

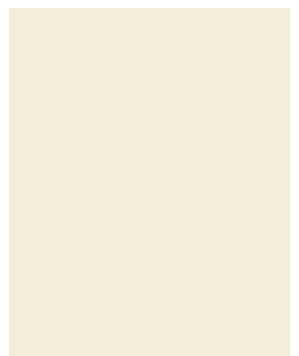
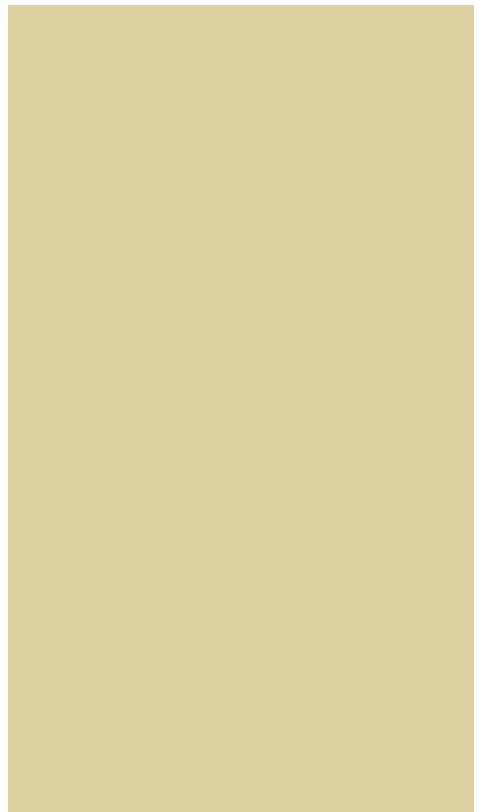
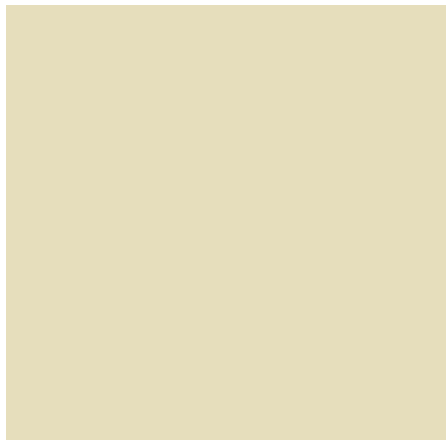
# Meaningful Training Programs for BC Welfare Recipients with Multiple Barriers

## HELP FIRST, NOT WORK FIRST

by Shauna Butterwick  
July 2010



**CCPA**  
CANADIAN CENTRE  
for POLICY ALTERNATIVES  
BC Office



## MEANINGFUL TRAINING PROGRAMS FOR BC WELFARE RECIPIENTS WITH MULTIPLE BARRIERS: HELP FIRST, NOT WORK FIRST

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CCPA  
CANADIAN CENTRE  
for POLICY ALTERNATIVES  
BC Office

1400 – 207 West Hastings Street, Vancouver BC V6B 1H7

tel: 604.801.5121 | [ccpabc@policyalternatives.ca](mailto:ccpabc@policyalternatives.ca)

[www.policyalternatives.ca](http://www.policyalternatives.ca)

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# Summary

Accurate early assessment and referral is essential for people to receive the help they need, whether that is assistance in finding employment, increased community support or disability benefits.

THE BC WELFARE “REFORM” THAT BEGAN IN THE 1990s under the NDP intensified in 2002 under the new Liberal government. Funding was cut and programs and services shifted to a “work first” (take a job, any job) approach. The government contracted out employment programs and services, primarily to for-profit companies.

This study occurred during the current Liberal government’s second mandate, between 2005 and 2009, and examined the experiences of income assistance recipients participating in two types of pre-employment programs: the BC Employment Program (BCEP) and the Community Assistance Program (CAP), which focuses on making community connections for people who have been identified as having multiple barriers that make it very difficult for them to find employment.

Welfare reform reduced caseloads (until the onset of the latest recession)—but at great cost, as many of those who were denied assistance experienced significant hardship. Many of those who managed to remain on income assistance had multiple barriers to employment, including addiction, mental and physical health problems, learning disabilities, lack of English skills, unstable housing and homelessness. These recipients have not been well served by the “reformed” system.

Although the study did find that CAP is better at meeting the needs of recipients with multiple barriers, neither CAP nor BCEP provides a pathway out of poverty. Instead, they are a means of reducing the welfare caseload and increasing the supply of low-wage workers.

As a result of our study we recommend the following to the provincial government:

1. Raise income assistance rates: Relative to the province’s high cost of living, BC provides one of the lowest levels of support for income assistance recipients in Canada. Providing sufficient support to meet basic needs is an important and urgent change.
2. Remove the three-week waiting period for income assistance: Without support, many can become homeless or experience other escalating difficulties during the waiting period.

3. Create more social housing: How can people, even those without multiple barriers, look for work when they are homeless?
4. Reframe policy from work-first to help-first: Accurate early assessment and referral is essential for people to receive the help they need, whether that is assistance in finding employment, increased community support or disability benefits.
5. Improve access to CAP and expand services: CAP programs should be better funded so that there are more staff and more people can access the program.
6. Review the performance funding approach: Government studies have pointed to the problems of a performance funding approach, and how for-profit companies, driven by monetary interests, will focus on recipients with fewer barriers.
7. Improve access to the People With Disabilities (PWD) program: Changes are needed to the PWD application process and the eligibility criteria. Furthermore, it seems to be the current practice to deny a high proportion of those first applying; some who request reconsideration are then deemed eligible. This policy of initial denial means that clients with significant multiple barriers who could be better served by PWD services are delayed in accessing these services.
8. Improve access to longer-term education and training: The training that recipients can access is limited to short-term programs that support recipients to find entry-level work. A pathway out of poverty requires access to longer-term, skills-based training for jobs that pay a living wage. The costs may be greater in the short term, but in the long term there are savings.
9. Prioritize prevention and early intervention: In the long run, the most logical and cost-effective solution is to reduce the number of people with multiple barriers requiring income assistance in the first place, through assessment and early-intervention programs.

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A framework for serving those with multiple barriers must include strategies that address barriers directly *and* labour market strategies that identify or create suitable employment opportunities. An employment focus must be balanced with meeting client needs, the welfare system's primary function. A focus on long-term support for those with multiple barriers is particularly urgent given the present economic context and the weak labour market.

