

# **Don't We Count as People?**

## **Saskatchewan Social Welfare Policy And Women's Health**

**Mildred Kerr, Debbie Frost, Diane Bignell**

**Equal Justice for All**

EQUAL JUSTICE FOR ALL



Project #77



centres of excellence  
*for* WOMEN'S HEALTH

centres d'excellence  
*pour* LA SANTÉ DES FEMMES

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Saskatchewan Social Welfare Policy and Women's Health**

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# EXECUTIVE SUMMARY

This report is based on a participatory action research project conducted by a team of advocates from Equal Justice for All, a grassroots, anti-poverty organization located in Saskatoon. This project was part of a larger initiative sponsored by the Prairie Women's Health Centre of Excellence to examine social assistance policies in Manitoba and Saskatchewan, their impact on women's health, and women's access to justice as recipients of social assistance.

Seven focus groups were held with 43 women living on social assistance in five of the eleven administrative regions of Saskatchewan in April 2003. In focus group discussions, these women described the daily reality of their lives and the impact of social assistance policies on their physical and emotional health. They reported health problems that were made worse by inadequate nourishment, cold and damp suites, and the many stresses of living in poverty. Women on social assistance described how the low level of welfare benefits prevented them from meeting their fundamental needs, including food, housing, health care and transportation. This occurred despite the fact that provincial legislation mandates the provincial government to provide enough income for fundamental basic needs. And the federal government is responsible to transfer adequate funds to provinces to enable fair and just distribution of social services, as well as the more politically popular health and education services. Twice recently the Social and Economic Committee of the United Nations has chastised Canada, a wealthy first world nation, for its treatment of its poorest citizens.

Successive federal and provincial governments since 1980 have deliberately undermined the social contract with Saskatchewan's poorest citizens who have to depend on welfare benefits. For the past 23 years, the basic allowance rate has had no adjustment for yearly increases in the cost of living. In the 1980s advocates as well as workers inside the Department of Social Services had called on the Conservative government to increase the allowance for utilities, especially in winter, because their actual cost was robbing from the money allowed for food and clothing. In 1991, the NDP government removed the cap on utilities, but has not, in the 13 years since, removed the cap on allowances for rent and basic needs (food, clothing, personal hygiene, and furniture). Transportation allowances for city travel were eliminated in 1983 and have not been reinstated. Despite known increases in the rental costs in each region and despite the regulation that allows regional administrators to adjust rent allowances to reflect current market rates, 23 years have passed without a cost-of-living increase to cover the rising market costs of basic rental accommodations. Only one small increase was made in the mid-eighties. Nor have there been increases in benefits to reflect the yearly increases in the market basket cost of nutritious food or basic seasonal clothing.

The participants in this study described the effects of inadequate benefits on their access to nutritious food which is the basis for their own health and the health of their children.

Many people turn to food banks, but food banks are not available in all areas and are not always accessible when needed. One of the most compelling stories we heard involved one mother who had to put her son, ill with pneumonia, back into foster care because he couldn't attend school lunches, the only food source left since food money was used to pay the rent. Only through advocacy by the Child Welfare Branch, was the family granted an extra \$100 to cover the rental costs over the shelter allowance. Money diverted from food budgets to cover rental costs is causing women and their families to go hungry. Women in the focus groups described always worrying about food for their families and themselves.

The women reported difficulties in finding safe, adequate, affordable housing. Some people reported problems with mice and rat infestation and the associated risk of hanta virus infection as well as poor quality housing with broken steps, unsafe windows and poor insulation. Evictions were also experienced by participants in this study, due to unpaid portions of rent at month's end and the added impossibility of covering the owed portion of the damage deposit within two months. The women in this study confirmed that when they were forced to move, school attendance was disrupted and children fell behind in school. Women reported having no choice but to pay \$50 - \$100 or more out of their own basic allowance for the cost of shelter, even for some very poor shelter. No wonder they asked, "*Don't We Count as People?*"

Women described difficulties in getting coverage for medications, special diets and medical needs, even when these were prescribed by health professionals. Repeated requests for medical forms verifying lifelong disabilities were experienced as harassing and embarrassing. Some felt that the forms were unnecessary if no change was likely in long-term disabilities. Some women reported that they could not afford to cover the dispensing fees for prescription drugs, the cost of over-the-counter medications, or payments when doctors charged them over the department fee to complete a medical report. Health cards do not cover essential vitamins and some medications. Women reported that it was almost impossible to get adequate special diet coverage despite doctor verification of need; this made their recovery harder and depression worse.

Several women reported difficulties in accessing medical help because they had no bus fare or no money to hire rides to get to the doctor. Medical travel is allowed, but funds are not provided until after travel to appointments has been proven. Lack of transportation also made it difficult for women to see their welfare workers. Some serious health issues were related to the specific circumstances in particular locations. In one community, people became sick when the local water supply was contaminated with *Cryptosporidium*, yet income assistance workers refused extra money for Pampers for babies with severe diarrhea. They also refused to pay for over-the-counter medications prescribed to replace electrolytes for family members who became ill. In one reserve community, the administration refused extra moneys for safe water purchases despite contamination and discoloration of the local water supply that caused sore throats and damaged clothing.

Women raised concerns for themselves and their teenage daughters that the personal hygiene allowance of \$15/person is totally inadequate to cover the extra costs of personal hygiene supplies needed during menstruation. Mothers of infants described that the cost of disposable diapers took their entire clothing allowance.

Women in this study faced additional hardships when their welfare benefits were reduced by the recovery of overpayments or advances. Since benefit levels are far below the poverty line, any reductions in benefits cause serious hardships. The so-called overpayments occurred when women were able to find small jobs where the pay exceeded their earnings exemption, or they had received some income tax rebate or inheritance that others in society are able to keep. Overpayments occurred when a child was taken into custody and entitlement to the Child Benefit was immediately cancelled. Monthly cheques were also routinely reduced to recover advances that had been requested to buy essential household furniture or seasonal clothing that was urgently needed. In addition, women described overpayments caused by departmental errors as the worst experience - losing precious benefits from subsequent cheques because of circumstances beyond their control.

Women described the everyday stresses of poverty and the toll that it took on their self esteem. In addition, family breakdown, addictions, and child apprehensions were frequently experienced or feared, and these deepened the health risks from emotional strain. When children were in foster care, a few of the mothers expressed faint hope for the future health of their families. However, with the help of advocates they were able to regain hope for their long-term parenting and their children's well being.

While some described positive and helpful interactions with social assistance workers, others described situations where they had difficulty reaching their workers, where their legitimate needs were not acknowledged, where they were not given adequate information about their eligibility for benefits, and where their requests for assistance were denied. Women frequently described the experience of being seen and treated as children by the system except "even children get nourished, don't they?" Having to seek charity or alternative financial help for clothes and other basic necessities did not allow these women to feel grown up. In addition, women reported often being treated disrespectfully as "second class citizens."

Some women felt that surveillance by the Department created additional stress within families and personal relationships. They felt that their sexual relationships had to be hidden in case the Department might consider a boyfriend a (paying) common law partner. When women tried to establish new relationships or reconcile with their children's father, they did so with fear of financial repercussions. They worried that the Department might reduce their benefits and start demanding recovery of 'overpayments', based on the assumption that the woman must be receiving financial support from a male partner.

Phases I and II of Social Services Redesign took place in Saskatchewan in 2002 and 2003. With Phase II of the Redesign which took place while this study was being conducted, every individual, including persons with disabilities and elder caregivers, is required to have a case plan to aid him/her towards independence and participation in his or her community through training, work or volunteering. The women in this study viewed this change skeptically and felt that it was unlikely to work without a significant change in the level of income benefits and changes in the workers' treatment of people on welfare. Some women saw this policy as further "blaming the victim" and pushing people away who really need the help.

Even before this current emphasis on labour force attachment, recipients, except those with disabilities that affect their employability, were required to look for paid employment. Those caring for small children were usually required by their workers to search for paid work even though they were already performing important unpaid work at home. The health giving role of child raising was not respected when mothers were expected to look for jobs even when breastfeeding. There seems to be no fair or consistent practice on this and worker "discretion" varies widely as to the ages of the children when mothers must enter the labour market.

Mothers in the focus groups described the stress and anxiety they felt when they were unable to meet their children's needs. They felt that it was unfair that 100% of maintenance payments and even orphan's benefits were deducted from their welfare budgets. This clawback of income meant that there was no extra money to pay for children's clothing, recreation, or school activities.

We admit to our bias in believing all persons need easy access to the knowledge and help of advocates. Our experience was confirmed in these focus groups of women on social assistance. Some said that without the help of their advocate, they would have literally died, committed suicide, or left their children in permanent care. Their access to advocates helped them gain dollars, respect, and self-esteem.

In addition to documenting their experiences, the focus group participants also proposed changes to improve income assistance in Saskatchewan. As one of the participants in this study pointed out, providing adequate income assistance would enable people to meet their basic needs, improve their health, and in all likelihood, reduce the costs to the health care system.

*"The Income Security Department and the Department of Health should work together because the allotted budget causes undue stress on anyone on assistance, which in turn cause more health costs and/or hospital stays that cost more than if budgets were just raised to cover actual rents. The stress and pain from needs not being met would take another study just to show the cause and effect of these health issues."*

# RÉSUMÉ

Ce rapport est un compte rendu d'un projet de recherche-action participatif réalisé par une équipe de porte-parole pour la défense des droits œuvrant à Equal Justice for All [La justice pour tous et toutes], un organisme communautaire contre la pauvreté situé à Saskatoon. Ce projet s'inscrivait dans le cadre d'une initiative élargie parrainée par le Centre d'excellence pour la santé des femmes – région des Prairies, ayant pour but d'examiner les politiques d'aide sociale au Manitoba et en Saskatchewan, leur impact sur la santé des femmes et le traitement équitable des femmes en tant que prestataires d'aide sociale.

Sept groupes de discussion ont été mis sur pied en avril 2003, regroupant 43 femmes vivant de l'aide sociale, dans cinq des onze régions administratives de la Saskatchewan. Dans le cadre de ces discussions, les femmes ont décrit les réalités quotidiennes de leur vie et l'impact des politiques d'aide sociale sur leur santé physique et émotionnelle. Elles ont signalé des problèmes de santé aggravés par une nourriture inadéquate, des logements froids et humides et les nombreux stress associés à la vie dans des conditions de pauvreté. Ces femmes ont témoigné que les prestations d'aide sociale étaient insuffisantes et qu'elles ne répondaient pas à leurs besoins fondamentaux, notamment en ce qui avait trait à la nourriture, au logement, aux soins de santé et aux déplacements. Une telle situation existe malgré le fait que la loi provinciale oblige le gouvernement provincial à fournir un revenu suffisant pour satisfaire les besoins de base. De plus, le gouvernement fédéral a la responsabilité de transférer des fonds adéquats aux provinces pour qu'elles puissent dispenser des services sociaux de façon juste et équitable, ainsi que des services de santé et d'éducation, plus populaires sur le plan politique. Récemment, le Comité économique et social des Nations Unies a réprimandé le Canada deux fois, un pays industrialisé nanti, pour le traitement qu'il inflige à ses citoyens les plus pauvres.

Les gouvernements fédéraux et provinciaux qui se sont succédés depuis 1980 ont délibérément miné le contrat social avec les citoyens les plus démunis de la Saskatchewan qui doivent dépendre des prestations d'aide sociale. Depuis les 23 dernières années, le taux de prestation minimale n'a pas été indexé en fonction des augmentations annuelles du coût de la vie. Dans les années 80, des porte-parole pour la défense des droits et des travailleurs du ministère de la Santé et des Services sociaux ont demandé au gouvernement conservateur d'augmenter les allocations pour le chauffage, l'éclairage et l'eau, surtout en hiver, parce que les coûts de ces services enlevaient aux prestataires l'argent destiné à l'achat de la nourriture et des vêtements. En 1991, le gouvernement du NPD a accordé une allocation pour ces dépenses, mais depuis 13 ans, il n'a pas accordé d'allocations pour les loyers et les besoins de base (nourriture, vêtements, produits d'hygiène personnelle, ameublement). Les allocations de transport pour les déplacements en milieu urbain ont été éliminées en 1983 et n'ont pas été rétablies. Malgré les augmentations connues du coût des loyers dans chaque région et malgré la réglementation qui permet aux administrateurs régionaux d'ajuster les allocations de logement pour refléter les coûts actuels du marché, 23 années se sont écoulées sans qu'il n'y ait d'augmentation basée sur le coût de la vie pour couvrir

l'augmentation du coût des logements locatifs du marché. Il n'y a eu qu'une seule augmentation au milieu des années quatre-vingts. Les prestations n'ont également pas été augmentées pour refléter les augmentations annuelles de l'ensemble des coûts pour les aliments nutritifs et les vêtements de saison.

Les participantes de cette étude ont décrit l'impact des prestations insuffisantes sur leur capacité d'acheter des aliments nutritifs, sur lesquels reposent leur propre santé et celle de leurs enfants. Nombre de personnes se tournent vers les banques alimentaires, mais ces ressources ne sont pas offertes dans toutes les régions ni toujours accessibles lorsque les gens en ont besoin. L'une des histoires les plus touchantes était celle d'une mère qui a dû renvoyer son fils atteint de pneumonie en famille d'accueil parce qu'il ne pouvait pas bénéficier des collations offertes à l'école, la seule source de nourriture à laquelle il avait accès, puisque l'argent destiné à la nourriture était utilisé pour payer le loyer. Ce n'est que grâce à l'intervention du Bureau pour le bien-être de l'enfance que la famille a pu obtenir 100 \$ pour couvrir le coût du loyer, un supplément qui s'est ajouté à l'allocation pour le logement. Les femmes et leur famille souffrent de la faim parce qu'elles doivent utiliser l'argent destiné à la nourriture pour payer le loyer. Les participantes des groupes de discussion ont témoigné qu'elles étaient constamment préoccupées par la question de la nourriture, pour leur famille et pour elles-mêmes.

