you for listening, we have been asking for this a long time. You’re on the right track – try to deliver services holistically – single window when possible.
- Transportation costs be included in new program.
- Looking forward to this, hope it happens.
- Thank you for taking this complex area with a new paradigm. Careful consideration of staffing N.B., as attitude of staff must match goals of program. Keep up the good work.
- Listen to the clients and front-line staff. Issues and problems get watered down as they make their way up the reporting structure. Front-line staff usually know what changes are needed, but do not have the capacity to affect change.

- Provide people with disabilities incentive to go to work and not take away and take the flat rate away. Flat rate and incentive to work without being penalized.
- I need more than 5 minutes! You're on the right track, as long as you can bring it all together.
- Will the Ehrlo Society building proposed for 2035 Osler Street, committee chaired by Carol Eaton, Phoenix Residential Society have the financial support for a commercial kitchen and a food service as needed for the client residents in this apartment building?
- Currently safe housing is an issue very dear to my family. Housing costs in Regina have now stopped my son from living independently. Housing costs need to be addressed.
- That financial workers should be held more accountable and return phone calls more promptly.
- Headed in the right direction with the development of program. However, it is difficult for me because I don't know how much \$ I will get.
- People with disabilities should have access to all things able bodied have – i.e. funding for computers, aides, visual screen reader etc. Expand the SAIL program. Even if a disabled person has some income, can't afford the supports that are part of a normal life. I spend money on things others don't have to spend money on or require. I don't visit family because I have to save for expensive adaptive technology.
- People with disabilities need to be empowered. 70% of working age people who are blind are unemployed. They need more than money. They need supports and programs that work to help them find employment and keep a job when they find one.
- I would tell her that I am pleased that the province is moving towards a Disability Income system that is geared toward looking at the needs required for various disabilities, a program that is flexible and compassionate.
- Walk a mile in my shoes as a parent of an adult child with a disability (schizophrenia) and explain the trials/tribulations as well as the successes for the individual and for the family. Also, let her know what could have been done differently regarding the trials/tribulations, so we are not primarily focusing on the aspects.
- The program should be about enabling people who have a disability to have equal opportunity to experience the good life available in Saskatchewan.

- Try it yourself.
- Very good work so far, don't stop now, adequacy of benefits will really tell the difference for dignity and respect. There is no dignity in poverty.
- Produce a program which is flexible and beneficial to individual persons with disabilities.
- Thank you for listening and hopefully good things will come to aid people with complex and simple disabilities more effectively and with more concern.
- Individualized funding would be appreciated.
- Treat people the way you would want to be treated.
- This program has been needed for a long time, but make it user friendly. SAP can be very intimidating.
- This was a very informative meeting. What could you add regarding the area of seniors who are not receiving any SAP benefits other than drug assistance.
- It is time the disabled are being heard. We have been second-class citizens too long. This program needs to provide adequately for all the needs of disabled persons.
- Long overdue. It is about time that an income plan meets the needs of the people not just the needs of the Government.

COMMUNITY SESSION – REGINA MARCH 30, 2009 6:30 P.M.

RESPONSES:

- We need to develop an over arching anti-poverty strategy that this will be a major part of.
- I should not have to go to the Minister's office to have my issues resolved satisfactorily.
- I would ask the Minister to have empathy and understanding around all discussion surrounding disability. It is necessary to remember that families/individuals dealing with disabilities do have some very difficult struggles to overcome. Some need more help than others. It is difficult to ask for help, and is often a difficult step for people to take. Let's remember that people aren't looking for handouts, just a little help so they can carry on with their lives with their person with a disability. Disability impacts every aspect of your family and friends. Every step whether it is preschool, daycare, doctors or therapists, extra supports are often very demanding on the family. Parents get tired of running around and making so many "big life affecting" decisions. We just need some help.
- Please consider the impact to the family. There are many invisible barriers to the family raising a child(ren). Please make changes to allow people with disabilities to live with dignity and above the poverty line. Take the time to understand what it is like to have a disability and what it is like to navigate through the "system." The base income for any plan should be "at least" what an entry level full-time position is and indexed. Plus cost incurred due to the disability.
- To be honest.
- That foster parents and approved private home operators care for their clients and should be consulted and listened to about their needs.
- It's about time, because it is hell living with only a certain amount of money and couldn't do the things you wanted to do.
- SAP use to be flexible and creative, but rules and limits were put in place after fraud incidents. How will you keep history from repeating itself? All money needs to be accounted for in the budget...good luck making this happen more successfully than SAP, TEA and Welfare Rights.
- Will this be included with Welfare Rights, TEA, SES? How will these programs be included if at all? How can there be accountability for the \$ for these? Can they be included if the person with disability is off of SAP?