# Introduction

Many of those who remained on income assistance had multiple barriers to employment. They are not well served when the dominant approach is to cut costs and reduce caseloads.

IN 2002, WELFARE REFORMS IN BC, which had begun in the 1990s, intensified under the new Liberal government. The changes that were introduced led to benefits being denied to many who were in need. Funding was cut and programs and services shifted to an intensive “work first” (take a job, any job) approach. The government contracted out employment programs and services, primarily to for-profit companies. These reforms reduced caseloads, but at great cost, as many of those denied assistance experienced great hardship. Many of those who remained on income assistance (IA) had multiple barriers to employment. They are not well served when the dominant approach is to cut costs and reduce caseloads.

This study occurred during the government’s second mandate, and focused on the needs, experiences and perceptions of IA recipients with multiple barriers participating in employment programs.<sup>1</sup> It also explored how program providers viewed welfare reforms, and what services were offered to recipients with multiple barriers.

Substance abuse, depression and mental illnesses, as well as chronic health conditions, learning disabilities, domestic violence, language barriers and a lack of skills and work experience create barriers to employment.<sup>2</sup> Although experienced and regarded as personal difficulties, many of these problems have structural origins. Furthermore, food insecurity, housing instability and homelessness, as well as lack of access to child care and transportation are also barriers to employment. The more severe the barrier, the greater impact it has on the recipient’s employment prospects.<sup>3</sup> Most long term IA recipients have more than one barrier. In many cases, it is the interaction of barriers that becomes most problematic. While one barrier may be manageable, multiple barriers can severely impact employment prospects.<sup>4</sup>

Why focus on barriers? This study is timely given the increasing numbers of IA recipients, even in the expected to work category, with multiple barriers. Given this changing profile, understanding the multiplicity and complexity of barriers is necessary for improved services and programs that embrace other goals besides finding a job.<sup>5</sup> A better understanding of barriers also challenges assumptions that IA recipients cannot find work because they lack soft skills, and have poor working habits and problems with motivation and attitude.<sup>6</sup> Depression and other mental health issues, substance abuse, domestic violence and learning disabilities are often the underlying causes.<sup>7</sup>

We begin this report by mapping the changing policy context of welfare in BC, building on the findings of earlier CCPA studies that explored outcomes of welfare reform. The current welfare services and programs being offered are then outlined. The latter part of the report describes the methodological approach of this study, findings and recommendations.

# Policy Context

BEGINNING IN THE EARLY 1990s, major shifts in welfare policy could be seen across Canada. In the mid-1990s in BC, the NDP government implemented significant changes, including welfare to work requirements, which meant the bulk of programs focused on short term job search support. IA recipients were to take any job, regardless of its fit or wage. Previous policy had allowed IA recipients to attend skills training programs, but with these changes educational access was greatly reduced. IA recipients with lower education levels could attend upgrading or literacy programs and still receive benefits. Once completed, to move onto longer, skills-based training, they had to leave welfare and take out a student loan.

The speed and scope of these changes, however, accelerated with the 2001 election of the BC Liberals. As part of an overall agenda to reduce government spending and minimize the role of the state, the Ministry of Housing and Social Development<sup>8</sup> went through the most drastic restructuring of all government ministries. In a period of four years (2002 to 2006), \$581 million was cut from its budget, representing a 30 per cent reduction in spending. These changes were “radical and unprecedented in Canada.”<sup>9</sup> To meet its ambitious cost-cutting targets, the ministry implemented a range of harsh and punitive policies aimed at drastically reducing the welfare rolls.

Welfare benefits for “employable” clients required that they complete and comply with an employment plan. No transportation funding was provided for recipients to get to their meetings with workers. Furthermore, immigrant groups with English language limitations were confused about the requirements and single mothers were offered no child care support while they went to their programs.<sup>10</sup> Severe penalties, including complete loss of benefits, can be imposed on clients accused of noncompliance with their employment plan. These requirements, combined with new eligibility restrictions, led many to lose their welfare entitlement. Rates and time allowed to receive benefits were also cut and access to further education and training was greatly reduced. These welfare reforms pushed people off welfare, and for others, reforms closed the doors to assistance.

As a result, the profile of IA recipients shifted. CCPA research found that prior to these changes, most IA recipients needed income support for less than a year, cycling through the system during economic downturns.<sup>11</sup> After the reforms, a larger portion of those that remained had multiple barriers to employment and were not adequately supported by short-term “self directed” job search; they need longer and more complex services. As a CCPA study noted, “Generally speaking, people remain on income assistance for more than one year only if there is a compelling reason for their inability to secure stable employment.”<sup>12</sup>

Most long term income assistance recipients have more than one barrier. In many cases, it is the interaction of barriers that becomes most problematic. While one barrier may be manageable, multiple barriers can severely impact employment prospects.

The United States also reports a shift in the profile of welfare recipients to those with multiple barriers who are less employable.<sup>13</sup>

Not surprisingly, these changes led to substantive reductions in caseloads and welfare expenditures, outcomes claimed by the government as evidence of successful policy reform. CCPA research, however, pointed to the downside of these cuts. Studies showed how, contrary to government claims, caseload reductions occurred not because of lack of need, but because eligibility was restricted.<sup>14</sup> These studies also clearly illustrated how “living on welfare is hard, very hard” and how the new restrictions that cut people off welfare had increased their poverty.<sup>15</sup> Those who left welfare voluntarily tended to see a jump in their income (as most found work, particularly during the economic boom years), but even so, most still had an income below the poverty line.

People who leave welfare voluntarily do so mostly for work and see a quick jump in their incomes. But their incomes then quickly flat-line, as most remain in low-paying jobs.

The government’s own 2009 study of welfare leavers found a similar trend; people who leave welfare voluntarily do so mostly for work (although no more so after the 2002 reforms than before), and see a quick jump in their incomes. But their incomes then quickly flat-line, as most remain in low-paying jobs.<sup>16</sup> These are findings that should give us pause to reflect on the long-term benefits of the “work-first” strategy. They raise the question: Would it not be better to spend more time and money helping people gain higher-level skills and training, if such an approach is more likely to provide a decent income?