Les femmes ont souligné qu'elles avaient de la difficulté à trouver un logement sécuritaire, adéquat et à prix abordable. Certaines ont signalé la présence de rats et de souris dans leur demeure, qui entraîne un risque d'infection au virus de Hantaan, ainsi que des problèmes dû au mauvais état des immeubles, comme des marches d'escalier brisées, des fenêtres peu sécuritaires et des murs mal isolés. Certaines participantes avaient également été évincées de leur logement en raison des difficultés qu'elles éprouvaient à remettre ce qu'il restait à payer du loyer à la fin du mois et à donner un dépôt en cas de dommages dans les deux mois suivant leur aménagement. Elles ont également témoigné que ces déménagements forcés interrompaient la fréquentation scolaire de leurs enfants et leur infligeaient des retards d'apprentissage. Les femmes disaient qu'elles n'avaient pas le choix – elles devaient utiliser 50 \$ à 100 \$ ou plus de leur propre allocation de base pour payer le loyer, même si le logement était en très mauvais état. Pas étonnant qu'elles posaient la question suivante : « **Avons-nous une valeur aux yeux de la société?** »

Les femmes ont signalé des difficultés à obtenir des fonds pour couvrir les médicaments, les diètes et les besoins médicaux particuliers, même si ceux-ci étaient prescrits par des professionnels de la santé. Des demandes répétées du ministère les obligeant à remplir des formulaires médicaux destinés à vérifier un état d'incapacité permanente étaient vécues comme du harcèlement et une expérience humiliante. Certaines étaient d'avis que cette procédure n'était pas nécessaire s'il y avait très peu de possibilités de changement, dans des cas d'incapacités à long terme. Certaines femmes disaient qu'elles n'avaient pas les moyens de couvrir les frais d'ordonnance pour l'obtention de médicaments prescrits, le coût des médicaments sans ordonnance ou les frais qu'un médecin exigeait au-delà des honoraires fixés par le ministère pour remplir un formulaire médical. La carte d'assurance-santé ne couvre pas les vitamines essentielles et certains médicaments.

D'autres ont affirmé qu'il était presque impossible de bénéficier de mesures adéquates couvrant les diètes spéciales, même si un médecin en avait confirmé la nécessité. Cette situation entravait leur processus de guérison et aggravait leur état de dépression.

Plusieurs femmes ont dit éprouver des difficultés d'accès à des soins médicaux parce qu'elles n'avaient pas l'argent nécessaire pour prendre l'autobus ou pour s'assurer un transport qui les mènerait chez un médecin. Des indemnités de déplacement pour visites médicales sont offertes, mais les fonds ne sont remis qu'à la présentation de preuves confirmant ces déplacements. L'absence de transport faisait aussi en sorte que les femmes avaient de la difficulté à rencontrer leur travailleur social. Certains problèmes de santé importants ont été liés aux circonstances spécifiques que vivaient certaines localités. Dans une communauté, les gens ont développé des troubles de santé lorsque leur approvisionnement en eau potable a été contaminé au *Cryptosporidium*, mais les travailleurs de l'aide au revenu ont refusé d'accorder des fonds supplémentaires pour acheter des couches aux bébés atteints de diarrhée sévère. Ils ont également refusé d'allouer des fonds pour l'achat de médicaments sans ordonnance pour la reconstitution des électrolytes chez les personnes atteintes. Dans une réserve autochtone, l'État n'a pas voulu dispenser des fonds supplémentaires pour l'achat d'eau potable, malgré le fait que l'eau de la localité était contaminée et de couleur altérée, qu'elle causait des maux de gorge et qu'elle abîmait les vêtements.

Les femmes ont soulevé une question qui les préoccupait, pour elles-mêmes et leurs adolescentes : l'allocation de 15 \$ par personne pour les frais d'hygiène personnelle ne suffisait pas pour couvrir les coûts supplémentaires des produits d'hygiène personnelle pour les menstruations. Les mères d'enfants en bas âges ont témoigné qu'elles devaient consacrer la totalité de leur allocation vestimentaire à l'achat des couches jetables.

Les participantes de cette étude faisaient face à une misère encore plus grande lorsque leurs prestations d'aide sociale étaient réduites pour récupérer des paiements en trop ou des avances qu'elles avaient reçues. Puisque le niveau des prestations est bien en dessous du seuil de la pauvreté, toute diminution des prestations entraîne un préjudice important. La remise de soi-disant paiements en trop se produisait lorsque les femmes trouvaient de petits emplois et touchaient une rémunération qui excédait leur exemption de gains, ou lorsqu'elles touchaient un retour d'impôt ou un héritage, que les autres personnes de la société pouvaient normalement conserver. Il y avait paiement en trop lorsqu'un enfant était pris en charge par l'État et le droit aux prestations pour enfants leur était immédiatement retiré. Les chèques mensuels étaient aussi fréquemment réduits pour couvrir les avances demandées pour l'achat de meubles d'habitation essentiels ou de vêtements de saison nécessaires. Les femmes ont également souligné que les paiements en trop causés par des erreurs du ministère constituaient les pires expériences – elles perdaient les précieuses prestations incluses dans leurs chèques antérieurs à cause de circonstances sur lesquelles elles n'avaient aucune maîtrise.

Les femmes ont décrit le stress quotidien imposé par la pauvreté et le prix qu'elles ont payé en termes d'estime d'elles-mêmes. De plus, elles vivaient ou craignaient de vivre des ruptures familiales, des problèmes de toxicomanie ou une prise en charge de leurs

enfants par l'État, et cette situation aggravait les risques de maladie en raison du stress émotionnel vécu. Dans les cas où les enfants étaient en famille d'accueil, quelques-unes des mères ont dit avoir eu peu d'espoir de voir leur famille à nouveau réunie. Toutefois, avec l'aide de porte-parole, elles avaient retrouvé l'espoir de vivre avec leurs enfants à long terme et de les voir heureux.

Bien que certaines ont dit avoir des interactions positives et aidantes avec leur TS, d'autres ont décrit des situations où elles avaient de la difficulté à le(la) joindre, où leurs besoins n'étaient pas reconnus, où on ne leur donnait pas l'information adéquate concernant leur admissibilité aux prestations, et où leur demande d'aide était refusée. Les femmes témoignaient souvent que le système les percevait et les traitait comme des enfants, mais qu'elles ne bénéficiaient pas des mêmes privilèges que les enfants, « qui, eux, sont au moins nourris ». Le fait de demander de l'assistance auprès d'organismes de charité ou une aide financière à d'autres instances pour se procurer des vêtements ou d'autres nécessités de base empêche ces femmes de se sentir adultes. De plus, les femmes ont signalé qu'elles étaient souvent traitées de façon irrespectueuse, comme des « citoyennes de seconde zone ».

Selon certaines, la surveillance qu'exerçait le ministère causait un stress supplémentaire au sein des familles et dans les relations personnelles. Elles devaient cacher toute relation sexuelle au cas où le ministère statuerait qu'un amant est un conjoint de fait (pouvoyeur). Lorsque les femmes tentaient d'établir des nouvelles relations ou une réconciliation avec le père de leurs enfants, elles vivaient dans la peur des répercussions financières. Elles avaient peur que le ministère réduise leurs prestations et exige le recouvrement de « paiements en trop », cette mesure étant fondée sur l'à priori que les femmes reçoivent un soutien financier de leur partenaire masculin.

Les phases I et II de la restructuration des services sociaux ont été exécutées en Saskatchewan en 2002 et 2003. Dans le cadre de la phase II, au cours de laquelle cette étude a été menée, chaque individu, y compris les personnes handicapées et les personnes dispensant des soins aux aînés, devait faire l'objet d'un plan d'intervention qui devait l'aider à atteindre une autonomie et à participer à la vie de sa communauté par le biais d'une formation, d'un travail ou d'activités bénévoles. Les femmes qui ont participé à cette étude affichaient un scepticisme face à cette initiative et étaient d'avis qu'elle ne produirait pas de résultats s'il n'y avait pas parallèlement une augmentation des prestations et un changement d'attitude de la part des travailleurs envers les prestataires d'aide sociale. Certaines femmes percevaient cette politique comme une autre mesure qui reportait la faute sur la victime et écartait les gens qui avaient vraiment besoin d'aide.

Même avant que l'accent ne soit mis sur la participation au marché du travail, les prestataires, à l'exception de celles atteintes d'un handicap pouvant influencer sur leur employabilité, étaient obligées de chercher du travail rémunéré. Les personnes qui prenaient soin d'enfants en bas âges étaient généralement forcées par leur TS à chercher un emploi rémunéré, bien qu'elles faisaient déjà un travail important non rémunéré au foyer. L'importance des tâches essentielles à la santé exécutées par les femmes qui élevaient une famille n'étaient pas reconnue quand les mères étaient forcées à chercher

du travail, même lorsqu'elles allaitaient. Il ne semble pas exister de pratiques équitables ni cohérentes relativement à de telles situations et les opinions des intervenants varient grandement en ce qui a trait à l'âge que les enfants doivent avoir pour obliger les mères à entrer sur le marché du travail.

Les mères qui ont participé au groupe de discussion ont décrit le stress et l'angoisse qu'elles vivaient lorsqu'elles n'étaient pas capables de répondre aux besoins de leurs enfants. La déduction de 100 % des allocations d'entretien et même des prestations d'orphelins du chèque d'aide sociale était une pratique injuste, selon elles. Cette récupération de revenu les privait d'argent pour les vêtements des enfants, les loisirs ou les activités parascolaires.

Nous appuyons ouvertement la position selon laquelle tous et toutes doivent pouvoir bénéficier facilement des connaissances et de l'appui de porte-parole. La validité de notre point de vue a été confirmée dans ces groupes de discussion pour femmes vivant de l'aide sociale. Certaines ont déclaré que sans l'aide de leur porte-parole, elles seraient littéralement mortes, elles se seraient suicidées ou elles auraient confié leurs enfants en permanence. L'aide de porte-parole leur a permis d'améliorer leur revenu, d'obtenir un respect et d'acquérir une estime d'elle-même.

En plus d'offrir leurs témoignages, les participantes des groupes de discussion ont aussi proposé des changements pour améliorer l'aide au revenu en Saskatchewan. Comme l'une des participantes l'a souligné, la remise de prestations d'aide sociale adéquates permettrait aux gens de répondre à leurs besoins de base et d'améliorer leur santé, ce qui réduirait certainement le coût du système de santé.

*« Le ministère de la Sécurité du revenu et le ministère de la Santé doivent travailler conjointement parce que le maigre budget alloué cause un stress excessif à toute personne vivant d'aide sociale, ce qui entraîne plus de coûts en soins de santé ou en séjours hospitaliers. Il en coûte davantage de payer pour ces soins et ces séjours que de hausser les budgets pour couvrir le coût des loyers. Il faudra mener une autre étude sur le stress et la souffrance générés par la non-satisfaction des besoins pour démontrer les causes et les effets de ces questions liées à la santé. »*

# INTRODUCTION

This report is based on the experiences of 43 women living on social assistance allowances in Saskatchewan in 2003. It explores how women's health is affected by the policies governing the delivery of benefits under the *Saskatchewan Assistance Act*. It also explores whether women on social assistance have knowledge of their legal entitlements, if they are treated with dignity, and if they have access to advocates to help them appeal decisions. All three are rights inherent in the legislation intended to protect them from the causes and effects of poverty.

Legislation governing social assistance mandates the province to grant to eligible recipients basic needs, health care needs, and rehabilitation needs. Although the federal government provides some funding for social services through the Canada Health and Social Transfer, there are no longer any mandatory terms and conditions governing the distribution of these funds, since the elimination of the Canada Assistance Plan in 1996. Provincial legislation and Saskatchewan Assistance Plan Regulations govern the funding and distribution of benefits for the social assistance program. Regulations to govern the distribution of benefits under the Saskatchewan Assistance Plan are passed by "Order in Council". That is, they are never debated in the Legislative Assembly.

Public assistance for First Nations people living on reserves is primarily administered by band councils who hire welfare administrators. The federal government rather than the provincial government transfers program dollars to the bands, but policies and entitlements must copy those of the province in which each band is located. Also, the federal government has offloaded onto the provinces the cost of public assistance for off-reserve aboriginal recipients who make up a large percentage of the urban caseloads. This added cost has further delayed increases in benefits to all recipients for several years.

This project was sponsored by the Prairie Women's Health Centre of Excellence as part of a larger research initiative to examine social assistance policies in Manitoba and Saskatchewan, their impact on women's health, and women's access to justice as recipients of social assistance. This participatory research project was conducted in April 2003 by a team of advocates from Equal Justice For All (EJA), a grassroots anti-poverty poor people's organization. Equal Justice For All is a Saskatoon-based non-profit corporation governed primarily by low-income people who volunteer their services to assist people to secure their rights and obtain appropriate benefits through social assistance and other social programs. Equal Justice for All operates a free advocacy resource centre where, on average, 650 welfare recipients per year have been assisted to exercise their right to have an advocate mediate or appeal decisions on income security and other social programs that affect eligibility for income security in some way. This registered charity started in 1986 in response to cutbacks to Legal Aid for all civil law matters and to severe cuts to some categories of welfare benefits.

Three of the four research team members are women on welfare themselves, who are unable, for health and family reasons, to work full time. They do however volunteer at EJA. The volunteers at EJA advocate on behalf of low-income clients and help clients learn about their entitlements, obligations and rights. Advocates help mediate or appeal under both provincial and federal social legislation. The research team leader Mildred Kerr, RSW is one of the founding members of EJA and has spent many years as a social worker in Saskatoon's "inner city" in areas of health, education and poverty law services. The other team members are Debbie D. Frost, BISW, Diane Bignell, Landlord Tenant Act Advocate, and another advocate who asked that her name be excluded. The research team members organized and facilitated the focus groups, contributed to team discussions of the research findings, and wrote the final report.