- The disability income supports need to be adequate. This program needs to shift to a whole difference Ministry. It needs to move out of social services. Even the visual of it being under the ODI (I know this is DSS). There needs to be a third party funded broker to do assessments. All sources of income DSS, Education, WCB, SGI and Health, all have to be included as one funding source. I also think the disability action plan addresses brokers. I wish consultation with the disability community was done sooner.
- All individuals have the right to contribute and have a sense of belonging. Bring down barriers and support all so that all people could have a good life. Spread the wealth.
- Please allow more money for rent so people with disabilities don't have to live in shoddy, scary apartments with questionable neighbors. Full dental care not just pull the tooth out. Higher work exemptions than SAP has. Train workers on disabilities so that they can empathize better.
- SAP program was a good vehicle in its time, but it has outlived its usefulness. Hopefully your task force will address the needs of the challenged!! We need less paperwork involved for people with a disability.
- I wish you to feel and observe how I do every day (or live) since my (child) was born with a disability. For this reason I wish you to do your best to fulfill for all individuals, to give them quality of life and their families. Help them from hard to easier life.
- I appreciate that the Minister has taken the initiative to review income security for citizens with disability. Use LICO concepts as frame of reference, not SAP, which should also be humanized beyond the mean spirited, punitive program it often appears to be. Enable, facilitate a decent standard of living i.e. home ownership a choice.
- Keep the program focused as an income program. Do not penalize for income gained through work. Only consider "income generating assets" when deciding on need. Do not use net worth.
- I would caution her to not let politics determine the outcome of this "new" program but keep the disabled community members foremost in mind when the details get finalized. There appear to be many questionable concepts under consideration (flat rate support levels) that could work very well if there is enough funding, but will work very poorly if the program is under funded.
- At this moment this new income plan still sounds like SAP. I would like to know more specifics before I know how to judge.

- The issue of making the program work will require a significant investment (\$\$\$) and must ensure that people with disabilities who access the program have sufficient income to live the quality of life that all people should have.
- Everyone is different even within some disabilities and should be treated individually.
- I would tell her to come and look after my son for one month and work her full-time job and provide 24 hour care that he needs with no help. And live off the \$1104.00 a month your department gives to cover all his needs
- Social Assistance right now is not enough; we need more money.
- We have a home based day program for our disabled son. Community living provides us with an allowance to hire workers to facilitate programming for our son. The mileage allowed to pay transportation costs to these workers is based on what is allowed to SAP clients. I feel these workers who use their own cars should receive the rate for mileage allowed to government workers.
- Have a program that is intentionally empowering, respects individual goals, doesn't take away money that people have worked to earn. Need money for recreation and involvement in civic activities; living in a rural area is not cheaper. Make sure basic income is truly adequate. Recognize some people have ups and downs in their health. Develop programs that do job carving or find a way to use the specific talents that people have.
- Take a moment to walk in the shoes of the people who will be served by this program when setting it up. Keep asking us questions!! That's the best way to find out what we need. This should not be income dependant. If you are disabled, you should be eligible – PERIOD!
- I would say she needs to experience living in poverty because until you do, you are living in darkness about these issues which dearly involve families and those who are disabled. You desperately need specialized staff to do this task, you have them now but you waste their skills on admin jobs. Your call centre needs to go immediately! It is inhumane, unfair and disrespectful in the delivery of services for vulnerable people!
- People with disabilities deserve to be included in all aspects of our communities. To do so they need safe, stable housing, good quality food, access to social, recreational, schooling and work, to whatever degree they are capable. Income has to allow them those sorts of lives. Anything under \$20,000/year will not give them those lives. A disability system must go well beyond SAP.

COMMUNITY SESSION – SASKATOON, APRIL 1, 2009 1:00 P.M.

RESPONSES:

- We appreciate the acknowledgement in your focus on the disability sector. It is important to state that we need to not only focus on what persons with disabilities need for support but also focus on those that provide the support, for example CBOs and staff funding – increase in wages.
- That we all need to feel protected, independent and part of the community. Having adequate funds to live on and bring a sense of being human rather than a bother. In short – to live with a purpose, without feeling as if one was a burden.
- I hope something will come of this task team’s work. People have been fighting for 30 years to get things changed - removing people with disabilities from the general S. S. people.
- This process is so far from being adequate as to be outrageous. The only way this government can redeem this process is to do it again soon and at least annually, asking for feedback at each stage.
- I would appreciate a system that would allow me to live in dignity and be treated with dignity.
- This is worthwhile work. Don’t be discouraged. We know that this is difficult.
- Provision of basic income that allows for housing, food, basic needs (clothing, transportation, recreation) at a socially acceptable level is important. Need to also ensure that needed support services are available to complement the income (e.g. housing, mentors, transportation, recreational opportunities).
- Why is the income received by social welfare clients below the poverty level as well as some on Can. Disability Plan. Get clients more available to psychologists and psychiatrists to help improve health goals.
- Is tobacco consumption only a luxury? If someone smokes, will the Disability Income require them to do without something “essential”?
- Persons with disabilities and the CBOs that serve them are vulnerable. These individuals and groups need supports – funding, gift in-kind (supplies, office space, phone services etc.).
- To make it fair for everyone. Whatever you design it needs to help people with disabilities. Thank-you.