While several CCPA studies have pointed to the negative consequences of welfare reforms, particularly for those most in need, research has also studied what works and what should be part of a more progressive welfare system. Access to education and training is one key element of progressive policy, as illustrated in a 2006 report on how IA recipients could, prior to the major changes instituted in 2002, access college programs to upgrade their education and improve their literacy skills.<sup>17</sup> This educational access created a “path out of poverty” which, in relation to the numbers who participated, was an efficient and effective public expenditure. CCPA research has also examined how instituting a living wage policy “is one of the most powerful tools to address [the] troubling rate of poverty amid plenty in BC.”<sup>18</sup>



# Employment Programs

MAJOR CHANGES WERE ALSO MADE TO PROGRAMS AND SERVICES. Until 2006, the two main programs were Training for Jobs (TFJ) and Job Placement (JP) programs. All programs were contracted out and most of the funding went to large for-profit companies that then sub-contracted to other agencies. The government pointed to the success of these programs and their contribution to the reduction in welfare caseloads. However, in August 2005, an evaluation of the TFJ and JP programs completed by the Victoria Consulting Network, an independent consulting company, painted another picture of inefficiencies and failure to serve those in need. It found that welfare services provided in these programs moved people into employment a mere two weeks earlier than the individuals who did their own job search. Programs were also rarely available to clients with multiple barriers, arguably the individuals most in need of training and employment supports, because contractors could choose which individuals to take on. In order to maximize profits, contractors chose to work with the most employable clients, as they had the lowest “cost per unit.” Thus, contractors were being paid considerable amounts for “helping” individuals with few barriers find the jobs they would have found on their own, leaving others with multiple barriers without assistance.<sup>19</sup>

During the government’s first mandate, contractors were being paid considerable amounts for “helping” individuals with few barriers find the jobs they would have found on their own, leaving others with multiple barriers without assistance.

In response to the 2005 critiques, the government announced that:

- Participants who are employable will be assisted to reach independence as quickly as possible through sustainable employment;
- Participants who have barriers to employment will be assisted to achieve progress along the employment continuum through increased employability and connections with community services; and
- The ministry will achieve improved administrative efficiencies in employment programming.

Changes were made to the performance-based funding model, but private delivery was largely retained. TFJ and JP were replaced with the BC Employment Program (BCEP), which came into effect July 2006 with an initial annual budget of approximately \$35 million. BCEP is designed to for those who are deemed able to work and to “encourage personal responsibility and self reliance through employment planning.” Participants cannot refuse to take employment and/or training programs, even if they feel they are unsuitable or undesirable.

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In their first two months, participants in the BC Employment Program are provided with low-cost services (access to telephones, computers, workshops, etc.) to assist them in a self-directed job search. The advantage of this is that it costs the government very little. However, this phase is highly unsuccessful — the ministry itself estimates that only 25 per cent of participants find sustainable employment during this period. Those who do not find employment during this time or who are “unsuitable for Directed Work Search” are moved into the Moderate and Intensive Services component, which lasts for four months and includes life skills and short-term training, work experience, and pre-employment services. The life skills training component addresses such things as health problems, interpersonal skills, conflict resolution, anger management, nutrition, parenting skills, goal setting, and self-esteem. Clients can access short-term training lasting four to six weeks (or 120 to 160 hours), such as Super Host, Serving It Right, basic computer skills, Workplace Hazardous Materials Information System, first aid, English as a second language, and job skills in areas such as construction, hospitality and retail sales. At the end of the six month period, participants are expected to either be employed or to be volunteering.

Another government program, the Community Assistance Program (CAP), is available for welfare recipients who have completed BCEP without finding a job or becoming a volunteer. These recipients can be designated as Persons with Persistent Multiple Barriers (PPMB) if they have been on assistance for 12 out of 15 months and are not able to find work and leave welfare. With appropriate services, it is thought that these recipients could become more employable; their barriers are not considered permanent. PPMB status means recipients are exempt from employment obligations. If they find part-time work, they can keep a portion of their earnings. While these programs do recognize multiple barriers and provide supports in relation to those issues, this program does not provide the same services as those who access disability benefits under the Persons with Disabilities (PWD) designation. CAP programs are targeted for people with mental illness, substance abuse, and lower education levels (less than Grade 10) who have an identified problem with basic literacy, high unemployment, or who are homeless.

The first phase of CAP lasts up to three months and involves intake and assessment. After this assessment, a program that is appropriate for the individual is created. Clients have to pick at least three activities they feel would help them. Clients can continue in the program for another six months or longer depending on their individual situation. During that time clients work with the provider and other agencies on their barriers. They can participate in life skills training, mental health and substance abuse/addictions programs, and work with agencies to find them housing.

Now that we have outlined welfare changes and the current structure of BCEP and CAP programs, we turn our attention to our data collection procedures and findings.

# Data Collection

WORKING FROM A LIST OF FOR-PROFIT AND NOT-FOR-PROFIT PROGRAM providers found on the ministry's website, a shortlist of 20 agencies was generated. These included a mix of BCEP and CAP programs and programs running in diverse parts of the province. Using email and phone, these programs were sent information about the study and invited to participate. Providers of programs were asked whether they wanted to be interviewed and also whether they could help recruit program participants for focus group interviews.

Interviews were conducted with 13 providers who worked for different agencies in the Lower Mainland, Vancouver Island, the southern interior and the north of BC. Just over half worked in CAP programs while the remainder ran BCEP programs, most of which were subcontracted by for-profit agencies. Most interviews were conducted in person, with the remainder over the telephone. Some information was also gathered from reports by advocates and anti-poverty advocacy organizations.<sup>20</sup> Providers were asked to talk about their past and current experiences with the ministry and their experiences with welfare programs in general. Then they were asked to describe their program's components, the clients they served, the kinds of barriers clients had, and how their programs addressed these barriers. They were also asked about the financing of programs and contractual relations with government.

To recruit focus group participants, program staff posted flyers and sent letters of invitation (with a consent form) to IA recipients who met the criteria of receiving assistance for at least one year and having multiple barriers. As a result of our recruitment efforts, six focus group interviews with IA recipients were held.<sup>21</sup> All focus groups took place in meeting rooms of the agency running the program, but no providers or program staff were present during the focus group meetings.

Prior to beginning the focus group discussion, participants were invited to complete an information sheet where they indicated their age, gender, ethnicity, education, work history, and family status.<sup>22</sup> During the focus group discussions, participants were asked to discuss their welfare experiences including: referrals (being referred to a program or agency), completing employment plans, participating in programs, the kinds of other services they accessed and their effectiveness. They were also asked to share the barriers they faced to getting good jobs and leaving welfare, and to define their needs and goals. At the end of the focus group, participants were asked to comment on what aspects of the current welfare policy and employment programs they would change.