This research team conducted focused discussion groups with women "on welfare" in urban, rural, northern, and reserve communities. During these discussions women talked about the effects of inadequate welfare benefits for basic needs. They described their difficulties in accessing safe housing, nutritious food, medications, recreation and other things that are vital to maintaining their physical health. They described the mental and emotional strain from trying to make ends meet and the barriers created by the policies and practices of the Department administering welfare benefits. They described the loss of self-esteem and other detrimental effects of being treated with disrespect by some reception staff and income security workers.

After a brief description of the research methods, the report presents an analysis of several specific policies and practices that affect the health of women living on social assistance. Information on the specific policies was gleaned from the *Saskatchewan Assistance Plan Policy Manual*. The report presents the findings of focus groups held with women living on social assistance and an analysis of several policies' impact on the determinants of women's health. Quotations are the women's own words, taken directly from the focus group transcripts. Finally the report concludes with recommendations for policy changes that would reduce women's poverty and improve women's health. The final reflections of the research team offer a call to action to address the problems outlined throughout this report.

# METHODOLOGY

## **Terminology:**

The terms public assistance, social assistance, and welfare are used interchangeably within this study to refer to the program of income assistance administered by the Department of Social Services, whose name has changed to each of these over time. The Department of Social Services under the Minister of Social Services in Saskatchewan has been the Ministry responsible for financial assistance, as well as all child welfare and juvenile correction services and support for community based service organizations. When the participants in this study discussed fears around income inadequacy and fears about child apprehension they were referring to different branches of the same Department. In April 2003, the name of the Department changed again to the Department of Community Resources and Employment (DCRE). Participants were not familiar with this name, so we have retained the term Social Services, when referring to the Department in this report.

## **Study Area:**

The province of Saskatchewan is divided into 11 regions under the Department of Social Services (now the Department of Community Resources and Employment). Each has a regional director with assisting managers of income security, child welfare and youth corrections. We conducted seven groups in five of these regions. Four of the groups were held in large urban centres, one near a reserve community, one in a small remote rural community and one in a large town. Focus groups were held in the northern, southern, eastern and western parts of the province. Bad weather and icy road conditions and time and money limitations prevented a broader study that could reach more communities.

## **Focus Groups:**

Questions for focus group discussion were sent ahead to group recruiters known in their communities as respected advocates or health service social workers. These recruiters contacted local women on social assistance to participate in the focus groups. Each group was facilitated by at least two of the researchers. The facilitators, group recruiters and advocates from other centres also participated in the discussions and shared their experiences. The facilitators and group recruiters were included in the discussions for two reasons. They helped make participants feel comfortable enough to openly describe their personal experiences, and they all have experienced life on welfare themselves or have intimate knowledge of it from their years of interaction with women on welfare. While the primary purpose of the focus groups was to gather information from women on social assistance, the research team also wanted to share information with the focus group participants during the research process. The participation of the advocates and group recruiters facilitated this exchange of information. This method of dialogue is often used in participatory action research.

Each group lasted two hours, with lunch, travel and childcare provided. At the beginning of each focus group, participants were given information about the project and signed consent forms (Appendix A).

The facilitators used a list of questions to guide the group discussions (Appendix B). Questions were posed to enable exploration of the effects of social assistance policies on the participants' health. Topics included specific social services policies and entitlements related to food, housing, rent, utilities, clothing, laundry and other cleaning needs, household furniture and the recovery of advances and overpayments. In addition, participants were asked about policies that affected their access to health care, including assistance for transportation, drugs, and medical aids. Participants were also asked about their ability to get advocacy services regarding their rights and entitlements to income assistance.

The focus group discussions were taped and then transcribed. The transcripts were coded and the material organized by the themes, which formed the basis of the discussions for this report. The groups were held between April 1, 2003 and April 28, 2003.

A total of 43 women on social assistance participated, including single women, married women, mothers and grandmothers providing care to children at home, women whose children were in care, women with disabilities and chronic health problems, and women recovering from addictions. The women were of various ages and backgrounds. They lived in rural and urban communities. Some were considered employable and some were not. They all shared very common realities about welfare, but came from many different circumstances. The participants were either on social assistance at the time of the study or had been on social assistance in the past. In addition to the 43 women, the focus groups included eight advocates who themselves had been on welfare at the time of the study or in the past, and four social workers who were not on welfare.

Although the focus groups included women from diverse backgrounds in different parts of the province, a much more in-depth study is needed to produce a complete look at rural women on welfare and their health issues and needs. Time and budget limitations and weather restrictions reduced the number of rural women the researchers could reach.

Participants found the groups and discussions to be both confirming and informative. Many women however voiced concerns that participation in this study could lead to their files being "red flagged" by the Department. They were reassured that no names would be used, and that they could choose to use fictitious names. The women then became much more comfortable. Participants were hopeful that their experiences would show the dire need to change policy and entitlements. It was generally stated that by their participation, they hoped to benefit others, so that all would matter and be heard.

A participatory research method of focus groups led by grassroots welfare advocates was chosen because we believed that the women's voices were more likely to emerge in a supportive group discussion rather than individual interviews. We felt that the participants may have previously experienced individual interviews as tests and or situations in which they were being judged. Focus groups were also a practical choice because more women could participate in the short period allotted to conduct the research.

Interest in the study was made apparent when women who were not contacted asked to participate because they had heard from their friends about the focus groups.

# FINDINGS AND ANALYSIS

## POVERTY AND HEALTH

This study uses a broad definition of health as including physical, mental and emotional well-being. This notion of health was mutually acceptable to all the focus groups.

*"Health includes everything about you, not just your physical well-being, but everything including mental and emotional".*

The health impacts of public policies are much broader than those which address access to health care services. Health is determined by many factors, including income, housing, nutrition, living and working conditions, social relationships and physical environments. The health impacts of social assistance policies can be traced through their impacts on these and other determinants of health. The relationship between income inequalities and health inequalities is well established. Poverty shortens life expectancy, leads to poorer health status, and increases the likelihood of disease. Poverty affects many aspects of health.

Women in this study reported difficulty getting enough nutritious food, safe housing, supplies for cleaning and personal hygiene, medications, recreation and other goods and services needed to maintain health. They described situations where they had little protection against health hazards in their environment. For example, contaminated water supplies affect everyone in the community, but people without financial resources have no cushion of protection to help them cope with emergencies. Begging for basic needs reduces self-esteem. The women in this study said they felt embarrassed and depressed because they were made to feel foolish when they couldn't manage on the amount of income provided.

Whether young, midlife or older, whether with or without children, the health status of these women has been affected by their economic circumstances. It is evident to them that their health is of little or no concern to federal and provincial politicians and policymakers who establish welfare policies. Women with lifelong disabilities expressed a sense of abandonment. Several of them have disabilities, such as severe asthma, bipolar mental illness, chronic depression, arthritis and often a combination of problems that prevent them from taking on paid employment. Many have coped with these problems, without any relief from severe poverty, for many years.

The stress of being on social assistance is multifaceted. It comes from not having enough income, from coping with poor housing and unsafe neighbourhoods, from being under surveillance and treated with disrespect. While this stress directly affects emotional well-being, it also contributes to physical health problems.

*"I am on assistance partially and I also get a little bit from EI... I have fibromyalgia and IBS and they are both greatly exaggerated by stress, and this is all very stressful for me."*

Focus group participants also recognized that providing an adequate income to people on social assistance would not only improve their health, but reduce their health care costs in the long run.

*"If they actually paid us what we need, then ninety percent of the people would have a chance to get well."*

## THE BASIC ALLOWANCE

The basic allowance for an adult receiving social assistance in 2003 is the same amount granted in 1980, only \$195 per month. This amount is calculated according to the following basic needs: \$120 for food, \$30 for clothing, \$30 for household replacement and \$15 for personal needs. According to income assistance workers, the basic allowance is intended to also cover transportation and other necessary living expenses. The basic allowance for a single parent is slightly higher, \$230/month. Persons with disabilities who are not considered employable are eligible for additional \$40/month disability allowance and \$20/month mobility allowance. In April 2003 disabled recipients received a \$10/month increase in their disability allowance. Shelter allowances and utility costs are calculated separately.

As one of the focus group participants explained, the low level of welfare benefits provides very little to cover basic needs.

*"That \$195 when you broke it down to a 30 day month, without even going 31 days, a 30 day month is \$6.50 per day. ... All the decision makers are saying that what you get for basic allowance is to cover food, clothing, personal, transportation and household. They need to be challenged to live on \$6.50 a day themselves, to realize that \$6.50 a day is less than an hour's worth of pay. You don't even receive the minimum wage for one hour to survive in a day."*

*"It just seems like there's never enough money... There is always something that I need but the money just doesn't cover it."*

## BENEFIT LEVELS VS. COST OF LIVING INCREASES

Welfare benefits have changed very little in two decades, except for the addition of some disability benefits and the removal of the cap on utilities. Social assistance benefits have not kept pace with the rising cost of living, leaving welfare recipients with less real income to meet their basic needs.

In the 1980s advocates as well as workers inside the Department of Social Services had called on the Conservative government to increase the allowance for utilities, especially in winter, because their actual cost was robbing from the money allowed for food and clothing. In 1991, the NDP government removed the cap on utilities, but has not, in the 13 years since, removed the cap on allowances for rent and basic needs (food, clothing, personal hygiene, and furniture).

Transportation allowances for city travel were eliminated in 1983 and have not been reinstated. Despite known increases in the rental costs in each region and despite regulations that allow

regional administrators to adjust rent allowances to reflect current market rates, 23 years have passed without a cost-of-living increase to cover the rising market costs of basic rental accommodations. Only one small increase was made in the mid-eighties. Nor have there been increases in benefits to reflect the yearly increases in the market basket cost of nutritious food or basic seasonal clothing.

Tables 1 and 2 are based on figures calculated by the National Council on Welfare in their report *Welfare Incomes 2002*. The tables show the level of annual welfare benefits for different categories of welfare recipients, reported in constant 2002 dollars, in order to account for the rising cost of living as measured by the Consumer Price Index. The figures reveal significant reductions in the purchasing power of welfare benefits over time. For example, between 1989 and 2002, the purchasing power of welfare benefits for a couple with two children in Saskatchewan dropped from \$18,416 to \$13,076. During that same period, the purchasing power of welfare benefits for a single parent with one child dropped from \$13,272 to \$9,687.

**Table 1: Saskatchewan Welfare Benefits in 2002 Constant Dollars, By Year And Category Of Recipient**

	1989	1999	2001	2002
Single Employable	6,498	5,966	5,899	5,808
Person with a Disability	10,589	8,788	8,609	8,436
Single Parent, One Child	13,272	10,213	9,608	9,687
Couple, Two Children	18,416	14,811	13,625	13,076

Table 2 clearly reveals that the level of welfare benefits has not kept pace with the rising cost of living. Between 1989 and 2002 the purchasing power of welfare benefits for a person with a disability dropped by 20.3%, benefits for a single mother with one child dropped by 27%. Although single parents experienced a modest improvement in provincial welfare benefits between 2001 and 2002, welfare recipients in the other categories continued to see their purchasing power decline.

**Table 2: Percentage Change in Welfare Benefits in 2002 Constant Dollars, Saskatchewan, 1989-2002, 2001-2002**

	% Change in Welfare Benefits, 1989-2002	% Change in Welfare Benefits, 2001-2002
Single Employable	-10.6%	-1.5%
Person with Disability	-20.3%	-2.0%
Single Parent, 1 child	-27.0%	0.8%
Couple, 2 children	-29.0%	-4.0%

Source: National Council on Welfare. Welfare Incomes 2002

[http://www.newcnbes.net/htmldocument/reportwelfinc02/Welfare2002.htm#\\_Toc500047789](http://www.newcnbes.net/htmldocument/reportwelfinc02/Welfare2002.htm#_Toc500047789)

The reality of being on social assistance is to continuously suffer harsh and humiliating circumstances. When families can't make ends meet, they are forced to seek other means of survival such as food banks, panhandling or, for some, illegal activities that affect their mental and emotional health.

The amount allotted to cover basic needs hasn't, in reality, been enough to cover even food, never mind clothing, personal, household and travel needs. There has been no Cost of Living Adjustment (COLA) to the Adult Basic Allowance for 23 years.

*"Who the hell can live off \$230 a month? You know, even with your rent and utilities paid, you can't. Even with one kid at home you still need more... You spend that much on groceries."*

Nobody chooses to be poor. The people in this study ended up on welfare due to life's unexpected circumstances, such as job loss, family crisis, lack of education, and lack of employment opportunities for persons with disabilities. Many were raising children alone. According to the experienced advocates in our focus groups, at least 50 percent of the caseloads on social assistance are people who are temporarily or permanently disabled and cannot work.

## RENT POLICY AND HOUSING

In addition to the basic needs allowance, people on social assistance receive a shelter allowance based on their household size, employability status, living arrangements and place of residence. A single employable person receives \$210 per month. A single unemployable person may receive \$320. A single person with one child may receive \$385. A family of four may receive \$440. Table 3 shows the maximum rate for shelter allowances according to the *Saskatchewan Assistance Plan Policy Manual*.

**Table 3. Shelter Allowances for Persons on Social Assistance, Saskatchewan 2003**

	Maximum Rate		
	Tier 1	Tier 2	Tier 3
Single Employable	\$210	\$210	\$210
Single Unemployable	\$320	\$300	\$285
Childless Couple	\$365	\$345	\$330
Families with Children:			
-- Two	\$385	\$360	\$345
-- Three	\$410	\$380	\$370
-- Four	\$440	\$410	\$390
-- Five	\$470	\$435	\$410
-- Six or More	\$500	\$460	\$435

Tier 1: Regina, Saskatoon, (incl. Martensville, Warman), Prince Albert, Lloydminster, LaRonge, Yorkton, Melville, Weyburn, Estevan. Tier 2: Moose Jaw, Swift Current, North Battleford/Battleford, Melfort, Nipawin, Fort Qu'Appelle, Kindersley, Rosetown, Humboldt, Dalmeny. Tier 3: Towns and rural areas, local housing authority units.