- Please make the new system, distinct, adequate, indexed that allows people to have a quality of life and live with dignity.
- Loosen up the “purse strings.”
- What I do matters, whether it’s working 5hrs a week or 40hrs, whether I volunteer or stay at home. I matter!
- One to have sufficient funding to be able to live a good life.
- I’m waiting for this program because I would be able to live better.
- Seriously address the voice of those with disabilities as unique and individual in their needs. A program with a focus on impact and endurance is on the right track.
- Please listen to the task force. Although costs initially might be greater – people’s health and well being will improve hospital and health costs [will go down]. People with disabilities need respect and dignity – the disability is stigmatizing enough – benign welfare increases that. No fault of their own.
- The best feature of this program is it is flexible and considers the individual and specifically their quality of life. It will be less intrusive and make for less reporting and administration. The question is how will the government create a budget that does not have a “cap” or a figure that is based on the whole not the individual. The program relies on workers or caregivers or whatever their name. These people need to be able to assess the “client” for the Part 2 Disability Income. Where will these people come from?
- Forming the task team to address specific disability income supports is a great step forward. Having to contribute ideas to this is fantastic. It’s unfortunate that those with disabilities have limited choices and options and the step you are taking should make an improvement. It appears there is more flexibility as we are all different and cannot benefit from blanket funding. It sounds like less paperwork/documentation, which is great. Put the \$ where it can make a great impact to the person.
- It is time to make this change. These people deserve it.
- Need to educate the public. Make the government model of “best practice” provide seamless integration of interpreting services for the Deaf as part of accessibility and inclusive.
- Progressive to consider/develop an alternative to SAP for people with disabilities. Applaud removing IQ as a basis for service for those with FASD and other cognitive disabilities. Need to think outside the SAP box though. One is meant to

- be a temporary safety net – not as an ongoing income/support plan for people with exceptional needs.
- This program really needs to be individual based in their need for shelter, food, medical costs, utilities, home owners etc. People don't fit into a [box] so instead of thinking outside of the box, let's remove the box entirely and work with the people. Some people will need more time and attention depending on their disability and their self-esteem. Equal justice for all.
 - Thank you for acknowledging the differing needs of persons with disabilities. This program is a great first step to allowing persons with disabilities to have a basic quality of life that rivals those without disabilities. Looking forward to more. Need to ensure people are no longer living in poverty and that they have the supports they need. System to cover their needs – not having to ask – not adversarial.
 - Thank you for recognizing the need for this type of program! I caution you to remember that this must be a living income support – not a subsistence allowance.
 - The spectrum of disabilities is wide! It is important to understand the gradient and how people with disabilities are served is very individual and the need to serve people where they are! The system needs to respond to individuals with an ethic that says “How can we serve you?” vs. “What do you want?”
 - To the Minister of Social Services, having a full term disability would be a lot better to live with respect if we could be separate from other people on Social Services.
 - All levels of care - residential, vocational, funding for adults with intellectual disabilities should be mandated, just like education.
 - Please create the program with compassion and respect for the people we serve!
 - THANKS for starting the process. Funding support covers all needs – Living support, educational/employment support, health/medical support (unmet coverage like Cognitive Disabilities). One stop shopping for full services.
 - Thank you for seeing there is a need to make a difference and give these people a quality of life. And they are important individuals in our community/world.
 - If I had five minutes with the Minister I would ask her or him, how would you feel, if you were disabled, how would you like your situation? What would you do to change your condition? So that's how I feel.
 - Thank you for committing the Ministry to working with the community to move forward with this long awaited income plan! Once the framework is established, it