Participants were asked to share the barriers they faced to getting good jobs and leaving welfare, to define their needs and goals, and to comment on what aspects of the current welfare policy and employment programs they would change.

# Voices from the Margins: Themes from Focus Group Discussions

Participants noted the effects of cutbacks in welfare benefits and poor service delivery: *“Service is a lot more impersonal, government is unloading its responsibility on private companies [that] don’t care one way or the other.”*

FOCUS GROUPS WITH INCOME ASSISTANCE RECIPIENTS were held in the Greater Vancouver, Vancouver Coastal, Vancouver Island, and Fraser regions of British Columbia. Slightly more than half of the groups were clients in Community Assistance Programs (CAP) and the remainder were in British Columbia Employment Programs (BCEP). The size of the groups ranged from 10 participants to 14. A total of 64 income assistance recipients participated, with slightly more males than females; their ages ranged from 19 to 63, with over 50 per cent of interviewees falling between the ages of 40 and 59. Most of the single females (10) were parents with children 14 or younger. Of the total number of single participants, over 40 per cent said they were divorced, separated or widowed. All participants were long-term welfare beneficiaries who had been receiving income assistance for a year or more; some individuals had been cycling on and off income assistance for over 10 years.

Sixty per cent of interviewees had a Grade 12 or lower level of education. Their reasons for not pursuing further education included learning disabilities, the need to support themselves at an early age, the cost of upgrading their education, unpaid student loans and not being able to obtain student loans while receiving welfare benefits. Notably, most of the immigrants who were interviewed had college or university qualifications, but were unable to find employment despite their educational achievements. Other participants in our focus groups had post-secondary education, but were unable to find or maintain long-term employment because of health issues and other barriers. Almost all had held steady jobs in the past before they came to rely on income assistance. The employment history of participants included experience in areas such as construction, teaching, entertainment, law, hospitality/restaurant, counseling, retail sales, security and administration.

## EXPERIENCES WITH WELFARE REFORM

Participants noted the effects of cutbacks in welfare benefits and poor service delivery: *“Service is a lot more impersonal, government is unloading its responsibility on private companies [that] don’t care one way or the other.” “They used to have three offices, now they have one with less staff. There will be 20 people sitting in chairs and three people working.”* Some believed that new rules and policies were designed to benefit policymakers by reducing costs and shifting some responsibilities to contractors and private providers rather than focusing on the long-term well being of people living in poverty. They expressed frustration with impersonal service,

inflexible staff and the “one size fits all” approach to the needs of clients. *“Deal with people on a case-to-case basis, do what is possible to get people out of poverty — figure out exactly what people need.”*

On the other hand, some also experienced variability in service depending on the welfare worker’s dispositions and which office they went to. Staff seemed to judge which recipients should be granted certain services, making decisions about who was worthy of support based on their physical appearance. *“There is favouritism in the welfare system. If they like you, you are in; if they don’t like you, you are out.”* A related complaint was that while welfare recipients are required to disclose their personal history, ministry staff could hold back or neglect to provide information about supports that might reduce barriers or bring about positive change in their lives.

The work-first rule was a problem for many. Some were afraid to accept part-time jobs because of penalties such as withdrawal or reduction in welfare incomes. *“Once you get a job you don’t get anything; it’s a Catch-22.”* *“When I am on welfare and I work they take away my benefits.”* The need for transition support was voiced. *“Once you get on the services it is hard to get out because they don’t provide enough finances to the right places so that people can maintain jobs and not go into arrears during transition from welfare to work.”* One woman with a chronic health problem that had weakened her physical strength was fearful of what was going to happen when she started a service job that required a lot of physical activity.

Some talked about having to retell their stories each time they were referred to a different welfare program or office; these individuals also felt they were being “shuffled” from one program to the next without receiving the help they needed. Referral issues were attributed to inefficiencies in the system. Examples given included breakdown in communication among income assistance offices and contractors, poor record-keeping, and the inability of staff to effectively follow-up and manage individual cases. For some, disclosure was also considered risky given the repercussions. *“My goal is to get rid of my addiction, which I could not tell welfare about because I had young children.”*

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## BARRIERS TO EMPLOYMENT

Immigrants tended to share experiences and views about barriers that they described as systemic. They spoke mainly about discrimination based on place of origin, language, accent or physical appearance. *“As long as you were not born Canadian it’s hard to survive here. In Canada you have to be educated here so it’s hard for people to come here and have something.”* This group also talked about being turned down for jobs because their qualifications and skills were not recognized by Canadian employers. *“We need to get jobs in our area of specialization. I have been teaching for 14 years; don’t ask me to be a mechanic now.”* Lack of Canadian work experience was also a barrier for this group, as well as costs associated with transportation to participate in welfare training programs and interviews. *“If you are not studying full time you can’t even get a student loan. Getting a student loan would make life better.”* Overall, participants felt that sub-contractors and ministry personnel were not trained to deal with the needs of skilled immigrants.

For non-immigrant participants, barriers were defined in more personal terms. The most common barriers affecting individuals were drug or alcohol addiction, health issues ranging from work-related injuries to mental illnesses, level of education, transportation, age, crim-

The most common barriers affecting individuals were drug or alcohol addiction, health issues ranging from work-related injuries to mental illnesses, level of education, transportation, age, criminal records, long-term unemployment, poor English skills, low self-esteem, homelessness, and lack of telephones. *“I lived in a tent for a year and a half, then had a run-in with my welfare worker because she told me I was a transient... because I was living in a tent, I could only get \$20 per month [for housing].”*

inal records, long-term unemployment, poor English skills, low self-esteem, homelessness, and lack of telephones. One participant noted further barriers due to low funding given for those who were homeless. *“I lived in a tent for a year and a half, then had a run-in with my welfare worker because she told me I was a transient... because I was living in a tent, I could only get \$20 per month [for housing].”* For women with infants, childcare costs were also a barrier to employment.

Age and disability issues were also discussed by participants. *“The older you get the harder it is because you are battling with younger people for \$8 an hour jobs.”* People living with chronic health problems found that the change in policies made them ineligible for disability benefits. Many had applied for this benefit and were denied. *“I have liver disease and they won’t recognize it. I was on disability for two years and they took me off. I am trying to get back on.”* These individuals also said the application process for disability benefits had become more complex and it was very difficult to complete the paperwork without assistance.

In spite of the many barriers faced by individuals, including homeless people, many of these participants were initially assessed as employable and placed in B CEP. After those programs did not work, they were eventually transferred to CAP.