Source: Saskatchewan Assistance Plan Policy Manual: *March 2003, Sec. 25, Chap. 15, Page 4*

In order to have a suitable place to live, participants in this study reported paying rents that were \$50-\$150 over the amount covered by their shelter allowance. The shelter allowance is so low now that many people cover their rent by taking it out of their food money. The gap between shelter allowances and actual rental costs thus has a major impact on their ability to buy enough food and meet other basic needs.

*"She ends up with \$25 because she's got to pay \$60 toward her rent." (because she also had advance and overpayment recoveries deducted from her cheque.)*

*"They only allow for, well me and my old man and my baby, we only get \$370 (for rent) and I pay \$500."*

*"I do have a house and I pay \$500...It's a shitty house."*

With the allowable amounts for rent, people were lucky if they found decent housing rather than slum housing that was run down or infested with rodents and insects. Housing units rented to welfare recipients often fail to meet basic health standards, but people were unable to get better housing for the amount allotted for rent. Poor housing can lead to health problems, including injuries, infections and emotional strain.

*"I phoned the health inspector to come and look at my apartment, because the wall on this side was all mouldy and rotten and all, from my one bedroom wall to my living room."*

*"The government is responsible to ensure that there is adequate housing. The money that they are paying out is out of the public purse; it's going to the slum housing. So do you penalize poor people for the slum housing or do you go after the slum landlords, make them fix it up and give people the cost of rent? I'd say you do that."*

*"Which boils down to the fact that the rental rates are too low, so you can't get adequate housing, acceptable housing. Wheelchair accessibility has been an issue that has been coming up a lot in Saskatoon, because this accessibility isn't there for people."*

In 2000, landlords won the legal right to require a security deposit that is equivalent to one month's rent. If a woman is paying \$375/month rent for a one-bedroom apartment and only receives \$320 as a shelter allowance from Social Services, she will also get a letter of guarantee for a security deposit of \$320. Therefore she will have to take the \$55 for the remainder of the security deposit and the \$55 additional rent out of her \$195 basic allowance, leaving very little for food and other necessities.

Table 4 presents information on the costs of rental housing in various areas in and around Saskatoon in 1998. If you look at the rent figures for the city of Saskatoon and then compare them with the Social Services rental allowances, you can see why it is so difficult for people to find decent affordable housing. This information on rental costs was gathered in 1998 and since then there have been several rent increases in the city. According to the focus group participants, the actual cost of rent is much higher than the rent schedule allows in all the regions where focus groups were held.

**Table 4. Price of Rental Housing in Saskatoon, 1998**

Apartments					
	Area A	Area B	Area C	Area D	Area E
Bachelor	\$350-\$425	\$325-\$425	\$350-\$425	\$315-\$400	\$350-\$400
1 Bedroom	\$425-\$500	\$425-500	\$425-\$575	\$375-\$475	\$425-\$500
2 Bedroom	\$500-\$600	\$475-575	\$500-\$650	\$425-500	\$450-600

Houses, Townhouses, Duplexes

	Area A	Area B	Area C	Area D	Area E	Area F ½ hr plus	Area F Within ½ hr of city
2 bedroom	\$550- 750	\$525- 700	\$600- 750	\$500- 600	\$550- 650	\$300- 450	\$500- 700
3 bedroom	\$700- 850	\$650- 850	\$700- 950	\$600- 750	\$600- 750	\$350- 500	\$550- 750
4 bedroom	\$750- 950	\$700- 850	\$750- 1050	\$650- 850	\$700- 850	\$400- 600	\$600-850

Area A: Upper East side, Area B: Lower east side, Area C: Central and North, Area D: Circle Drive and Idylwyld, Area E: West of Circle Drive, Area F: Outside city limits, ½ hour or closer, Area F: Inside city limits, within ½ hour or closer

Source: Brian Collins, Saskatchewan Poverty Advocacy Network Inc., 1998

Reserve housing is provided without a rent schedule, but the focus group participants living on reserve described poor housing conditions with numerous health hazards.

*"The house my mother lives in is very poor, When we first moved in, there was mould growing on the walls and in the corner of the walls and the cupboards were filthy... My son got really sick from the mould and the dust in the house. He ended up in the hospital."*

*"It was really bad for rats and mice. Sometimes I still got the mice problem and I think that they have that Hanta virus."*

*"Sewer problems. I took my boy to the doctor and he asked me if there was any kind of gases in my house. He told me that was the cause of my boy's illness."*

## NUTRITION AND FOOD ALLOWANCES

Adequate nutrition is widely recognized as an important determinant of good health, yet women on social assistance frequently reported difficulties in stretching their budgets to provide enough food for themselves and their families. A common finding among participants was that the basic allowance did not provide enough to purchase fruits and vegetables. This was made even more difficult when people had to use part of their food money to pay for housing.

*"I can't buy milk on a regular basis."*

*"You can't eat properly because you can't afford to."*

*"It is impossible to follow the Canada Food Guide (on welfare benefits)."*

*"It doesn't help that the price of food goes up when welfare and family allowance cheques come out."*

Many people have come to rely on food banks, although they provide only three days' supply of food. People reported that they are only allowed to use the food bank twice in one month. Some food banks occasionally distribute diapers, bottled water, protein drinks, and toilet paper. Participants in the focus groups described the food given out as often substandard, e.g. outdated items, dented cans and food taken off the shelves that is no longer acceptable to customers. Clients of the food banks were unaware of how old the food actually was, because expiry dates were blacked out. Other complaints were expressed about the distribution of meat. Meat is wrapped in brown paper, unmarked, undated and commonly found to be freezer burnt. Clients were unaware of the type of meat they received until such time as it is opened. People reported receiving meat that was inedible and ended up thrown into the garbage. People described returning home with the goods from the food bank, sorting out the food and putting half of what they received in the garbage because it was spoiled. It appeared to some that people known to the distributors were given special treatment. One person described going to the food bank and receiving less than half a cart of food, while another person with the same size family received a full cart of food. Not only was using the food bank demoralizing and degrading, there were also concerns that food banks did not offer a healthy diet.

*"Almost every two weeks I go to the Food Bank and they don't give much ... You got to go to other places for food."*

*"You can't eat properly because you can't afford to."*

## SPECIAL DIETS

In Saskatchewan, current social assistance policies include a provision for additional allowances for special diets based upon a physician's recommendation, as well as special diets during pregnancy and lactation. Table 5 shows the maximum amounts allowed for special diets for those people receiving social assistance in 2003.

**Table 5. Saskatchewan Social Assistance Special Diet Allowances: Cost per month**

For diabetes, reducing and modified fats Calories (all age groups)	
1900-2499	\$27.00
2500-2999	\$42.00
3000 plus	\$75.00
High protein diet	\$53.00

For acute conditions where treatment is intensive but limited	
Pregnancy	\$42.00
Lactation	\$48.00
HIV/AIDS (to include food supplements)	\$140.00

Source: *Saskatchewan Assistance Plan Policy Manual*, Sec 27, Chap 16, Page 3, March 2003.

Some of the women in this study needed extra money for food because of physical conditions like high cholesterol or diabetes, but the scheduled amounts were not adequate to meet their special diet needs.

*"I had to provide a letter from my doctor saying how much calories I need, and I only got \$17 extra and that doesn't cover any low fat food."*

*"When my son was a baby he was like twice the size of a normal baby when he was born, and he wouldn't breastfeed, and had to be on formula. They, honest to God, they had a set amount that he was supposed to drink and they allowed me that much. A ten-pound baby and he drank twice the amount he was supposed to drink and they wouldn't allow me extra."*

For special diets, a doctor's note is required explaining why it is needed and for how long. On April 1, 2003, the Department introduced a policy that removed high protein diets from all recipients, until clients could provide new medical verification. There were no exceptions to this policy. EJA was soon overwhelmed with having to advocate cases where severe diabetics, terminally ill, and high-risk patients were not able to meet their daily food requirements. Without the special diet amount in their budget, it was impossible for such patients to purchase adequate supplies of appropriate foods while they waited for the next cheque.

When EJA inquired about this policy change, they were told that the Department had received information that, without exception, high protein diets were not needed for long periods. The Department believed physicians were ordering the high protein diet simply to get more money for their clients and this was seen as "abusing" the system. Special allowances for low cholesterol diets were also removed without any apparent concern for clients living in severe poverty. The Department representative stated they had consulted with the College of Physicians and Surgeons and found that high protein and low cholesterol diets are only required when health is in crisis. The income level of patients on social assistance was apparently (and unethically we submit) left out of this inquiry.

Advocates participating in the focus groups described the barriers people encountered, even when their physicians requested special diets.

*"I know a lot of people that we work with, they've requested the special diet. The doctor requested a special diet. They took the stuff in to their worker and then the people had to actually go to an appeal to fight for it...The doctor has recommended a special diet and the social worker said 'No.'"*

## PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

People on social assistance are eligible for supplementary health benefits.

“Applicants eligible for financial benefits must be nominated for Plan 1 Supplementary Health Benefits except for Registered Indians who receive coverage through Health Canada.”  
(*Saskatchewan Assistance Plan Policy Manual*: Sec 27, Chap 16, Page 21, March 2003)

There are many differences between drug coverage plans for welfare recipients. All welfare recipients are nominated for Plan 1. Plan 2 is only available to those patients whose doctors have verified to the Department of Health that they require five or more prescriptions. Plan 1 does not cover cough medicines, but Plan 2 does. The only way to learn of these is to call the Department of Health and speak to a special pharmacist before trying to fill a prescription to make sure it is covered. Plan 3 is total health coverage for persons living in long-term facilities, whose stay is covered by Social Services.

Dental and optical coverage is limited to emergency benefits only for temporary or “employable” welfare recipients. More procedures are covered for “disabled” recipients. Children are fully covered until the age of 18.

The *Saskatchewan Assistance Act* states that health care needs are to be covered. Therefore, if a doctor has prescribed medications or other treatments to a person on social assistance, they are too be covered. In recent years, decision-making about prescription drug coverage and costs was transferred to the Department of Health. Non-generic drugs and essential vitamins are not covered unless a doctor is willing to call and order special drug status. Even then, coverage is sometimes refused. According to advocates, welfare recipients are not told of their right to appeal this denial of coverage by Department of Health officials. And in some cases, even when coverage is granted, it can take several days for the pharmacist to receive permission to fill these prescriptions, even when illness is acute.

Women in the focus groups reported difficulties and delays in getting the vitamins and medications they needed.

*"Well I'm just out of the hospital a couple of weeks ago and they had given me a prescription and I still have to have it okayed, because its seven hundred dollars a month for shots. And I haven't taken it since I got home because it hasn't been Okayed yet."*

*"I can't buy vitamins."*

*"I have a vitamin regime that I like to be on, but I don't always get to because I can't always afford it."*

All prescriptions should be covered by the supplementary health benefits. Most pharmacies charge at least a two-dollar dispensing fee. People on social assistance with Plan 1 coverage have to pay the dispensing fee themselves, which means a further strain on already low budgets or severe infections go untreated because the patient does not have two dollars on hand. Clients

who have five or more prescriptions may now phone the Department of Health themselves and ask to be placed on Plan2, which provides coverage for the dispensing fee.

Not advising very ill clients who need five or more prescriptions that they can apply for Plan 2 coverage is negligence causing harm. When a recipient of a public program suffers economic loss or damage to health as a result of negligence it is breaking the Law of Torts. This is just one of the Department's failures of a duty to care.

If a physician prescribes over-the-counter medications, they are usually not covered except in special circumstances.

*"The doctor says 'Well get Tylenol to bring the fever down.' We don't have the seven dollars, and it isn't covered by provincial health."*

In one of the focus groups, the facilitator described a case that she had presented in public consultations before the Romanow Commission on the Future of Medicare. The case involved a mother whose child was hospitalized overnight twice with pneumonia because she couldn't afford to purchase prescribed over-the-counter drugs that were needed to bring the child's fever down. The refusal to pay \$14 in health benefits for Tylenol and cough syrup, because they are over-the-counter medications, led to expenditures of \$1400 or more on hospital care.

In another focus group, a woman reported how her son had developed severe diarrhea from water contaminated with *Cryptosporidia* and she needed to purchase an oral solution to prevent dehydration. Medicare would cover this treatment in a hospital, but Social Services refused to cover the cost of this over-the-counter solution needed to treat her son at home.

*"(My son) had Crypto and it was diarrhea eight to ten times a day. You had to give Pedialyte, you know, to replace the electrolytes. That was \$12 a bottle and would last maybe, if you were lucky, a day ... If I took him to the hospital it would be covered."*

## SPECIAL MEDICAL NEEDS

Special medical needs, such as air purifiers, humidifiers, anaphylactic kits, etc., require three estimates that must be provided along with a doctor's note, letter and /or prescription. Then a special medical grant can be issued. One advocate reported that if the client has been working, she may be told to cover some of the cost herself, out of her wage exemption. Policy allows the coverage, but financial assistance workers often refuse coverage because it is a medical, not a household need.

*"He asked welfare if they would pay for it (anaphylactic kit -\$50) and they said, 'No, it's not a necessity'... It's a life or death thing. Why won't they cover it? I just don't understand what's called (laugh) a necessity and not a necessity."*

*"I had to fight tooth and nail and then some and they still haven't met all my medical needs."*

The practice of requiring a letter from a physician to document dietary or medical needs was seen by some as an inappropriate barrier that devalued the opinions of clients themselves and other health professionals.