- shouldn't take much more time – as the foundation is close to completion – people with disabilities and the community is ready to set the DIS in motion. We have seen the success of similar plans in our sister provinces – it's now our time. Let people with disabilities reap the benefits of our economic wealth as a province – leave no one behind.
- Being respectful and removing the stigma is very important. Listening and acting to individuals concerns is very important.
 - Dear Donna. Thank you for caring enough to make changes. You are doing a great job! Changing the funding to income for individuals with disabilities is a positive first step to giving individuals dignity and including them in our community. Changes must ensure individuals with mild enduring intellectual disabilities must have coverage. They should not be penalized for working. Their transportation funds must be adequate to allow people to be part of their community. A huge barrier at this time. Funding for housing must be adequate to allow individuals to live in clean, safe housing that meets their needs. To live in this environment should not be at the cost of your food or clothing or transportation. A flexible system that is needs based.
 - Develop a customer service model for delivery of Social Assistance. Maintain less paperwork; increase the face-to-face. Don't use the term "client" unless you're dispensing legal advice. Thank you for initiating this – it cannot but help.
 - To do with food, housing, meds support health.
 - Make this happen.
 - Donna Harpauer: At present as a SAP recipient and person with a disability, I don't receive enough \$ to cover my basic needs. I use the food bank at least 2x/month because I am blind I have to find someone to take me. If a program was in place to provide me with a disability income I would hope to be treated respectfully and to have "enough" money to live with dignity and to enjoy a good quality of life, beyond just "surviving." I have never purchased new clothing and rely on donations. I contribute to my community in many ways as a volunteer and hope to continue to live independently.
 - Please recognize that some people with a disability lose representation by government programs like Workers' Comp or CPP and other income support programs will not help them, so they are left with no income. Who is responsible? How can these government departments do this? Who can fix this? MLAs say they don't handle such problems.
 - We need to have a dignified method to administer this new program. We need a Good Name for the program. Please remember most people with disability would work and live and make their own income if they could and want to be an

important and respected part of society. What about people who are on Old Age Pension?

- Please provide me with an income that provides me with a life – not regulated poverty. Please work with the other agencies – all are responsible.
- Don't shelve all of the ideas, quite often ideas are shelved. Should look very carefully at what the task force puts forward. Make it have a name that people know what it means. Don't just use initials.
- When you are working on the culture of service don't stop with this program – lead the charge within government as a whole. Start with SAP but spread beyond your Ministry. People want to contribute to the province's well being to the best of their ability – help them to do this by being caring, respectful, and supportive.
- Question some of the Albatrosses that currently exist that encourage warehousing people with disabilities. Funding should be attached to the person not the building and employees.
- There are over 10,000 people in our province living with schizophrenia and another 10,000 people living with bipolar disorder. Why are there not enough doctors, health care professionals available to treat their disorder? Why is the government not providing more money to educate the public, reduce stigma, and provide quality services for those disability affects? These issues must be addressed.
- Raise the bar immediately on the amount one can earn on income plans. At least \$300 maybe \$500 before deductions.
- That I would like to have the Minister live in the same conditions that someone with a disability is forced into due to income.
- Thank you for taking a look at this program and carefully seeing the difference between choosing to work and not being able to. Please consider those who are working to the best of their ability. Please don't make it so strict that people are excluded easily.
- Separate funding for disabled is a great idea. Go forward with it! Be generous with flat rate and disability extras. It is hard enough to live with a disability without also dealing with poverty. What a legacy your government could leave its citizens! I applaud your willingness to go forward.
- More funding could be provided to the untypical disabilities.
- Do something! Like to see the program as a right to quality of life. Coverage of adaptive devices for various disability groups.

- This is an important policy enrichment. Disabilities must be seen as separate from Social Services.
- I believe the changes are on the right track. One concern is with all of this emphasis on ensuring a quality of life for those with “significant” and “enduring” disabilities, I am worried that other populations will be forgotten e.g. quality of life for seniors. Much emphasis has been placed on the services for the disabled, but please don’t forget to address the overall feeling of disrespect for those accessing social services.
- I would like to see a program for assistive/adaptive devices for people with disabilities similar to Ontario’s. It should be universal for anybody that requires it e.g. computers and Braille displays. This would help with access to information and to prevent isolation.
- The administration of the program should be with dignity and consideration of your clients needs. User friendly.
- Please ensure that individuals are not penalized financially for entering the workforce. (Keep more than adequate financial status and benefits less claw backs). Dignity of people long term – above poverty level – disability should not mean poverty. Fair and transparent process for accessing necessary funds and appealing if feel inadequate decision financially. Well trained client service workers. Individual is the bottom line.
- A good start and is welcomed by people with disabilities.
- Ms. Harpauer, you are going to be a Sask First leader if you really mean to design and adequately fund a financial support program for citizens with long term (substantial and enduring and has long term) disabilities that impact on each one’s individual and community life. The legislation that supports you in this plan is in place with the Sask Human Rights Code, The Charter of Canadian Rights and Freedoms might really mean something and the UN Social and Economic Rights. Because the provinces have had the constitutional right to set benefit levels and ranges the provinces have been ignoring these laws. It takes more money but will save huge health care costs (same taxes) and you will get political support. This has been needed for so long and without it the disabled of Sask have suffered.

COMMUNITY SESSION – SASKATOON APRIL 1, 2009 6:30 P.M.