## WHAT WORKS, WHAT DOESN’T WORK

Interviewees found some providers and programs helpful, but criticized contractors who they believed were more interested in making a profit. Although some had been through different mandatory training programs over the years, the experience didn’t have any significant impact on their lives. In fact, some participants admitted they participated in training programs because it was necessary to receive income benefits. *“Welfare says you have to be in a program or else no cheque.”*

Participants’ comments about B CEP were mostly negative. *“Contractors just post a bunch of jobs. It’s left up to you ... they don’t help you because you are just a number.”* Contractors were described as inflexible and sometimes harsher than the ministry in their treatment of clients. Some participants said B CEP contractors were more interested in processing as many clients as possible and offered very little or no individual support. *“If you do not find a job in two or three days the agency loses money. They are operating as a business ... looking after their own interests.”* Like CAP participants, B CEP clients also believed that financial support for training or job-related expenses, such as transportation costs to attend interviews, work equipment, and work or interview clothing, was inadequate. *“The ministry said that the contractor would pay for training, but the contractor said they did not have money for that.”*

CAP participants were generally more positive about program services than those in B CEP programs. For example, CAP participants complimented providers who provided individual attention and who made the effort to find out what kinds of support/training they required to reduce or eliminate barriers. *“They are doing a great job here. They are respectful and they appreciate that we have other commitments.”* Another commented on how *“it’s not so much a job program, it’s a life skills program and I enjoy being here.”* They also appreciated being given the freedom to choose courses or activities that were of interest or value to them. *“The program is not one size fits all.”* Assistance with resume/cover letters, job search assistance, and referrals to skills training programs and other community resources was also appreciated, as were funds to cover transportation and other certification costs. *“They provide us with gas allowance and money to pay for an ESL [English as a Second Language] diploma.”*

Dissatisfaction with CAP stemmed from inadequate financial support for educational upgrading and other training or job-related expenses. Some participants said that even though they were referred to skills training programs through CAP, they had to pay for these courses from income benefits. Interviewees also said that the duration of some support/training programs was too short to have any significant impact on barriers.

## RECOMMENDATIONS AND HOPES FOR THE FUTURE

In spite of the multiple barriers they faced, most of the interviewees said they wanted to be independent and self-supporting. They wanted to upgrade their education, learn new skills or find jobs. *“I would like to finish school and graduate. I would like to find a job in town that pays good money.”* Although individuals expressed these desires, many were unable to make any real progress because of barriers. They outlined the need for simpler referral and assessment processes, better resources, higher benefits, and opportunities to take longer training leading to a recognized credential. Many struggled with the limits of benefits and training opportunities. They felt that being on welfare should not be a hindrance to the pursuit of a better education, and that they should have adequate financial support to upgrade skills while still receiving welfare benefits.

Some said they believed they were being held back by the work-first approach and recommended better initial assessments and greater focus on individual needs. Participants recommended that training providers establish partnerships with employers as this could lead to more employment opportunities for welfare recipients. The immigrant participants recommended the development of special programs for skilled immigrants and easier access to resources to upgrade skills where necessary. A better system of recognizing foreign qualifications and skills was also a priority.

Participants also said a better understanding of poverty by contractors and ministry workers could eliminate stigma, positively impact client satisfaction, and reduce or eliminate some employment barriers. They called for simplification of the current system (e.g. less bureaucracy/elimination of strict rules) and greater involvement of welfare clients in policy formulation. They also said trained staff should be able to exercise discretionary authority by responding to the different needs and unique circumstances of clients. An increase in income benefits would allow individuals to afford certain necessities that would eliminate or reduce barriers, such as transportation, work clothing, telephone service, nutrition and housing. The ministry should provide adequate income support for longer periods while individuals make the transition from welfare to work. Individuals affected by childcare costs and a lack of affordable housing also called for affordable childcare and longer exemption period for single parents, as well as more low-income housing.

For many participants this was the first time they had met each other and the first time they were in a group with other recipients where the focus was on welfare services. Invariably, the set of questions guiding the discussion were set aside for awhile as participants enthusiastically exchanged ideas, strategies and tips; those with more experience in the system made suggestions to others about how to survive and ask for sometimes hidden services. Participants also took note of the range of experiences and services offered, with some receiving much more support than others. What became clear was that the individualized approach to completing employment plans and access to particular forms of training had led to disparities in the extent of services and programs offered.

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# Voices of Program Providers: Mixed Reviews

One provider, involved for over 14 years with provision of welfare programs, had hoped that the reduction in caseloads would mean more money to help those most in need.

*“None of that has happened; the money has not been redirected to help those most in need. I feel quite let down by the system.”*

The majority of providers in our study were women. Their ages ranged from 30s to mid-50s. All the providers we spoke with had been working for several years running welfare programs; some had been involved for decades. All had been offering services during the years of significant and radical changes to welfare. One experienced provider saw the shift toward work-first approaches as a policy borrowed by BC from other jurisdictions with more punitive philosophies.

*To make it work they had to make it quite punitive. The difficulty getting on welfare and the insistence that people had to look for work stopped people from getting on the system. My opinion was that they could have done this by just enforcing the requirement that people look for work if they were employable, but instead they put in a lot of punitive measures and legislation, e.g. doing away with the right to appeal, and they are tracking and monitoring clients with great vigour.*

For some, the major reforms of 2002 coincided with a reduction in the ministry's capacity to manage the system. *“Now they are not involved with the service delivery at all. I think there are some really good ministry people, but they are so overwhelmed with what they have to do and they are not being paid to think.”*

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## CONTRACTING OUT

Providers' views about contracting out all employment-related programs and services were widely distributed on a continuum of very positive to very negative. Most providers worked in programs that were sub-contracted by for-profit agencies that won the lion's share of provincial government contracts. Several providers described the contracting out process as a positive move given that the government did not have the staff. *“The province did not have*



*the financial capacity and knowledge base to know how to manage employment programs. They did not have the staff.*" Another provider experienced "open dialogue among all parties," finding the relationship with private subcontractors very intense but productive, often involving daily contact and regular field audits. The case management system was viewed positively; the agency was always paid promptly. In this participant's view, interaction with this main contractor was preferred to the old system when providers were dealing directly with the government.

Others noted positive changes following the 2005 evaluation. One praised the new CAP program as evidence that the government had listened to feedback from service providers and their own staff and deepened their understanding of multiple-barriered clients. Several other providers appreciated that in the revised version of CAP, the goal of finding a job was replaced with more appropriate goals, and a focus on quality of life.