*"I need proper shoes ...my feet were buckled and I couldn't walk. It was just horrible for two years. They sent me to this specialist at (physiotherapy clinic) ...The next day I felt like, you know, one hundred percent ... I go down with the forms stating that I need these shoes, and they go 'Well she's no doctor. How is she to tell if you need these shoes?' Well I am walking. I am ten times better. Even the neighbors see it. And they go 'Well, we will give you an advance.' Two hundred for the shoes and all the medication I am not covered for."*

What is a "special medical need"? A vacuum cleaner is listed in the policy manual as an essential household need. It is also particularly important for preventing health problems in people with allergies and asthma. Nevertheless, one of the focus group participants reported that she was required to get a letter from her physician before the Department would cover the costs of providing a vacuum cleaner.

*"I am on assistance and I am asthmatic too and I find it very hard to breathe...I had asked for a vacuum cleaner so I don't have to keep sweeping the rug and (the worker) said 'We need a letter from your doctor.' And I haven't gotten to that yet. I know my doctor will write me the letter, but the thing is, why do I have to prove that I have special needs?"*

## **ACCESS, MEDICAL TRAVEL AND TRANSPORTATION**

Persons on social assistance do not receive a travel allowance to cover the full amount of a bus pass, even if they are disabled or looking for work. The *Social Assistance Plan Policy Manual* allows some coverage for travel for medical reasons. Travel from a rural area to the city for anything other than medical attention is almost impossible, because the policy manual only allows for medical travel. Social assistance recipients receive 13 cents per kilometer for out of town medical travel, whereas provincial government employees receive 35 cents per kilometer.

The social assistance policy on medical travel requires a welfare client to provide appointment cards after all appointments. The person is then reimbursed for travel at the rate of 13 cents per kilometer for travel outside the cities or at the rate of the current bus fare in cities with bus service. If the urban client can prove she has more than 14 trips to various medical appointments in a month, then she will receive the full amount for a bus pass. Only clients with disabilities are eligible for an additional \$20 per month as a mobility allowance. Appointments can include a range of health providers, e.g. counseling, chiropractors, addictions therapy, doctors, or dentists.

If a person does not have the funds in her budget to begin with and she cannot pay for a ride, it becomes a barrier to maintaining good health for herself and her children. Recipients often don't have the bus fare in advance to reclaim later. In rural areas, people are often dependent on others

to drive them and may have to pay to get a ride anywhere. The lack of adequate funds for transportation prevents women from reaching health care services.

*"I already have a very difficult time trying to take myself or my children to the doctor. Sometimes I have no way. No one will take me for free, you know. And I don't have the money to pay them."*

In numerous situations, income assistance workers have the discretion to make decisions about whether or not to authorize medical travel. In one of the focus groups, an advocate shared this example of a worker's refusal to cover a medical cab ride.

*"A harsh worker refused to cover a cab in 30 below January weather for a young mother with an asthmatic two year old and a four month old baby. She told them to 'Take a bus. The boy isn't dying.' The mom had no bus fare. After five in the evening, the Mobile Crisis worker covered the cab, and the young mom was reamed out at the hospital by the doctor and the Crisis social worker for neglecting her child, because she had not brought him in sooner."*

Later the worker's supervisor backed the denial of the cab fare and refused to change the worker assigned to the case. This could not be appealed because appeal boards were told they had no jurisdiction over appeals of negligent or harsh treatment. A pro bono legal opinion given to the advocate in this case contested this decision.

## **LAUNDRY, CLEANING AND PERSONAL HYGIENE**

Laundry and cleaning supplies are essential for personal hygiene, safe food preparation and for controlling the spread of germs. They are also important in maintaining a sense of well being; yet people go with out basic cleaning supplies and getting laundry done, because they can't afford them. Workers are forced by present policy to issue unrealistic rates for everything except utilities, such as heat, water and lights, which are fully covered.

The women in the focus groups reported that the basic allowance does not provide enough money for laundry. Clean clothes and personal hygiene are basic health needs that are not adequately covered in the low budget provided by social assistance. This has humiliating effects on people and can lead to isolation and depression.

For those who use coin-operated laundry facilities, the laundry allowance is set at the following rates:

**Table 6. Laundry Allowance, by Household Size**

Household size	Laundry allowance
1 person	\$10/month
2 people	\$15/month
3 people	\$20/month
4 or more people	\$25/month

Source: *Saskatchewan Assistance Plan Policy Manual*, Sec 25, Chap 15, Page 9 March 2003

There are no free laundromats available to persons on social assistance. Women reported that they sometimes had to go without and that their actual laundry costs were much higher. Actual cost to wash and dry two loads, one white and one dark, was estimated at seven to eight dollars per week, depending on the state of the dryer.

*"It can cost me \$35 for one week's laundry, if you go to a laundromat. Fifteen dollars a month for my son is a joke."*

*"I just do without... like even buying soaps and laundry."*

In order to meet their own basic needs or the needs of their family, some women reported going to other agencies for cleaning and personal hygiene supplies. Some agencies provide soap, shampoo, laundry supplies and disposable diapers. However, some women were unaware of, or did not have access in their communities to these free supplies. In some of these cases, this in-kind assistance was reported to Social Services and deducted from income on future cheques.

*"I went to the Salvation Army for diapers for my grandson. Then I get a letter a few days later, "You have an overpayment of \$3.50 cents for four diapers. Three-fifty for four diapers! I was charged with an overpayment."*

It was also noted that the basic allowance does not take into consideration that women's personal hygiene costs are more than men's simply because of their monthly cycles and the need for sanitary supplies. If there is more than one menstruating female in the house, which could be any female over the age twelve, the costs are higher and no consideration is given for this extra need. Some women in the focus groups said that they have to take money needed for food or utilities to pay for sanitary supplies because there is not enough to go around.

## **FURNITURE AND HOUSEHOLD EQUIPMENT**

Since there have been no cost of living increases in welfare benefits for basic needs for most of two decades, people are often without the financial resources to replace worn out clothing or furniture. As a result, recipients often have to borrow from the Department. They are forced to take out advances before they can access special needs grants because the basic allowance supposedly "covers" clothing and household replacement needs. The advance policy leaves these

families even more destitute for the next six months, while their cheques are reduced as the advance is being recovered. The women whose monthly cheques were reduced to repay the advance felt that they were constantly 'robbing Peter to pay Paul'.

*"I only get \$140 on my basic because I have my advances and all that. I owe them \$4000 and that, but you know, what am I supposed to live on...50 bucks?"*

Having a bed of one's own to sleep in, or a table and chairs for family meals are important to both physical and emotional health, yet these are sometimes beyond the reach of people on welfare.

*"I didn't know I could get a furniture grant ... I saved money to buy a dresser."*

*"I asked Social Services for a bed and they told me to take it out on an advance."*

*"I needed table and chairs for about a year. I have only had two chairs for a year and they don't even have backings on them."*

*"Me and my three children, we all sleep in the same bed and its difficult, you know we all sleep on one bed and there's no other beds in the house, because I can't afford to buy a bed. If I could have my kids on their own beds, I would, but they have no choice."*

What effects does this have on a person's health, with four people having to sleep in one bed? It could cause lack of sleep, mental and physical stress, and increased risk of illness. It could affect the overall harmony of the family and a child's performance in school, therefore possibly leading to other problems.

Under certain circumstances (e.g. increase in family size, medical reasons, need to move into unfurnished accommodation), people can apply to the Department for assistance in purchasing household equipment and furniture. Table 7 presents the cost guidelines that are used regarding the purchase of furniture and household equipment.

**Table 7. Household Equipment, Furniture, Furnishing and Supplies**

Basic Household Equipment and Supplies	Cost	Basic Furnishings	Cost
Cleaning utensils	\$15	Beds	\$250
Cooking equipment	\$80	Chest of drawers	\$110
Curtains	\$45	cribs	\$210
Dishes	\$30	High chair	\$60
Linens	\$75	Kitchen table and chairs	\$250
Lamps	\$45	Sofa and chair	\$350
		Fridge	\$540

		Stove	\$500
		Washer	\$450
		Dryer	\$320
		Vacuum cleaner	\$125
Delivery and taxes to be added			

An additional 25% is allowed for communities served by the Buffalo Narrows and LaLoche offices and for the communities of Cumberland House, Creighton and Uranium City. Needs are assessed by home visit wherever possible. Estimates or receipts are not required when using cost guidelines. The item(s) requested and amount granted are recorded.

Source: *Saskatchewan Assistance Plan Policy Manual*: Sec 27, Chap 16, Page 8, March 2003

There is no mention of the Advance Policy in the Regulations. Nor is there in the Regulations any mention of the one-year waiting period before a furniture grant can be issued, but the *Policy Manual* directs a one-year wait unless fire, flood or manmade disaster causes loss of essential household needs. Thirty years ago the Canada Assistance Plan/Saskatchewan Assistance Plan provided coverage for basic furniture needs. Today the Advance Policy, which is not covered in legislation, is one of the cruelest policies in the system.

If you have received an advance, then you must wait until the full amount is repaid before you can get another one. Therefore people sometimes have to wait months for essential household furniture. Advances are set up so that you can take out an advance of \$240 every six months. This is then recovered from your cheque at a monthly rate of \$40 until it is paid. This runs contrary to the original intent and purpose of Social Services legislation and regulations to alleviate the effects of poverty.

Advocates in the focus groups have helped several people appeal decisions regarding furniture grants and advances. In some cases, Appeal Boards have assured the advocates that they have made recommendations to the government to change bad policies, including the policy on advances. Despite the Appeal Board members' considerable experience, their recommendations to change the Rent Allowances and the Advance Policy have not been heard and acted upon. The Appeal Boards at both local and provincial levels have the legislated mandate to monitor systemic injustice from the evidence they gather and to advise the Minister when changes are needed. They have assured advocates in Regina and Saskatoon that they fulfill that duty frequently.

## MOTHERS AND GRANDMOTHERS CARING FOR CHILDREN

### EXPECTATIONS TO LOOK FOR PAID WORK

There is no set policy or regulation that tells custodial parents or grandparents how old their children can be before they themselves have to be looking for jobs. This has been left to the discretion of the worker. Many mothers, even those with small babies, have been required to go to school or work.

*"I had a client who was nine months pregnant. She came to me in December and her worker wanted her to go around in that condition to do a job search. Otherwise, she wouldn't get nothing."*

*I had a girl come in to see me...seven and one half months pregnant. Had to quit her job – doctor's orders. Had no place to live. And welfare refused to help her because she quit her job. It didn't matter that she had a doctor's note or any of that. She quit her job."*

The expectation to look for paid work can be appealed, if individual circumstances cause the applicant to need more time. Several women have come to advocates in the focus groups about this issue. They reported that the Department's call centre workers failed to advise these women of their right to appeal these decisions.

Advocates also report that Social Services Regulation 6 (b) which requires “*evidence that the applicant has explored every possibility of self-support, rehabilitation and re-establishment, including making application for assistance benefits, including benefits in the nature of basic maintenance, special needs, health care, training or educational services, welfare services and income-tested benefits provided in Saskatchewan by any Department or agency of any government, including the Government of Canada, or by any Crown corporation*” is frequently used to cut recipients off benefits if they do not participate in training programs, or if they leave a paying job despite their hardships in maintaining it.

When children become sick, baby-sitters or daycare arrangements break down, or working conditions are bad, women may drop out of jobs or training programs. When this happens, benefits may be cut, though this is a discretionary action determined by the individual workers and supervisors.

### STRESS OF RAISING CHILDREN IN POVERTY

It is urgent that the mothers on assistance whose primary job is raising children receive society's support and an increase in benefits. There were mothers and grandmothers in the focus groups who found it difficult to meet the basic needs of children in their care; as a result, they experienced feelings of frustration and low self-esteem.

*"Well my self-esteem goes so low, like low-self-esteem, different feelings, anger because I don't have the money to buy my baby milk."*

Mothers whose kids are in foster care spoke of their own sense of loss in being separated and not knowing if they will ever get them back. Some felt that they were not receiving the help they needed to provide for their children during visits or to have their children returned to them.

*"They won't give me anything. I get the kids on weekends."*

*"They come back every Friday... Where are you going to get the money to feed them?"*

*"You bring them home even though you don't have any money to feed the kids or whatever. And the social workers won't give you any food allowance unless the children are there forty-eight hours."*

Some spoke of not having enough food to feed their children. One mother had to face the decision of putting her child back in foster care while he was sick, so he could get the proper nutrition needed to get better. This is because the low assistance benefits cannot provide adequately for a sick child's needs. The system seems to want to place children in care rather than provide adequately for the family to remain together.

In 1997, the Federal Minister of Health and the Provincial Ministers of Social Services agreed to combine provincial Social Services benefits for children with the federal Child Tax Benefit and Family Allowance. Children were taken off welfare benefits and placed on the combined Federal Provincial Child Benefit, administered by the Federal Government/Revenue Canada and based on last year's income. Only in Saskatchewan did welfare recipients lose the Family Allowance portion of the new Child Benefit program. Under this social legislation, the poorest parents, those unable to work, completely lost \$35/month. Low-income parents under the tax threshold can apply for the Child Tax Benefit and not be on welfare. Children are considered to be off the welfare roles, except they are still included in the rent schedules.

If children are taken into the care of the Minister under *The Child and Family Act*, immediately the Child Benefit bureaucracy is notified and cheques are stopped. When children are gradually returned home as parents do what they must, it is very difficult to get the Child Benefit reinstated. It can take up to three months for the bureaucracy to restore the Child Benefit. This is about \$220 for each child. The province "fills in" only it's \$125 during that waiting period. Often this is the most critical time emotionally for restoring the family unit.

*"You can imagine what its doing to our future. I mean these moms and parents are stressed out. What's it doing to these poor kids that are being placed in care?"*

Maintenance payments are 100% deducted from welfare budgets and even orphan's benefits are deducted dollar for dollar. If Maintenance Enforcement is involved, mothers on welfare have to sign payments directly over to the Social Services Department. Mothers struggling to provide for their children's needs could use this money to buy clothing, toys or sports equipment. These clawbacks are experienced as unfair as there is not enough money for the children's needs, including the opportunity to participate in sports or community activities.