RESPONSES:

- People with disabilities should not have to live in low standard housing to be able to afford rent with hand me down furniture, and eat cheap nutritionless food because they can't afford meat and fresh foods. People with disabilities should also not be penalized for working part time minimum wage jobs than given life a purpose instead of sheltered workshops.
- Persons with disabilities deserve a quality of life to allow them to participate fully in their community if they so desire. A culture shift within the provincial government and department needs to occur.
- The new system has to encompass a name change so there is no longer a stigma involved. A person has a right to a quality of life. System has to be flexible to meet a variety of needs. I like the words "pension" because a person can work and has earned a pension. An individual who works part time should not be penalized – it should be seen as an accomplishment.
- I would affirm that consulting key stakeholders is fundamental to program development. I would encourage the minister to continue to consult key stakeholders. I would also encourage the minister to have the appropriate departments engage with Health and Education to review services and outcomes of children with disabilities.
- People with disabilities need to have funding that is their right (like a pension) not something that makes them feel beholdng.
- Support services for those affected by mental health issues – counseling – best practices – housing.
- This includes services appropriate for aggressive individuals with needs exceeding community resources and live in nursing homes. Ex: brain injuries living in nursing homes put others at risk.
- There have been many improvements in health care for marginalized people. Civil responsibilities have been redefined and there is more and better attitudes than before. Thanks for working for that and I am glad.
- Be willing to look at individuals needs dealing with supports for those with disabilities.
- Housing is very important for everyone with disabilities – including supports.
- People with disabilities can become very socially isolated.

- It is an appreciative gesture to have acknowledgement of a person with a disability to be categorized as that minority and be acceptably properly, socially and economically classified more appropriately as opposed to one overall non-specific group like SAP. I feel this program would be more dedicated to the needs of persons with disabilities.
- Thank you for considering the dignity of the disabled.
- Please listen to the people affected and the front line workers for their improvement ideas for the system as a whole.
- Don't forget the person. Think of this person as your family member and what it would be like seeing them live their life.
- Give more funding to people with disabilities. Should be treated equally as well as people with abilities. They need just a little more TLC.
- Thank you for allowing a program for people with disabilities, it is well overdue.
- Current standardized systems that use IQ and Diagnosis as indicators of a need for service/benefits cannot be employed as obstacles for an individual with a disability. That is where certain disabilities go undiagnosed, individuals cannot fall through the gaps.
- In order to provide the best service major companies revise and update their practices or their businesses are at risk of failure. The Social Services (or welfare) system has operated the same way for many, many years. Time for a review and update.
- I would like to encourage you, Minister Harpauer, to examine very closely the suggestions and comments brought forward tonight. This could be a step forward if the Ministry actually implements these suggestions. They are inclusive, encourage dignity and community.
- \$912.00 just covers the cost of rent. How do they buy food, pay telephone, laundry and medication even if they are healthy? Social needs are essential, exercise is essential as it keeps people healthy.
- Make the money given enough to live in dignity.
- Call the money given a "pension." It will help to get rid of the stigma of having a disability.
- This is a wonderful idea.

COMMUNITY SESSION – PRINCE ALBERT APRIL 6, 2009 1:00 P.M.

RESPONSES:

- Bring in individualized funding as an option across Saskatchewan.
- Always keep in mind that systems need constant examination and evolution. Services and systems developed 50 + years ago don't work the way they once did.
- Creativity, flexibility and innovation are the way to go and everyone deserves to be seen and treated as an individual.
- Objective assessments that can occur in "workplace," home, wherever so that beyond baseline can be determined.
- Include all departments so that health, education etc. can help place disabled individuals in the most appropriate program i.e. Autistic person at age 25 years who has left education can be placed in the best "program."
- I like what was presented today.
- Changing the funding system for PWD is necessary not only for the individuals themselves, but for many people who care about and for them on a daily basis.
- Congratulations on taking steps toward a more fully inclusive province. I urge you to consider the needs of individuals and families who have disabilities in a more compassionate manner. It is not enough to want to get things done. We must work harder to get things done well. In order to do this, you need to be prepared to listen and respond to individuals and their families. Please close Valley View Centre and provide adequate support to individuals with disabilities.
- Focus on special needs of disabled people in the north and small communities. Needs differ from community to community and region to region.
- Group Homes needed in Northern Saskatchewan! There are currently Zero.
- I believe that she is being as responsible as I have seen in 30 years in the field, but that she must continue to make substantial changes in her department. The Income Support Program changes are critical in changing people's lives and must be pursued.
- PWD should not have to spend their whole lives in poverty – this program should address that. As well, it is important that no one feels ashamed of receiving this income, that it is viewed as an accommodation.