*We are now able to help connect people to the community without there being a kind of expectation for them if they are not capable to do anything other than being more involved and connected with their community.*

Many CAP providers expressed appreciation for the flexibility of being able to provide support for clients' individual challenges, particularly health issues, which had to be addressed before clients could successfully participate in education or training.

One provider was part of 15 colleges and universities who formed a consortium that in 2009 was awarded funding to provide employment support to IA recipients and to unemployed clients who were not receiving Employment Insurance benefits or IA.

She saw a great advantage in IA recipients accessing services through colleges and universities because of the existing infrastructure for education and other services such as counselling. She spoke of the high quality of instruction and how working in the university setting allowed her to call in faculty from other units on campus to give a talk on particular topics of interest to the students. She had a lot of discretion about how to spend training funds and spoke about being able to help people who had previously been denied access to training. "I see people who thought no one cared. One man had been trying to get into a home inspection program for years and he was in tears when told he could take the training."

But there were also critiques of the contracting-out process. Some argued that proposals from larger for-profit companies with the resources to prepare the detailed and lengthy documents were favoured over small organizations, some with decades of experiences running welfare programs. One interviewee had created a coalition along with several other agencies and submitted a proposal for a BCEP contract that was unsuccessful. The coalition structure did not meet the province's requirements regarding financial stability and coverage for liability. Providers noted how the lengthy proposals were mainly about financial structure and planning, with much less space for description of program content. Given the demands required to complete lengthy and detailed proposals, which required a great deal of labour without any guarantee of funding, small community-based agencies could not take the risk.

One provider was very frustrated with the relationship with his contractor, which did not value his knowledge and skills. The contractor had little or no experience of running programs for those on welfare. When this provider contacted the ministry to try to get other supports that clients were eligible for, he was chastised because all communication had to go through the main contractor. Concerns about clients, in this provider's experience, were often not

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dealt with. Furthermore, this provider was told to not connect with or share resources with other agencies (in the past, programs regularly exchanged information). *“We are not allowed to speak with other program providers, which we did before being subcontracted—just to find out information about services.”* Payment for services was also a problem as the contractor regularly lost documents. The performance-based payment model meant losses for the agency. Time and resources were required to create and run a new workshop or program, but if only a few clients participated, the full cost of the resources used was never reimbursed.

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Other providers also commented on inadequate funding. Programs ran only if they were cross-subsidized by other services funded from different sources (such as Employment Insurance) and if they were able to draw extensively on volunteer labour: *“We do a lot on very little. Each contract depends on every other contract — they are interdependent.”* A provider in a smaller program also spoke about sharing office space with others and how they also had to work on bringing in other contracts.

Another provider who had offered literacy training programs under an earlier version of CAP found that the new model was too rigid for the client group. *“We had people who were on medication and could not come in early in the mornings, so they would come at 11, or some would come for just two days a week or whatever, and people with kids would leave at 2:30.”* This provider felt strongly that, with the new CAP, they had less funding and less flexibility in program planning.

## PROBLEMS WITH THE REFERRAL PROCESS

Several BCEP providers expressed frustration with the ministry’s work-first policy. Many of the government referred clients did not fit in their program because they had serious barriers, often health-related, or were homeless. These providers wondered how the government considered them employable and appropriate for a BCEP program. Furthermore, it was their experience that many of these recipients who had significant barriers still had to complete BCEP and only when they could not find work were they then able to access CAP programs and services. Other providers running CAP programs did have some participants referred directly to their services. The delay in accessing appropriate supports meant that barriers would deepen and the self-esteem of recipients with multiple barriers was further eroded. Some providers said they felt there was little understanding by the ministry of the significance of barriers and what it took to turn people’s lives around. *“People have gone through much by the time they get on IA and it’s hard to turn around and go in another direction.”* One provider told a story of a recent immigrant to Canada who spoke no English but was referred to their program, which was not designed for immigrant participants. It took a lot of time to find an interpreter and this cost was not covered by the ministry.

One provider was very frustrated with the limitations on referring her clients into further training. She could only refer them to programs approved by the ministry, even when there were other excellent programs that were more appropriate, some of them in local colleges. These training programs could not be accessed because they were not “on the list.”

## BARRIERS: MULTIPLE AND INTERACTING

Many providers pointed to drug addiction, related health barriers (such as HIV/AIDS and Hepatitis C), and homelessness or inadequate housing as the main barriers. Homelessness meant providers had problems contacting recipients when they had been referred to the program. In one BCEP program, the provider noted that almost half were homeless, and even amongst those with accommodation, many did not have phones. *“The problem is that out of 115 people, almost half (52 participants or 45 per cent) have no phone, 63 (55 per cent) have phones, but very often these are the phones at the front desk of the hotel, so there are very few people who can be contacted on a regular basis.”* Even if clients were homeless, the government still considered them employable and referred them to BCEP programs.

Those who had fixed addresses were often living in substandard situations.

*I have heard from people about moulds on the ceiling, and doors that have no locks, and windows that are broken and don't get fixed, and no heat. It's not good, especially for training, if they have to go home and do any kind of studying — that's not very conducive to studying.*

The impossibility of finding decent housing given the low level of housing benefits was also noted. To access housing on such limited resources, shared living arrangements were necessary but problematic. Some clients were forced to share apartments with others whom they did not trust. This was especially difficult for women who, some felt, were being pressured into living with violent partners. Another provider commented specifically on the abysmal lack of quality and affordable housing for single parents and was shocked to learn that there was no special housing for clients who were pregnant. Pregnant clients who are homeless may have their children apprehended by the ministry, rather than get access to housing. The same provider was also disturbed to find that there were few special health clinics for expectant mothers facing addiction and other poverty-related issues.

The issue of accessing disability benefits received considerable comment. CAP providers felt that many clients, sometimes the majority in a program, because they had so many barriers, should be receiving disability benefits or PWD. Some of their clients had been on PWD in the past, but were denied benefits when changes were made to the eligibility rules and assessment procedures, involving complicated and lengthy forms.<sup>23</sup> Similarly, there were problems with finding health professionals to complete certain sections of the form. One provider found that some medical doctors resisted completing PWD forms as they believe this encouraged abuse of the system.