*"None of my boys to this day could get involved in music or sports or anything. You don't have the money for recreation. All the money goes for food."*

## WELFARE AND PAID WORK

People on social assistance who also have employment income are allowed to keep a certain portion of their earnings before their welfare benefits are reduced. According to the *Saskatchewan Assistance Plan Policy Manual* (2003), the following wage exemptions are allowed.

**Table 8. Wage Exemptions for Persons Receiving Social Assistance**

Social Assistance Recipients	Monthly Allowable Earnings Exemption
Non-disabled earners: Single Childless Couple Families	\$25 + 20% of the next \$375 to a Maximum \$100.00 \$50 + 20% of the next \$625 to a Maximum \$175.00 \$125.00
Disabled earners: Single Childless Couple Families	\$100+20% of the next \$375 to a Maximum \$175.00 \$125 + 20% of the next \$625 to a Maximum \$250.00 \$200.00

The major drawback for the working poor on social assistance is the consistent waste of time and stress that is needed to supply the Department with information required to get a cheque issued. Getting welfare and waged income means having to get pay cheque stubs in before any welfare cheques are made out, to prevent an overpayment. The welfare cheque never comes before the first week of the month if your worker receives everything, even though your salary is the same from month to month. You have to work harder for that cheque than you do at work. It leaves you feeling so stressed that you wonder whether it is worth it or not, even though you know you need this little amount to help you survive.

In rural areas, single mothers expressed feeling isolated from education and training possibilities because of inadequate funding for childcare and a lack of childcare services. In some communities, women were also hindered by the lack of transportation. Taking children to and from a sitter by foot and then walking to and from work and doing all the work at home was too exhausting for the small difference in livelihood.

The Work Income Supplement program established by the Saskatchewan government in 1998 was set up to reward people who enter paid employment and eventually go off welfare. However, for many women, job opportunities are limited and wages are low. None of the women in our focus groups had experience with the Work Income Supplement program.

*"It needs to be decided what is wanted. If this new work income supplement policy brings up the family income and that but meanwhile... I am going to work to pay a babysitter."*

*"Like I was making \$700 a month working ... and we had three boys at the time. My husband was staying home so that we didn't have to fork out money for a babysitter. I had to pay my rent and food and all that. They (Social Services) were paying for utilities and that was it."*

There are many low-income workers whose earnings are less than the amount they are eligible to receive on welfare. In those circumstances, people qualify for and receive income assistance to top up their earnings. Problems arise when cheques are held back after the beginning of the month in order to avoid possible overpayments. Landlords who do not understand why the cheques are delayed may try to evict clients from their homes. The stress caused by threats or actual evictions can exacerbate many health problems. Many people accept their landlord's order to leave, not knowing that they have longer to pay under the *Landlord Tenant Act* guidelines. These evictions could be avoided if the Department showed more concern about the health and housing needs of clients.

The working poor also have problems with overpayments and underpayments because the workers don't always calculate the budgets correctly. There are wage exemptions allowed for work incentives, but the amounts are so low it does not seem to pay to work, especially, if you have to pay for childcare or buy special clothes for work. Although the policy does allow for some of these, the amounts are far too low to cover the actual costs. Also one does not receive childcare until the receipts are submitted. This is a catch 22 situation, because how do you pay for childcare without the funds and no funds are given until the receipts are received. However these working poor are somewhat better off because they know that another cheque will be coming from the employer and income is thus spread out over the month. This lowers stress levels a little but not a lot. The person working while on assistance never knows if the worker will release their cheque for sure and how long it will take.

Job loss creates further problems and people in very difficult financial circumstances are expected to reimburse Social Services from their Employment Insurance benefits.

*"I was in between jobs and was waiting for my EI to kick in and it was six weeks before they give you EI. I had no income coming in and two grandchildren... And we basically had nothing to eat so I phoned my worker and asked for a food voucher. The only way he would give me a food voucher, ... was if I would sign a paper saying that any money or food vouchers that I received from Social Services, when I got my first (EI) cheque, Social Services would get that money."*

## **RECOVERY OF OVERPAYMENTS**

Authority to recover overpayments is specified in Sec 29.5 of *The Saskatchewan Assistance Act*. The Department has a policy to recover overpayments from subsequent benefits; despite the reality that any dollars deducted from the monthly welfare cheque causes inevitable hardship. Recoveries of overpayments occur frequently, usually without written explanation. This often means that deductions are made from monthly cheques long after the so-called overpayment is gone.

According to the *Saskatchewan Assistance Plan Policy Manual*, the Department deducts 60% of the earnings exemption to recover a calculated overpayment to a maximum of \$75, thus effectively cancelling the wage exemption's usefulness as a work incentive. In addition, the Department recovers overpayments at rates based upon the net SAP payment, which includes basic needs and continuous special needs, minus utilities, shelter, non-exempt income and advance recoveries. Deductible income includes net wages, maintenance payments received directly, CPP disability benefits, EI benefits, workers' compensation payments, and a percentage of income from roomers and boarders. Table 9 presents the amounts which may be deducted from monthly welfare cheques to recover overpayments.

**Table 9: Rates of Overpayment Recovery**

Amount of Monthly Net SAP Payment	Amount of Overpayment Recovery/Month
\$0 – 270	\$15
\$271 – 400	\$25
\$401 – 550	\$40
\$551 – 700	\$55
\$701 – 850	\$70
\$851 – 1000	\$85
\$1001+	\$100

Even minimal deductions of \$15 can cause hardship. Many days there's not a dollar left when the basic monthly allowance is reduced by \$40 to pay off an advance and \$15 to recover an overpayment. Overpayments are taken off cheques at recovery rates as high as \$100 per month, though some are as low as \$15 per month. With these amounts being recovered, recipients are left with very little and its even worse if they are paying excess shelter from their food money. A lower recovery rate can be requested and granted at the supervisor's discretion. According to the advocates in this study, many clients have to fight to get these recovery rates lowered each month. Supplement cheques from the Department are dependent on family size for rent and utilities. Children's basic needs allowances come from the Federal Provincial Child Benefit, but a portion of their allowances are needed to meet actual living costs lost to overpayment and advance recovery.

People can end up with their cheques reduced for recovery of overpayments without knowing why. Income Tax refunds are taken off welfare benefits. People frequently don't expect this, so they spend the money not realizing that their welfare benefits will be reduced by the same amount. Likewise people often spend inheritance monies, whether they are large or small amounts. Welfare recipients are not allowed to keep these like the rest of the population. This income is clawed back 100 percent by reducing welfare benefits dollar for dollar received, unless the recipient knows that they may make an acceptable dispersal of such one-time funds for

needed furniture or clothing replacement. Many people are unaware of this possibility, unless they have access to the help of trained advocates.

*"We paid off our (overpayment). Actually, I sent for my whole file and they actually sent it to me but still nowhere in that file was I able to figure out how I got a \$3,000 overpayment. I couldn't figure it out..."*

Judges in Small Claims Court will not order recovery of debt from basic needs income. At one time, recovery of overpayments was not government practice because welfare rates were already below cost of living indices. Overpayments were claimed after people left the welfare roles for paid work, similar to student loan recovery when people enter the paid labour force. Despite 23 years without increases for basic needs allowances, and therefore much deeper poverty, overpayment recovery is now built into the Departmental computer system at the rates cited in Table 9, unless manually reduced by a supervisor's decision if a recipient knows they can request this in writing.

Participants in the focus groups reported situations where overpayments were made because of errors made by the Department. They felt that it was particularly unfair to have their benefits reduced because of errors made by others beyond their control.

*"And there's a lot of anger and maybe if they started holding the social workers accountable, people wouldn't feel so powerless. If they (the Department workers) screw up, then penalize them. Maybe that will straighten them out a little."*

*"But if you have an overpayment owing, \$20 or more, you still have to pay it back and that leaves a sense inside you of injustice. It's not fair. They can do whatever they want. They never pay for any mistakes that they do and it's injustice."*

## **PUBLIC ATTITUDE, THE REALITIES**

Some politicians tell anti-poverty activists that on every voter's doorstep they hear that people on welfare are "no good lazy bums, who just can't be bothered to work." The implication is that the amount of monies received from Social Services is high enough to keep people from working. This in turn has given freedom to successive governments in power, federally and provincially, to keep welfare benefits at minimal levels, deliberately causing the poverty of welfare recipients to deepen steadily over two decades.

The general public does not know and apparently is not willing to take the time to find out the facts and realities of being on welfare. One focus group participant described herself as having bashed welfare recipients before she lost her health and job and had to apply for welfare herself.

*"They have absolutely no idea. When I ended up for the first time on welfare... and when somebody said ... 'You know you're going to get a hundred and ninety dollars'... and I said 'Well, is that like once a week or you know and ... when do I get a rent cheque?'"*

The social safety net is not catching anything. It's making things worse for poor people. You can't even call it a social safety net anymore. The impact of public attitudes and low welfare benefits plays havoc on a person's health. It causes low self-esteem, and low self-confidence. Both the mental and physical well being of a person are affected. This oppression leads to depression. Mental health problems develop and sometimes, even suicide is the result. The rate of suicide among poor teenagers is very high, influenced in part by knowing that their poverty shows to their peers. Depression and suicide is especially evident among aboriginal youth who face racism as well as high rates of poverty.

*"People that are in poverty should not have to feel like that. We should not have to hide from society because we're afraid of the way that people are going to treat us because we're on assistance."*

## TREATMENT BY INCOME ASSISTANCE WORKERS

The participants in this study described a range of different experiences of treatment by income assistance workers. One facilitator told of a former Assistant Director who would instruct Social Services workers to treat even very angry recipients and their advocates with respect and kindness because "You have the power. You control the purse strings and their very survival!" Some participants described workers who provided information and helped them access benefits. Yet several of the participants in this study described being treated with suspicion and very little respect. They also described having difficulty reaching their workers to have their questions answered.

*"My worker wouldn't even talk to me. She wouldn't return my phone calls. She wouldn't respond to a letter. She wouldn't do anything and when she did, she told me that I had no business disturbing her."*

*"I got my cheque ... It was down by twenty-seven dollars...from what I usually get. With no explanation, nothing ... I phoned her. I was almost crying on the phone saying 'Why did you do this?... You know I budget to the dollar...and now there's twenty-seven dollars missing.'... She hasn't phoned me back ...It makes you feel like you're... not worth their time."*

*"They (income assistance workers) don't want to hear your complaints. They don't want to listen to you. I mean there is the rare one."*

Several women resented the Department's paternalistic control over their lives. The power of social assistance workers to deny or reduce benefits was experienced as frustrating and humiliating.

*"It's like a control issue with money. My ex-husband controlled or supposedly kept me in line by withholding money...I find it so humiliating. It just takes away from who I am. I go in there (Social Services) with I guess respect and just wanting to work things out and then I go out of there with my dignity out the door. And I just hate it. I hate it."*

*"They refused me a clothing allowance, said I was not eligible for a work clothing allowance and it says right in the policy that I was."*

*"They treat you like a child. You are going to be punished if you don't do this."*

Poverty and the experience of living on social assistance affect emotional and mental health. Women in the focus groups reported feelings of stress, fear, anxiety, and low self-esteem, all of which undermined their sense of well-being. The impersonal treatment and the amount of control exercised by the Department of Social Services were seen as dehumanizing and demoralizing. People struggled to maintain a sense of self-esteem and to have some voice in decision making.

*"I am not just this number. I am a human being. I am a mother. I am a woman and that's how I want to be treated"*

*"It's hard on your mental health. You're expecting a cheque, waiting for it to come... That's really hard especially if you have kids who are expecting to go grocery shopping."*

Women on welfare felt that they were under surveillance and were fearful that their children could be taken away, despite their best efforts to care for them.

*"My biggest fear about being on assistance was always looking behind my back to see if social workers are knocking on my door to take my kids away. You know. They are always fed. They are always clean. They are always healthy. But you know people, they pick on the wrong people."*

Some women felt that surveillance by the Department created additional stress within families and personal relationships. They felt that their sexual relationships had to be hidden in case the Department might consider a boyfriend a (paying) common law partner. When women tried to establish new relationships or reconcile with their children's father, they did so with fear of financial repercussions. They worried that the Department might reduce their benefits and start demanding recovery of 'overpayments', based on the assumption that the woman must be receiving financial support from a male partner.

## **KNOWING YOUR RIGHTS TO INCOME ASSISTANCE**

The *Saskatchewan Assistance Plan Policy Manual* very clearly states clients' responsibilities, but nowhere does it explicitly state the clients' rights to knowledge of all benefits and entitlements. Nor does it state anywhere the obligation of the worker to properly inform the client of her rights except for her right to appeal a decision, if a decision is sent out in writing.

However, citizens have the right to access public information about public policy. The *Saskatchewan Assistance Plan Policy Manual* is available on the Internet, but most of the women in this study don't have access to computers, let alone the Internet. Many women on social assistance do not have easy access to the *Policy Manual* or the *Saskatchewan Assistance Act and Regulations*, and therefore are dependent on others to inform them of their rights.

Women on social assistance may gain access to information about their rights and entitlements from good social workers and/or other clients who learn their rights little by little and pass them on by word of mouth. Many people only learn their entitlements to certain benefits from an advocate whom they turn to when a situation arises in which they desperately need help.

There are times when clients have questions about their entitlements, but their social workers are unapproachable and the clients are rebuffed when they finally do contact their workers. Women in this study felt helpless, ignored, isolated and angry when unable to get their phone calls returned. For a client to be kept in the dark about rights and entitlements is like a visually impaired person without a "Seeing Eye dog". Not being told is also a violation of a person's basic human rights.