- All people need to be treated with dignity and individuality. Stigmas need to be reduced in our community and in our helping agencies.
- The system is not working to the best that it can and that we really need to keep improving this. Listen to what everyone has been talking about.
- Don't let care homes soak up any additional benefits given to participants (i.e. mentally challenged). If care homes raise their rates there should be a process to go through to justify the amounts – perhaps some guidelines given.
- Quality of life things – like money for bowling or whatever – transportation to events, etc. should be considered.
- I respectfully ask for continued communication in this process. I believe this will support the best person centered program.
- Appreciate the opportunity to do things differently for PWD. This sector is way behind financially where/while the charitable model has existed. Time for it to go. Respect is more than a word it is an action.
- Although I strongly support the monetary supports that are being given to individuals with disabilities, I believe we are leaving out the services providers who are needed so that these individuals can have a better life. These services providers include: OTs, SLPs, job coaches, mentors or daily support workers. There are many supports that are required that are being ignored.
- If one could focus on the quality of life of an individual and not focus on finding fault and pulling-back support, these people with disabilities would enjoy quality existences. Everything and anything needs to be done to level the playing field. The maximum potential of PWD need to be considered. Advocacy for the best outcomes and individual empowerment is of paramount importance.
- I would like to invite the Minister in our home to meet our daughter (age 24). We would like the Minister to advocate and experience our life. Our daughter is a wonderful lady, but fighting for services to give her a quality of life is exhausting, and we are not getting younger.
- Please support this philosophy. Implement quickly and efficiently, think that this is a long term approach, a change in culture, not a “project.” Work with other ministries e.g. health, education. Be careful when hearing from specific lobby groups. They don't necessarily speak for all. They often promote one philosophy, not necessarily choice.
- It is crucial that social assistance for PWD be changed. It needs to be one that meets needs and provides dignity. It needs to be one that is easy to understand and

discuss. Support must also be provided in a timely manner. Thank you for all you are doing to make real and positive change happen.

COMMUNITY SESSION – PRINCE ALBERT APRIL 6, 2009 6:30 P.M.

RESPONSES:

- Put yourself in the place as a parent with a child with a disability.
- Our mental health clients need a face to face person to help advocate. Non-judgmental and flexible, not all MSS intake are approachable.
- Things need to change, people with disabilities should be treated with dignity as well as everyone else.
- Understand that people with disabilities have been excluded from the main stream of society. Anything you can do to encourage/support people with disabilities is a step in the right direction.
- Please help in making my disabled daughter's life more comfortable. The new program would make me concentrate more on my daughter, than all the paper work I have to submit to get funding for her daily living.
- If you want a "new support program" for people with disabilities, you need to do a good job of determining who "fits" the new program.
- Great work and please implement this program as soon as possible.

STAFF SESSIONS

STAFF SESSION – REGINA MARCH 31, 2009 8:30 A.M.

RESPONSES:

- People need to apply for this new program and once assessment is finished they get entitlement and then SAP could be closed. Don't roll SAP directly to this program. Make a split between the two programs.
- Do not roll out this program until you have the answers to all questions. I think you need a test centre before we go up on the system to pound out the bugs. It should be on the new IT System and not on SWIN.
- While we want the disability income support program to be flexible and non-intrusive, we need to ensure criteria that supports fairness, accountability and sustainability are built into the program.
- As the disability support is developed, is it a greater support than SAP (what \$ are needed for basic needs)? If the support has a greater scope than the \$/poverty - the planning for that needs to be recognized from the start. Otherwise the community will be disappointed at the limited "Reach" of the program.
- The framework for this program is good. Keep the program client focused and enable them to have a quality of life, not just a basic living dollar amount. Factor in the need for entertainment and socialization.
- This new Disability Program is very positive and has great potential for clients and workers involved. It is critical that there is lead time for training and the "thinking shift" that is required for staff who will deliver the program. Staff are eager to focus on "client service" vs. benefit admin but it requires staff who have a base degree vs. "coming up through the system."
- Listen more to the staff.
- Person centered, individualized service is extremely important with the disability community. Staff will need training to help them understand and respect individuals. An easy to use assessment; team approach; and flexible, easy to access (no barriers) process to access benefit and supports are key elements.
- I would like to express my thoughts that this new program is great if it is client-service NOT call centre which so many have trouble dealing with. It is great for short term, people who just need minimal assistance but not for those with disabilities.

- To make sure that the program is reviewed on a regular basis, in regard to inflation rather than setting up a program and letting it run year after year without review.
- That there is a big difference between urban and rural communities. Need to provide service-resources to the communities. Lack of resources for addictions, health, travel modes. Huge inadequacy for shelter rates especially in some of the rural areas. Need to provide health coverage to families not just for the person who is disabled who want to work.

STAFF SESSION – REGINA MARCH 31, 2009 1:00 P.M.