Several providers indicated that a large portion of their programs' efforts went to assisting clients with filling in forms and applying for PWD. They helped these clients with referrals to disability advocates and health professionals and they supported clients in requesting reconsideration when the application was denied, a routine outcome for at least half of the first applications. If requests for reconsideration were not initially successful, providers could not keep the client in their program, and instead had to refer them to other agencies to help with an appeal.

Dental health was also a barrier, as was finding dental professionals who understand the needs of and serve clients on welfare, particularly those with multiple barriers and addictions. Literacy and low educational levels were concerns for some providers, with one commenting that many men in her program had been working in construction and then became

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injured. They had often entered these jobs with low education levels. Now they were forced into entry-level work. One advocate raised the problem of clients who completed Grade 12 but still could not adequately read or write, most likely due to an undiagnosed learning disability. If the recipient was deemed able to do entry-level work, the ministry would not fund proper assessment of their learning disability.

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Non-English speaking clients face particular barriers. They often have to deal with employment plans and job search processes that they do not understand. Some clients feel “stuck in limbo” when they are referred to programs that don’t meet their needs. These difficulties continue when they are required to participate in group training. Providers argued that these clients need significantly more language and other training before being expected to work; otherwise they are trapped into low-paying jobs, such as cleaning.

Immigrant women who are survivors of violence face particular problems. These women would be better served by bridging programs that address the complex and intersecting issues of immigration, violence, employment needs and childcare issues. Without childcare some women attending programs have to leave their children alone, exposing the children to the risk of apprehension by social services. In these circumstances, some women end up going back to abusive relationships because they are unable to obtain support and resources for themselves or their children, or to navigate the ministry system.

A CAP provider from the northern part of the province indicated that the programs in that area focused most of its services on assisting Aboriginal clients. They struggled with barriers such as depression, substance abuse, lack of family support, hard to diagnose disabilities, poor nutrition, poor social skills, no telephone, lack of work history and related skills, and low levels of literacy. The legacy of residential schools was also an issue for many clients. *“We had a few who had been through residential schools and they had emotional issues that have been ingrained down to the core of their being.”*

## RECOMMENDATIONS AND HOPES FOR THE FUTURE

Not surprisingly many providers we spoke with pointed to the need for more resources, longer programs and a more multi-dimensional approach for those with multiple barriers, particularly for those clients with addictions. More specific support is needed for immigrant clients who need referrals to appropriate agencies where bridging and ESL programming is available. Immigrant clients need significantly more language training before being expected to work. Having a secure and decent place to live is essential. Even for those in CAP programs, being homeless makes attendance and completion of the different stages next to impossible. Although many providers had solid connections with housing advocates, they called for more coordination with the housing ministry. They also wanted the three-week waiting period removed, as it is often during that time that people are at great risk of becoming homeless.

Providers also pointed to the need for caseworkers and contractors to be given information about the programs run by different agencies so they can make the correct referral. Clients with multiple barriers should not have to complete BCEP before they are referred to CAP. Overall, many providers felt there should be a slant towards leniency.

# Conclusion

The BC government's framework of welfare reform includes several key elements that interact with each other to undermine efforts to address the issues facing income assistance recipients with multiple barriers. First, the corporatization of programs and services, which have been contracted out to mainly for-profit companies, is a clear retreat from government's commitment to helping those most in need. Second, work-first policies dominate how services are delivered, requiring IA recipients to undertake self-directed job search before they can access other supports. Few are served by this approach. Work-first doesn't work for those with multiple barriers. Both of these policies are part of the larger agenda of cutting costs, a stance that further entrenches problems that can mean more long-term assistance is needed.

While we did find some providers who supported the contracting out process because they felt the state did not have the expertise or resources to do the job properly, many noted that IA recipients with multiple barriers cannot be well served when the provision of services are calculated on a least-cost per unit basis. Contractors continue to receive funding for providing only limited services.<sup>24</sup>

The work-first strategy blocks more appropriate referrals for those with multiple barriers and makes things worse because of delays. We found that many BCEP participants who had significant barriers such as homelessness were expected to comply with their employment plans and engage in job search. Reviews of welfare programs have noted the continuing problems with this approach. We also found that many recipients in CAP programs should be accessing PWD benefits. Overall, the current system is doing a poor job of timely assessment and recognition of multiple barriers. It would be much more efficient if those with multiple barriers were provided the appropriate and relevant services from the beginning.

CAP programs are a good response to recipients with multiple barriers, particularly because the goal is not to get a job, but rather to connect to community and appropriate services. However, these programs were also underfunded and the kinds of training programs recipients access are limited, leading to only low-paying entry-level jobs that keep people in poverty.

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# Recommendations

Changes to the initial assessment and referral process are needed; appropriate assessments must be used to determine recipients' barriers as well as the interactions between those barriers. CAP programs should be better funded so that there is more staff and more people can access the program.

AS A RESULT OF OUR STUDY WE RECOMMEND THE FOLLOWING. The first few recommendations have been noted by earlier CCPA studies. They are changes needed to better support all Income Assistance recipients to move out of poverty. They are particularly important for IA recipients with multiple barriers, as living in poverty can exacerbate existing barriers.

1. Raise welfare rates. Relative to the province's high cost of living, BC provides one of the lowest levels of support for income assistance recipients in Canada. Providing sufficient support to meet basic needs is an important and urgent change.
2. Remove the three-week waiting period: Those with multiple barriers are not in a position to search for work during this period. Without support, many can become homeless and experience other escalating difficulties.
3. Create more social housing: The extent of homelessness and inadequate housing for those in this study with multiple barriers is significant. How can people, even those without multiple barriers, look for work when they are homeless?
4. Reframe policy from work-first to help-first: Accurate early assessment and referral is essential for people to receive the help they need, whether that is assistance in finding employment, increased community support or disability benefits.
5. Improve access to CAP and expand services: Changes to the initial assessment and referral process are needed; appropriate assessments must be used to determine recipients' barriers as well as the interactions between those barriers. Programs serving those with multiple barriers need skilled and knowledgeable staff who are well connected to their communities and to other services agencies. The work is challenging and exhausting. CAP programs should be better funded so that there is more staff and more people can access the program. Existing agencies and staff should be recognized and rewarded for their skills and contributions.