All decisions affecting income assistance are to be given in writing and clients are to be informed of their right to appeal if they are not satisfied with the decision. They also have the right to have an advocate accompany them to any meeting with their worker or worker's supervisor or to accompany them to an appeal hearing. The process of going through an appeal can be stressful and humiliating. Nevertheless, the appeal process provides a chance for the client to state her case to an independent panel that can override the decision of the supervisor or regional administrator, providing policy and regulations allow it.

## ACCESS TO ADVOCATES

According to the *Advokit* (Penticton, British Columbia), "An advocate can be anyone who speaks on behalf of those who cannot speak for themselves. An advocate is encouraging and understanding of one's needs... Advocacy itself is the craft of persuasion. An advocate is therefore a person with the ability to persuade... The purpose of advocacy is to influence people who have the authority to make decisions."

In Saskatchewan, many community-based agencies and a few individuals provide informal 'advocacy' services for people on social assistance by intervening with different workers on behalf of their clients. There are 11 Social Services regions, but we are only aware of four advocacy centres, two in Regina, one in Saskatoon, and one in North Battleford. Social Services clients are entitled to know what their rights are and they also have the right to representation from an advocate. Clients have to appoint their advocates in writing in order for the Department workers to discuss their cases without breaching confidentiality. Each Social Services region has to have a list of one or more available advocates, so workers can give a referral name for representation when clients request an appeal.

Although this is the policy, many people on social assistance don't know they have a right to have an advocate represent them. With low self-esteem and self-confidence, some find it very difficult to complain or challenge the Department that controls their income. Some don't know where to turn for help.

*"I would really like to be heard. I really would. But I don't know where to go or who to talk to."*

Some people from reserve communities also had difficulty finding someone who would advocate on their behalf.

*"These people, like the welfare administration on our reserve, I have tried to talk to them about certain different things that I needed help with and they say they can't help me. And I said, 'Well who can I ask?' And they gave me their higher up. I tried to ask him, and he told me straight out that he couldn't help me, so I tried higher up and nothing."*

For several years, advocates have been telling the government that advocacy centres are needed all over the province. In the northern and rural areas participants informed us that they did not have a clue what an advocate is, let alone how to access one. Many clients are unaware of their right to an advocate and have no access to an advocacy centre, in a system that is supposed to be helping people. Lack of helping resources and/or lack of knowledge of these resources affect a person's mental, emotional, physical and spiritual well-being. We have a system that oppresses people. Faced with Social Services decisions that affect their ability to meet basic needs, clients can become depressed and sometimes suicidal. They need someone to advocate on their behalf.

Although we want advocacy services provided in all communities, we have to be careful what we ask for because we do not want these centres to be government controlled. When clients outside the cities try to access these services, distance and transportation become an issue. Even in the city, many low-income people in crisis situations do not have cars or gas money or a bus pass, making it difficult to travel back and forth to see an advocate. People all across Saskatchewan fall through the cracks and never get help.

Legal Aid services in Saskatchewan used to provide assistance in civil law matters. They would help clients on social assistance argue their appeals. In 1984, the Conservative government cut funding for all civil law services by the Legal Aid Commission, although the legislation was not changed. In 1991 a New Democratic Party (NDP) government replaced the Conservatives. However, the NDP government has not restored funding to provide Legal Aid services to persons filing social assistance appeals, or appeals under any of the social legislation programs like Employment Insurance, Workers' Compensation, Canada Pension Plan, etc. Advocacy service for people on social assistance was dumped onto the community with no adequate funding.

Some of the clients we see at EJA have come in suicidal, depressed, with low self-esteem and low self-confidence. Some have even been ready to give up their children because they have nowhere to turn. The first and foremost step for an advocate is to listen to their client's story and hear what they are saying because these are their realities. At the same time an advocate needs to have the ability to sort out issues to effectively help the client, and be able to cite and interpret relevant regulations and policy responsibly and fairly.

Our Saskatoon centre EJA is all volunteer run. We get, in return, feelings of hope as we watch the clients change. They begin to regain confidence and self-esteem. They realize that they have a voice that is important and needs to be heard. Some of our clients have returned to EJA to learn

how to do advocacy work, because they want to help people in the way that they were helped. Being an advocate is not only satisfying because you are helping people grow mentally and emotionally, but when you finish a case and the client has tears in their eyes and hugs you and can't stop thanking you, it makes all the volunteer time worthwhile.

A question asked in all focus groups was "What did having an advocate do for you?" Some of the responses were:

*"I was capable of murder or suicide. Without the help of my advocate, I would have done either."*

*"They would not give me what I needed. Without the help of my advocate, I would be dead by now. It was literally a matter of life and death."*

Some focus group participants said they felt that there should be government funding to provide advocacy services throughout the province. There are several parts of the province where people do not have easy access to trained advocates. There is no funding to provide advocacy services or even to have someone go in and train advocates in these communities. Advocacy service could mean life or death for some and we need to get the funding to ensure all people in our province have access to their right to have qualified representatives.

# RECOMMENDATIONS TO THE MINISTER

During the focus groups, women were asked ‘If you had five minutes to talk with the Minister responsible for welfare policies in Saskatchewan, what changes would you recommend?’ The following section provides a summary of their recommendations for change, as well as the authors’ thoughts on specific actions that could be taken to address the major issues raised by women during the focus group discussions.

## **Recommendation 1: Provide accessible information about available benefits and the rules of the system.**

*"We need to know ... what's available to us, what our rights are."*

Women on social assistance want access to information about the full range of benefits to which they may be entitled. They felt that this information was not readily available, and that, as a result, they were likely to be receiving less than they might be allowed, even under existing policies.

*"I've heard that there's a book of things that you can get on welfare...I think if we all got to look at that, we'd get more money than we get right now."*

The lack of information about available benefits, and the lack of explanation for money withheld from monthly cheques lead to frustration and feelings of disempowerment. At the very least, people want to know the rules of the system and what to expect.

## **Recommendation 2: Raise welfare rates to reflect changes in the cost of living.**

*"Welfare needs to have some kind of increase that goes with the cost of living."*

The consensus of the women in the focus groups was that they experience oppression, depression and erosion of their own health and that of their families, from having to survive on inadequate benefit levels. Nutritious food –the basis of good health- is hardly ever affordable. Fresh fruit and vegetables could only be purchased two days a month. Primarily they lived on starch-filled diets.

Housing was frequently described as unfit and unaffordable. In six of the focus groups, women reported taking money that was supposed to be used for other basic needs in order to pay rent that was above the scheduled allowance for shelter. The housing these women found at the lowest market rates was frequently unsafe and unhealthy. They described problems of poor plumbing, broken windows, mould and pests.

Repeatedly women in the focus groups described the difficulties they had stretching their social assistance income to cover the basic necessities for a healthy diet, adequate housing, clothing, transportation, over-the-counter medications and recreation.

*"A person needs more money to live. They can't live off what Social Services are paying. It's not enough. They should pay the full rent, plus more money for food and that, because food's so high, rent's so high, and you can't make it from cheque to cheque. You run out of everything."*

\$50 to \$100/month increase in rent would buy more decent housing and another \$50 to \$100 would buy more nourishing food and maybe even winter boots. These are one of the hardest clothing items to buy because footwear is not usually available in second hand stores. Having money for birthdays or Christmas wasn't brought up in these springtime discussions.

**Recommendation 3:  
Challenge decision-makers to "live on a welfare income" in order to fully understand the implications of existing policies.**

While some focus group participants felt that policymakers choose to ignore the problems of poverty in Canada, others felt that policymakers were simply not aware of the realities of living in poverty. There was a general feeling that many people making decisions, whether government officials, staff in Ministers' offices, or frontline financial workers, did not have any real knowledge of what it was like to live on a welfare income.

Some participants believed that policies would improve if politicians in power and income assistance administrators lived a month or even a week on welfare benefits or if they had to live in the kind of houses available at welfare rates.

They recommended direct experience living within a welfare budget as a method of raising awareness and improving policymakers' knowledge of how their policy decisions affected individuals' physical and emotional well-being.

*"If Ministers would all live six months on what we live on, I think they'd change their tune."*

*"I'd like to challenge them actually to live for six months on what we have to with Social Services. See how he can budget, because they always say 'You've got to budget, you've got to budget!' I'd like to challenge him to live for six months, be treated the way we are treated and then he can make his decisions."*

*"The Basic Allowance has to cover food, clothing, personal, household, transportation and all other incidentals. That hundred and ninety-five dollars, when you break it down to a thirty day month without even going thirty-one days, a thirty day month is \$6.50 [per day].... The decision makers...they need to be challenged to live on \$6.50 a day themselves."*

**Recommendation 4:**

**Make sure that Special Diet Allowances are adequate and readily available to those who need them to maintain or restore health.**

People who require special diets because of nutritional deficiencies, high cholesterol, obesity, diabetes, or other health conditions are required to provide letters from their doctors that meet the requirements of the Department. Sometimes a simple note from the doctor is deemed insufficient, and diets requested by physicians are not automatically approved. Many people encounter barriers in simply getting to the doctor and getting the right paperwork. Efforts should be made to remove these barriers. Efforts should also be made to increase free access to nutritionists who can advise people on their special diet requirements. The Department should also consult with the professional nutritionists' association and review the amounts of money allowed for special diets in order to ensure that the funds are sufficient in light of the rising costs of food. Instead of taking measures to restrict access to special diets, the province should view investments in good nutrition as the foundation for developing a healthy population.

**Recommendation 5:**

**Provide adequate coverage for all medical needs and medications prescribed by physicians, including over-the-counter medications, for all persons on social assistance.**

Many common illnesses are treated effectively with over-the-counter medications, such as Tylenol, cough syrups, drugs that reduce pain and inflammation, and preparations that control fevers, flu symptoms, and diarrhea. Doctors often prescribe the use of these medicines in order to treat symptoms and prevent more serious health problems from developing. Over-the-counter medications are not covered by the provincial drug plan for persons on social assistance and yet people living on a welfare income are often unable to purchase these treatments because they lack the funds. While expanding coverage for medications would cost the province money in the short term, the prevention of more serious health problems makes both moral and economic sense.

Physicians sometimes prescribe medications that are not covered by the provincial drug plan for persons on social assistance. While encouraging the use of generic drugs will help to control drug expenditures, denying people on social assistance access to drugs prescribed by their physicians places them in a very difficult situation. Physicians may request that drugs not on the approved list of medications be given special status, but sorting out this red tape is particularly difficult when you are ill or caring for a sick child.

**Recommendation 6:**

**Revise the Advance Policy. Remove the requirement that clients must take out an advance before being eligible to receive a furniture grant. At the very least adjust the rate of recovery to prevent hardships and reinstate the provision to allow clients to 'max out their advance' if a situation should arise that funds are urgently needed.**

Advance policy needs to be changed to alleviate the hardships of those on assistance. Present policy states that in order to take out an advance, a client must submit a written request, stating the purpose of the advance. Once the advance is issued, then it is recovered at a rate of \$40.00 per month with no flexibility in the recovery rate. Currently a person cannot receive a second advance until any outstanding advance is paid in full. In the past clients were allowed to 'max out their advance.' In other words, if they had repaid a portion of a prior advance, they could request a second advance for the amount that had been repaid. This "maxing of the advance" is no longer available.

Requiring people to take out an advance to access a furniture grant has caused some people to wait months for basic items like beds or chairs. The deductions made from monthly cheques to recover advances place individuals and families even deeper below the poverty line.

**Recommendation 7:**

**Ensure that the recovery of overpayments does not leave people destitute and stop penalizing people for mistakes made within the system.**

Given the low level of welfare benefits, the recovery of overpayments has the potential to cause severe hardship. In addition, people within the system sometimes make errors and these errors may be translated into "overpayments" which the client is then forced to repay through deductions made on monthly cheques. The reductions in monthly cheques leave people with even less than the Basic Allowance to meet all their needs. As a result, people turn to food banks, friends, family members, and other sources of emergency assistance to make it through the month. While all deductions that reduce benefits below the Basic Allowance are problematic, those that are based on Departmental errors are seen as particularly unfair.

*"Mistakes that are made within the system should be mistakes absorbed by the system. It teaches people accountability for their jobs. Otherwise it just further impoverishes the person all the time and that's one of the biggest frustrations."*

**Recommendation 8:**

**Help people find employment with adequate wages. Allow them to keep more of their earnings before reducing their welfare benefits.**

Case planning with each recipient needs to build in realistic goals for earned income above welfare levels. Women who were able to earn additional income from paid employment wanted to see an increase in the amount of the earnings exemption, so that they could keep more of their earnings before losing welfare benefits.

*"You're allowed to make a little bit each month extra over your welfare. I'd like to see that raised."*

*"If you have children and you have a disability, you can keep the first two hundred (dollars). And then they start deducting after that."*

*"It's not that you want to quit the job or you don't want to work. But like I said, it gets really hard when minimum wage doesn't cover the amount what Social Services gives."*

None of the 43 women in the focus groups had experienced the Work Income Supplement put in place in 2001. One of the volunteer advocates had received the Work Income Supplement, but it was completely used up in overpayment recovery and the costs of going to work, thus leaving her no further ahead.

### **Recommendation 9:**

**Provide people on social assistance with adequate resources to cover the costs of transportation, childcare and suitable clothing, to enable them to search for paid employment.**

People considered employable have always been required to look for paid employment as a condition of eligibility for social assistance. In recent years, more and more emphasis has been placed on providing benefits to those members of the working poor who have found paid employment. Yet people on social assistance experience many barriers to conducting effective job searches. They often lack suitable clothing for job interviews, yet special clothing allowances are only provided after a person finds paid employment. They do not have enough money to cover transportation costs associated with looking for paid work, yet the basic allowance does not include any funds for bus fare or gas. Parents of young children require safe, reliable childcare in order to look for work, and to enter the paid labour force, yet childcare spaces are limited. These barriers prevent people from looking for paid employment. When people are unable, because of these barriers, to look for paid employment they run the risk of being cut off social assistance and losing their benefits. They can be cut off if they have not presented a list of 10 – 30 jobs applied for.