RESPONSES:

- Critical feature of the program will be person-centered planning, value in this approach. With this population interaction a level of interaction is determined by the individual and their needs. Capacity and resources for workers is an important part of this. Accountability measures still need to be in place for trustee situations (as this is common for individuals with cognitive disabilities). Increased funding increases risk. Need to ensure resources are directed where they are intended to go. Need also to provide resources for individuals to learn budgeting and money management especially with increased financial resources.
- Stay with us.
- Call centre based model will not work for this important program. In “person contact” is critical to a client focused program.
- If you continue to pay people to do nothing – they will continue to do nothing.
- Staff numbers need to be determined on type and volume of work needing to be done, not on client to worker - worker to support. Large, medium and small offices have very different needs.
- We have an opportunity to make significant change to a program long overdue. Let’s measure success by people not by numbers.
- Simplification and streamline all IAD programs; use existing resources to provide services to clients; reduce need to chase paper. Hold clients accountable not at expense of staff.
- Let’s develop a plan as to how all of our branches can effectively communicate with each other to effectively co-ordinate our work to help citizens participate/become independent...then apply to how we communicate and co-ordinate with other ministries.
- Please note that there is lots of good work behind the scene.
- Disability benefit is a great move for the department given the numbers to be helped out there. Much work to be done but well worth it.
- I would tell Minister Harpauer that we appreciate the commitment she’s made to consultation to front line staff as well as money/financial dollars available to brighten the future of Saskatchewan residents.

- I would say that I think you are doing a great job! I appreciate your commitment to consultation with front line staff. Though it is not always easy, so much of it is rewarding. Keep up the great work!!
- Please set up ability for staff and community members who could not attend this session, whether it be online or written format, to provide ideas and suggestions on the program.
- Keep it simple.
- Adequate \$ is the biggest issue. Trained staff with sufficient time and resources to provide exceptional service. Expand this same concept to all Income Security Programs.
- Do not rush the development of this program just to get it into place.
- Inter ministerial/all levels of government/stakeholder participation, input and co-operation is essential to the success of any program, continue heading in that direction no matter the difficulty. Simplicity/one-stop shopping through efficiency will help and save in the long run.
- I would ask if the delivery of the new benefit program will mean a reduction of staff. I know this isn't a nice topic however, this could mean a significant shift in service delivery with who will deliver it. I would also ask her how she liked the Neil Young concert!
- It is critical that program address adequacy. Important that concerted effort be made not to just "disguise" SAP program.
- I buy the concept of a program for persons with work-limited disabilities. It will have to be funded well for a quality service. The goal is to have an improved program for this population, better than they have now. Build it and they shall come (Field of Dreams).

STAFF SESSION – SASKATOON APRIL 2, 2009 8:30 A.M.

RESPONSES:

- Need policy changes – not all.
- What would the Northern people benefit from this program.
- Please remember, the needs of Northern Sask are way different than anywhere else in the province, don't forget about them.
- Hire a team of researchers to work for the Ministry and let's start using evidence based research to guide our practices.
- Thank you! For implementing the program for our people who want services with disabilities.
- People in the North would appreciate the services being delivered into the North.
- Include the program in Northern Saskatchewan.
- Ensure that this program has a human compassionate touch. (example: worker for each client to deal with on a constant basis – not a call centre type of service).
- Ensure that there is adequate staff to meet the program requirements – PLEASE – not like SAP now in the larger regions. (example: 1 worker with 200 plus clients trying frantically to meet all the requirement of the caseload).
- I feel the program currently in place works as well as the one being proposed.
- My caseload is pretty much all flat rated above all.
- That the new program is good idea, however needs to be more client/disability friendly.
- More integration of all services to clients who are disabled.
- If want less intrusion than less compliance needs to happen.

- Get rid of the contact centre for applying for SAP and manage TEA out of the Regions and put money and staff in new program.
- Thanks for the opportunity to express our input for this new program.
- Do not make the new program like the Call Centre.
- I appreciate the opportunity to provide input into this program.
- Those with disabilities are not well served by SAP and a new program may better address the many special needs for these individuals to fully participate in their communities.
- Our ministry needs to start dealing with the problem and not the symptom. We concentrate on helping people get off SAP. Deal with not letting them on. Scrutinize intakes – going to school part-time – work part-time. Single fully employable need not to be on SAP.
- Be inclusive!

STAFF SESSION – SASKATOON APRIL 2, 2009 1:00 P.M.

RESPONSES:

- An income program for persons with disabilities is the right choice and will recognize this group as contributors to society vs. a burden to society.
- Looking forward to the new program!
- Biggest concern is how people with disabilities; cognitive, alcohol, gambling or methadone will be classified as disabled or not.
- Establishing a CONSISTENT assessment of disability.
- Do away with the contact centre.
- Would like to see the Contact Centre dissolved and back to each region.
- Have verification.
- Shut down the Contact Centre.
- Allow existing staff to get away from benefit administration.
- In the new program you will have a significant number of people who don't have supports, use existing staff who have lots of experience in assessment.
- Be careful about implementing "new" program.
- Be clear about the intended consequences and be aware of the unintended consequences.
- Be cognizant of the issues of poverty for all folks on assistance.
- While the disability income program is great. I cannot over state that the majority of people left on SAP still need lots of support and "work with" and cannot hit the ground running to employment.
- Round pegs don't fit into square holes. Need more flexibility in terms of resources availability.
- That people with long term disabilities should be viewed differently than other people who are unable to find employment. I think that this new program is trying to address this – good job.