6. Review the performance funding approach: Government studies have pointed to the problems of a performance funding approach, and how for-profit companies, driven by monetary interests, will focus on recipients with fewer barriers.
7. Improve access to the People With Disabilities (PWD) program: Changes are needed to the PWD application process and eligibility criteria. Furthermore, it seems to be the current practice to deny a high proportion of those first applying; some who request reconsideration are then deemed eligible. This policy of initial denial means that clients with significant multiple barriers who could be better served by PWD services are delayed in accessing these services.
8. Improve access to longer-term education and training: The training that recipients can access is limited to short-term programs that support recipients to find entry-level work. A pathway out of poverty requires access to longer-term, skills-based training for jobs that pay a living wage. The costs may be greater in the short term, but in the long term there are savings.
9. Prioritize prevention and early intervention: In the long run, the most logical and cost-effective solution is to reduce the number of people with multiple barriers requiring income assistance in the first place, through assessment and early-intervention programs.

An employment focus must be balanced with meeting client needs, which is the welfare system's primary function. A policy primarily based on labour force attachment for such a severely disadvantaged group is indefensible.

## IN CLOSING

A framework for serving those with multiple barriers must include strategies that address barriers directly *and* labour market strategies that identify or create suitable employment opportunities.<sup>25</sup> In other words, an employment focus must be balanced with meeting client needs, which is the welfare system's primary function.<sup>26</sup> A focus on long-term support for those with multiple barriers is particularly urgent given the present economic context and the continuing weak labour market. The average length of unemployment increased under the impact of the crisis and the phenomenon of "involuntary part-time work" (people who have part-time jobs, but who would be working full-time if such jobs were available) has returned with a vengeance. If these people were counted into the unemployment rate, it is estimated that Canada's unemployment would be in the range of 15 per cent. Moreover, there are fears that the recovery will be a "jobless" one. In these circumstances, a policy primarily based on labour force attachment for such a severely disadvantaged group is indefensible.

It is clear from our study that the main interest of government is cost saving, not providing social programs for those in need. The latter is the vision of welfare that we must fight for, one that is central to a just view of Canadian society based on "a net of security and social development for all."<sup>27</sup>

## Notes

- 1 Participants in this study were those who, at the time of the study, did not access disability benefits. Disability benefits are available to those in the Persons with Disability program (PWD) and include higher rates and access to longer-term supports and training. PWD recipients are not expected to find employment.
- 2 Perkins & Nelms, 2006.
- 3 Ibid, p. 10. For example, having a severe disability versus a moderate one, having very low basic skills compared to low basic skills and being depressed five to seven days a week versus three to five were all found to significantly affect the likelihood of leaving welfare for employment.
- 4 Danziger (2000) surveyed 753 women on welfare and found that the probability of working 20 hours or more per week decreased as the number of potential barriers increased. Nine of the 14 barriers identified by the researchers were found to be statistically significant at the 5 per cent level: mother's health problem, child's health problem, major depressive disorder, transportation problem, perceived discrimination, fewer than four job skills, low work experience and less than a high school education.
- 5 Perkins & Nelms, 2006.
- 6 Ibid.
- 7 Dion, 1999, and Brown, 2001.
- 8 Formerly the Ministry of Employment and Income Assistance, and prior to that the Ministry of Human Resources. The shorthand of "ministry" is used in the remainder of this report.
- 9 Klein & Long, 2003, p. 4.
- 10 A report by Ros Salvador (undated) of the BC Public Interest and Advocacy Centre "Issues with BC Employment Programs" noted the problems with employment plans particularly for immigrants groups with English language limitations who did not understand the requirement. The needs of women in violent domestic situations were not addressed, nor were those with English language limitations. To meet the mandatory nature of employment programs, some recipients found they had to leave their children unattended to get to meetings. Costs of transportation to meet with program providers to fill employment plans were not provided.
- 11 Klein & Pulkingham, 2008.
- 12 Ibid.
- 13 This finding has also been noted in the US, where caseloads now increasingly consist of longer-term recipients categorized as "harder to employ." See Gardiner & Fishman, 2000.



- 14 Wallace, Klein & Reitsma-Street, 2006.
- 15 Klein & Pulkingham, 2008.
- 16 BC Ministry of Housing and Social Development, Strategic Policy and Research Branch, 2009, *Income Levels of BCEA Clients After They Leave Income Assistance*. Using Statistics Canada data, the BC government reported on the income levels of welfare clients after they left welfare. This study noted that about 80 per cent of those recipients who left welfare had employment income, and consequently saw an increase in their income. Interestingly, however, those who left after 2002 (when the government brought in major policy changes) saw a smaller increase in their incomes than those who left welfare prior to 2002, and many still had incomes below the poverty line.
- 17 Butterwick & White, 2006.
- 18 Richards, Cohen, Klein & Littman, 2008, p. 7.
- 19 Adams & Tait, 2004.
- 20 Provider interviews were conducted in 2007 and 2008, and one was held in 2010.
- 21 Focus groups were conducted between June 2007 and April 2008.
- 22 Filling in this form or providing this information orally was not a requirement for participants. Given that the backgrounds and living situations of welfare recipients are routinely documented, some participants are suspicious of such information-gathering processes and thus did not complete the form.
- 23 For a review of the arduous process of completing PWD forms, see Prieur, 2006.
- 24 ASPECT, 2009. The government's interest in pre-employment programs and lesser attention given to longer-term services for those with multiple barriers was noted by participants at this conference. See also, MacLeod, 2008.
- 25 Martinson & Holcombe, 2007.
- 26 Herd, 2006.
- 27 Burman, 1996.

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## ECONOMIC SECURITY PROJECT

The Economic Security Project was a research alliance led by the CCPA's BC Office and Simon Fraser University, and included 24 community organizations and four BC universities. It looked at how provincial policies affect the economic well-being of vulnerable people in BC, such as those who rely on social assistance, low-wage earners, recent immigrants, people with disabilities, seniors, youth and others. It also developed and promoted policy solutions that improve economic security. The project was funded primarily by a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) through its Community-University Research Alliance Program.

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1400 – 207 West Hastings Street  
Vancouver BC V6B 1H7  
604.801.5121  
[ccpabc@policyalternatives.ca](mailto:ccpabc@policyalternatives.ca)

[www.policyalternatives.ca](http://www.policyalternatives.ca)

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## ABOUT THE AUTHOR

Shauna Butterwick is an Associate Professor in the Department of Educational Studies at the University of British Columbia. She has been a Research Associate of the CCPA's BC Office since 1997. Her main area of research and teaching is in adult education. She has conducted inquiries into access to education and training for welfare recipients, completed studies of women's informal on-the-job learning in the information technology sector, and examined women's informal learning in a collective. She is currently exploring policy activism in the Filipino community.