*"We only get twenty dollars a month [for transportation], and the bus pass alone is fifty dollars a month... My grocery money has to go towards the bus fare."*

It is important that the commitment to 'building independence' be accompanied by material supports to facilitate the process of job seeking and the transition to paid work.

### **Recommendation 10:**

**Restore the right to appeal whenever harsh dismissive treatment is experienced.**

Every person seeking assistance from publicly funded social programs in Canada has a fundamental right to treatment with dignity. Yet in each region, focus group participants spoke with knowledge and disgust about a few 'bad workers'. At one time, welfare recipients had the

right to appeal when they felt their worker had treated them harshly or unfairly. However, the policy changed and Appeal Boards were instructed to remove this appealable issue saying they had no remedy but to recommend to administrators disciplinary action or change of workers. By removing this avenue of seeking justice, workers known for their harsh and dismissive treatment of clients have been allowed to continue.

*"I'd just like to see them treat people equal, it doesn't matter how many kids you have, or what kind of past history you have, or what education you have, you know, I would just like to be treated like all the rest."*

*"In my opinion, workers should be there to help the clients not the government."*

All focus groups included accounts of suffering emotional ill health from put downs and other harsh treatment from some social assistance workers and reception staff. People felt ignored by workers who failed or were slow to return urgent phone calls. The loss of a compassionate worker and frequent changes in caseload management made people feel that they were of no importance to the government. This created low self-esteem, anger and hurt.

Treatment with dignity is a right under administrative law. Unit supervisors have, in the past, assured advocates of clients' rights to kind respectful treatment. All Department workers and support staff must be expected to obey this directive

### **Recommendation 11:**

**Provide accessible, independent advocacy services throughout the province. These should be places where people are treated with respect and offered support to deal with the challenges they face.**

Advocacy for people was an important issue. Those who had experienced the help of an advocate shared that it had sometimes meant life or death to them. Although people have the right to have an advocate assist them in meeting with their workers and or supervisors and to help them appeal Department decisions, many people don't know what an advocate is or how to find one. These are the people who fall through the cracks. Participants felt it was time that these services were more widely available and that funding was provided for them.

Those who were not familiar with advocacy services made it clear that they were not readily accessible.

*"I would like to be heard. I really would, but I don't know where to go, who to talk to."*

Those who had experience with advocacy groups felt that their services need to be available throughout the province to ensure that everyone has access to information and support when they feel they have been treated unfairly or denied income assistance to which they were entitled.

*"You need somebody on your side...just to get through the system...to get any help."*

There was some concern that advocacy services be delivered by groups that are independent and not too closely tied to the government.

*"We want advocacy services in the community, but we don't want it provided by government agencies."*

*"Advocacy used to be done by Legal Aid.... For most of us who had to deal with the Legal Aid system, you already know that it's an in-and-out, and it's not something that they might be really knowledgeable on."*

Advocacy services not only benefit individual clients, but also provide a feedback mechanism to help identify policies within the system that are causing hardship. By encouraging people to appeal the recovery of overpayments or inadequate shelter allowances, advocates help to bring those issues to the attention of appeal boards. In a responsive, accountable system, policies, which generated large numbers of appeals, could be reevaluated and revised.

*"Appeal, appeal, appeal, because the more you keep taking them in, they're bound to see that there is a problem, if people are continually appealing these issues."*

Each of the 11 administration regions of the provincial Department delivering social services needs to have advocacy centres established. This could be based on the English model which has one funded in each borough for their citizens to find help through the mazes of various social programs. The funding could be cost-shared by governments, regional health authorities, local urban and rural municipalities and councils of churches. The United Church Regina Presbytery funds staff salaries for the Regina Anti-Poverty Ministry and Equal Justice for All applies for small yearly grants from the City of Saskatoon, the Department of Social Services, and various other sources, but operates on all volunteer staff. Each health region could provide a space central to each region where people are treated with respect and offered support to deal with the challenges they face.

Focus group participants face a number of challenges in addition to living far below the poverty line. Some have had their children apprehended. Some struggle with addictions. Some have disabilities and face numerous barriers to employment and full participation in the community. Some are dealing with violence in personal relationships, and some struggle against racism and the legacy of colonization.

*"If I could say something it would be, I guess, that I am not a number; I am a human being.... My kids have been taken away from me and now I'm on methadone...but I'm trying to turn myself around and I'm tired of being shit on and looked down upon."*

*"There needs to be a place for us, like a centre of something, where we have a place to go to help us."*

*"There should be a women's support centre here... Working for Women was one agency that provided a lot of service for women here and it's gone. Government took the funding away."*

**Recommendation 12:  
Support efforts to mobilize grassroots women to speak out and contribute to policy decisions.**

In addition to raising the awareness of current policymakers, it is important to ensure that women on social assistance participate in shaping the policies that affect their lives. One way to do this is to increase the representation of people who have lived in poverty among those in positions of power.

*"If I had five minutes with the Minister, I would say that somebody once told me that we are the professors of poverty. Give me your job for one year and let me bring in people I want to bring in and we will make policy. That's what I would tell him."*

Several participants in the study felt that income assistance workers and policymakers lacked the knowledge that comes from first hand experience living in poverty. They felt that people making decisions needed to know what it was like to be poor in order to understand the realities of their clients' lives.

*"Hire us, we went through the school of hard knocks... You know what its like to be poor, and, you know what, I think you really need that knowledge before you can be a social worker."*

In addition, some saw real change coming from encouraging low-income women to find their voices, assert their rights and push for action.

*"I don't think the Minister is going to do it. I think it's got to come from the mothers and I believe it's got to come from the grassroots, right from us.... I think if every mother started getting a voice and started speaking up for herself then I think that there could be some changes."*

The Saskatoon Anti-Poverty Coalition has already developed a model where people living in poverty have leadership as participants and as spokespersons for the group. The Saskatchewan Association of Social Workers and the Community Development Association of Saskatchewan could help organize at regional levels.

**Recommendation 13:  
Look at all the reports and recommendations that have been written over the years. It's time to take action to reduce poverty.**

Women in the focus groups were somewhat skeptical about investing their time in another research project on poverty and public policies. They were also clear that providing recommendations to policymakers was just a first step. They recognize that influencing policymakers is not just a question of providing information, but of power and influence. They want policymakers to listen and to take action to repair the social safety net.

*"I'd like to ask that what comes out of this report be taken seriously and that they implement some of the suggestions that we made, because there's so many reports...and*

*they sit there and twenty years later, they'll do a new report and the same suggestions will come out."*

*"Why waste my breath if no action will be taken?"*

*"I don't think I would want to leave until I saw some action taken. I wouldn't want to just sit there and talk..."*

*"Why should we bother talking if nobody is going to listen?"*

*"We have systems that are set up as a social safety net. Well it's not catching anything. It's making things worse for poor people. You can't even refer to it as a social safety net anymore."*

## THE RESEARCH TEAM'S FINAL THOUGHTS

***"Don't we count as people?"*** This question, which easily became the title of our study, was asked by one of the participants in the first focus group. It was repeated at end of other focus groups during farewells, and participants in the study agreed that this was an appropriate name for the project.

Where will this go and is the government going to listen? Social Services recipients told us their stories, their truths and their realities. Our listening gave them a voice, which in turn builds self-esteem, self-confidence and inspires people to believe that there is still hope for positive change. When research projects such as this come about people want to participate, without feeling afraid. Sometimes the fear of speaking out keeps them from public or political participation. They fear if their workers find out, there will be repercussions like being cut off or threatened. Yet despite this negativity they still speak out because these issues are very important, not only to them but many others. We need to continue to encourage people on social assistance and all those who work at the grassroots level to continue to participate and speak out as citizens. Poor people need to know they can do this without fear. Each time a voice is heard, it is one step closer to rebuilding the self-esteem and self-confidence of low-income people. Participants spoke about the need for a much broader consultation process at the grassroots levels to make sure they are included before policy changes are made that affect them.

From our years of experience hearing hundreds of other women's descriptions of problems encountered, doing calculations of budgets and preparing appeals, we found these focus groups confirmed what we had heard before. Their voices offer a valid and significant critique of social assistance policies. Their words are of grave importance to administrators, policymakers, and government leaders, as well as health care, social work, and legal professionals.

All people who work for government administering public assistance from receptionists to the Minister's office should ensure that all policies and practices are administered equitably, fairly and with respect and compassion. Those who develop the policies and those who deliver the services should listen closely to the voices of those whose lives are most directly affected by their decisions.

We had no problems getting participants for this study. In reality we had more people willing to talk than we were able to allow for. The participants were very open, honest and sincere in response to our questions. During these groups, we laughed, we cried and more importantly we all shared our stories. We all left the groups with the hope that this will lead to something much broader and that it will have a strong impact on the way our government does things. The participants informed us that they would be more than willing to speak again. Some said that if any lobbying or demonstrations took place, they would very much like to be a part of it.

Implementation of policy changes should be a collective and collaborative effort, inclusive of people from the grassroots level. Those that live these realities are the Professors of Poverty and their voices would be very beneficial in redesigning policies that improve the quality of life for all. Is it not time that we all start to count as human beings and as citizens so that no one who has to depend on public assistance has to ask “*Don't we count as People?*”

# APPENDICES

## **APPENDIX A**

### **Saskatoon EQUAL JUSTICE FOR ALL Organization Inc.**

A NON-PROFIT REGISTERED CHARITY CORPORATION PROVIDING ADVOCACY SERVICES AND REPRESENTATION  
TO THE POOR AND DISADVANTAGED

PHONE: (306) 653-6260

230 AVE R. SOUTH. SASKATOON, SK. S7K 2Z1

FAX: (306) 653-6264

## **CONSENT FORM**

### **INCOME SUPPORT, WOMEN'S HEALTH & JUSTICE IN SASKATCHEWAN**

#### **PURPOSE OF THE RESEARCH:**

- <sup>3</sup> To find out how income support policies in Saskatchewan affect women's health (including physical, mental, emotional, and spiritual well-being).**
- <sup>3</sup> To find out whether skilled advocates are readily available to help women on social assistance appeal decisions about their eligibility and benefits.**
- <sup>3</sup> To discover what policy changes low income women would recommend to improve social assistance programs and advocacy services.**

#### **HOW THE RESEARCH WILL BE CONDUCTED:**

- <sup>3</sup> The researchers will conduct focus groups or interviews with women receiving social assistance and those who provide advocacy services to them. The interviews or focus groups will last 2 hours.**
- <sup>3</sup> The interview or focus group will be tape recorded so that the researchers can listen carefully and your words are not changed.**
- <sup>3</sup> You may choose to not answer specific questions.**
- <sup>3</sup> You may leave the focus group or interview at anytime, without penalty.**
- <sup>3</sup> Any information collected (tapes or notes) from the interview or focus group will be kept in secure storage.**
- <sup>3</sup> The information gathered from the interviews and focus groups will be analyzed and used to prepare a report to share the findings and recommendations with the community groups and policy makers.**
- <sup>3</sup> All names or information that could identify you will be removed when the tape is typed up. No individual names will be used in the Final Report or anywhere.**

**Saskatoon EQUAL JUSTICE FOR ALL Organization Inc.**

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TO THE POOR AND DISADVANTAGED

PHONE: (306) 653-6260

230 AVE R. SOUTH. SASKATOON, SK. S7K 2Z1

FAX: (306) 653-6264

**I have read and understand the information provided on this form and give my consent to participate in this study. \_\_\_\_\_ Yes \_\_\_\_\_ No**

**I have received a copy of the Consent Form \_\_\_\_\_ Yes \_\_\_\_\_ No**

**I acknowledge that I have received a travel allowance of \$10.00 as a token of appreciation for my participation in this study. \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Focus Group Members only:**

**I agree to maintain the confidentiality of all other group members involved in this research project. \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Name: (please print) \_\_\_\_\_**

**We will be happy to send you a copy of the Final Report once the research is completed. If you require a copy, please print your address below:**

\_\_\_\_\_  
\_\_\_\_\_

**The researchers for this project are: Debbie Frost, Diane Bignell, (*name of team member who chooses to remain anonymous*) and Mildred Kerr. If you have any questions or concerns, please contact anyone of these persons at the above address.**

**This project was approved by the Prairie Women's Health Centre of Excellence. If you have any concerns about your rights or your treatment as a participant in this study, please contact:**

**Prairie Women's Health Centre of Excellence, 56 The Promenade, Winnipeg, MB. R3B 3H9 Phone: (204) 982-6630, Email: [pwhce@uwinnipeg.ca](mailto:pwhce@uwinnipeg.ca)**

**Researchers Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## **APPENDIX B**

### **Questions A Guide for Focus Groups**

- 1) When you think about your own experiences applying for or receiving social assistance and how that has affected your health, what do you think of?
- 2) How well does the basic allowance cover the costs of things that you need to maintain your health?
- 3) Are there things that you need to maintain your health that you cannot afford?
- 4) Does the amount of money you receive for rent cover your housing costs?
- 5) Do you have any concerns about how your housing affects your health or safety?
- 6) Have you ever had your check reduced to repay a Personal Advance? How did that affect you?
- 7) Have you ever been told about or requested a special diet allowance? What happened?
- 8) If you disagreed with a decision made by your social worker, did you feel that you could speak up and complain?
- 9) Have you ever tried to appeal a decision that affected your welfare benefits? Do you know what an advocate is and where they are available? If so, did you have an advocate to act on your behalf?
- 10) If you felt you were not treated fairly regarding your welfare benefits, where would you go for help? Did you have access to any advocacy services and if so how close were these services, or did you have to travel to get to them?
- 11) If you had five minutes to talk to the Minister of Social Services, what would you tell him about changes that you would like to see, changes that would make a difference to your health and well being?
- 12) Does your worker require you to submit job search forms each month?