- Current services are not supportive or empowering for people with disabilities. The current financial system does not encourage independence it creates dependence.
- I appreciate the opportunity for input into the disability income consultation. I am excited to know this Ministry is paying attention to the needs/rights of persons with disabilities. A more dignified income assistance program is awesome.
- Thank you.
- More resources please.
- Make sure to include one on one in person services as part of the program.
- Thank you for supports for people with disabilities.
- Try to build into the program the ability to respond quicker and effectively to changes in costs of living.

STAFF SESSION – PRINCE ALBERT APRIL 6, 2009 8:30 A.M.

RESPONSES:

- Listen to the people in need and act accordingly. For example the high cost of living in the north.
- Need more workers in northern communities. Caseload increasing and lack of manpower.
- Let's do this with consideration to everyone in Saskatchewan. All regions, south, north.
- This appears to be a great start to a much needed program. People (staff and public) are being heard by the Minister.
- Keep social work in our work. Person to person contact for all programs is needed and best. All programs need to meet their individual needs. Workers are providing good social work already. Benefits are important to meet needs. Disability needs are important but also employable supports as well. Person to person regional contact!
- This new program needs to be representative of the people and where they live. What the needs are and the availabilities of the resource services in that area. Centralization is Not the answer. Not an option when dealing with people's lives. So much more.
- Please remember the importance of the work that current income assistance workers do. We are far more than Benefit Administrators, we are (for the most part) social workers and we care about the people we work with and take great pride in the role we play in our client's life – Personal Contact Is Key.
- How will roll-out program (income support) affect specific caseworker roles, especially in smaller centers where services are generalized? Does this require relocation of positions? What happens as SAP caseloads are lessened as a result of this program?
- The discussion was well run and valuable. I am happy that the new program will be administered by ministry staff. I believe there is a recognition of a job well done by those who presently administer benefits which is refreshing and appreciated.
- That the disability program is a good idea but we have to be careful how we administer to ensure that those with mental health/addictions do not fall through the cracks.

- I would indicate that the disability piece is an important and positive step to pursue. It will assist people with disabilities ability to reduce the stigma of being on “welfare.” It will be less intrusive and should simplify administration. It is extremely important that folks with disabilities work with someone in person and that the application be completed regionally. I think there will be more dollars needed to be allocated for CBOs to provide trusteeship for clients who have difficulty with money management.
- This program has to provide sufficient (amount \$) benefits to enable people with disabilities to live a quality of life where their needs are being adequately met. They need to have services available in their own communities and be able to connect with a worker (not a call centre type of service).
- When creating a new program we need to value the input of our present department staff who presently deal with people with disabilities. People with disabilities quite often do not just have money issues especially mental illness and addictions issues lead to crisis and concerns a centralized model will not work best to meet the needs of a disabled person who has special needs. These can be very vulnerable people, do not make a program too complicated and make one that shows compassion and ability to address needs. Do not have a lack of planning when setting up a new program. Do not change for the sake of change. The SAP program is not all wrong in perspective.
- The new program must be administered within the communities, be flexible and simplified.
- The design, application and reliability of the impact assessment tool will be critical to the success of providing our appropriate service.
- Pay attention to the program recommendations made by the Task Team.
- Need to review all benefit programs to meet the draft principles and goals laid out for this program; simplified, accessible, flat rate – basic allowance and impact makes sense.
- Love the process that is being used to develop the new program (community, joint, working together).
- Will you develop an evaluation (program) to occur, say a year after implementation?
- I would like to tell her that the initial contact through the call centre is not great service delivery as clients can’t always get through. Also, nice to see disability benefits being looked at differently.

- I think the new “disability concept” is good and will address the needs of some of our clients who have fallen through the cracks and it will also help people who have needs but have chosen not to access the welfare system. We really need to review the type of SAP cases that we are left with as there are many complicated multi-barrier cases who will not qualify for this program but who need service other than a cheque.
- People with disabilities should be recognized by the ministry that they deserve to be dealt with on an individual basis – each person is different with both their abilities and needs. The support systems they require are important – as well as dignity and respect that they deserve.
- The new income program should be worker focused not contact centre driven. The TEA program is not working, there is lots of false information given by the client, not accountability and a concern for taxpayers’ money being used inappropriately. Listen and hear income security workers, we are needed, and can make a difference.
- Not like TEA applications regionally, local workers. What is disability definition? Flat rate and different benefits are going to make every SAP client angry, etc. Is there an appeal process for someone who is denied?
- Support and encourage the new program. It is certainly great and beneficial to the people living with disabilities and a blessing for the Province of Saskatchewan.
- Talk with front line staff. One on one service, no call centre, individual service. Make monthly benefit sufficient and offer a range of services.