

# Rapport Talk Not Report Talk – Examining Life Stabilization Complexities

PRODUCED BY : DAVID THOMAS – DIRECTIVES TRAINER - OMSSA



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## Agenda and Speakers at a Glance

- David Thomas – OW Directive Trainer – [owdirectives@omssa.com](mailto:owdirectives@omssa.com)
- Gynette Moise - Budget Counsellor - EBO Financial Education Centre - [gmoise@centre-ebo.com](mailto:gmoise@centre-ebo.com)
- Kaitlynn Rice-Kavanagh – Poverty Advocate
- Chris Kindy - Case Manager – Canadian Mental Health Worker, Haldimand Norfolk Health Unit - [Christopher.Kindy@hnhss.ca](mailto:Christopher.Kindy@hnhss.ca)
  
- 3 case studies that tables examine – (20 minutes each) for 60 minutes

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## SA Extranet or Local Procedures

- We are Delivery Agents of OW benefits funded at 100% from MCCSS
- We provide services on behalf of the Province based on an annual service plan
- CMSMs and DSSAB's examining need for local procedures versus job aids and referring to SA extranet for consistency
  - <https://www.sa.mcscs.gov.on.ca/>
  - Password: SAreference



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## A Life Stabilization Framework Based on Social Indicators of Health

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| ▪ Income and Social Status        | ▪ Personal Health Practices     |
| ▪ Social Support Networks         | ▪ Healthy Child Development     |
| ▪ Education and Literacy          | ▪ Biology and Genetic Endowment |
| ▪ Employment / Working Conditions | ▪ Access to Health Services     |
| ▪ Social Environment              | ▪ Gender                        |
| ▪ Working Environment             | ▪ Culture                       |

Reference: <https://ncph.ca/resources/>  
National Canadian Public Health



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## Social Indicators of Life

The World Health Organization cites these are “individual’s perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. . . broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”.

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## Rapport Talk = Relationship Building

- Interpersonal Communication Skills paramount to relationship building
- Very different questions and outcomes than the verification interviews of the past
- What are the key questions or tips that help to build a relationship and trust?
- What is small stepping – Specific Measurable Attainable Realistic Timely (SMART goals)
- How do you mitigate the complexities of positional power?
- Emphasis in this workshop is honest dialogue and to consider the following:
  - Do our client interviews focus on relationship based priorities or enforcement based priorities
- Role is for both – of these 2 priorities are staff better and one over the other?

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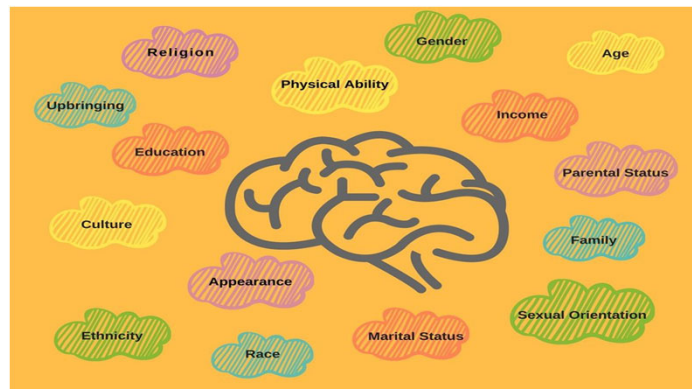
## Change Management

- For us – moving from the known skills on Verification to the Unknown skills of Life Stabilization
- Person Centric Strategies – 'client-centric' to 'person-centric.' This change captures the important fact that the PCS Series' concepts, principles, practices, competencies and tools are applicable to working not only with clients, but also with co-workers, community service providers, tenants, families, program participants and any other individual or group engaging with professional human services staff.
- SMART stepping
- For clients – it means trusting that their next months entitlement is not suspended

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## Hidden Biases



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## Awareness of Hidden Biases and Behaviours

- Confirmation bias – when you only agree with your existing position not a new one
- Affinity bias - when you gravitate towards people who look like you, act like you etc.
- In group bias- when you agree with members of the group you most identify with
- First impression bias - when you make unconscious judgments based on first impressions
- Other biases – cultural, political, classism, education, gender, sexuality

We are not alone in carrying hidden biases – so does the client. That's why relationship building is essential

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## Case Studies

- 20 minutes each
- Select a flip chart scribe – don't worry you are not on the hook to speak
- Most important resources on skills acquisition both you and other staff need
- Most important resources that impact positively on the client needs
  - Be brief and to the point on flipchart
  - Facilitator will compare your findings with other tables
  - Christopher, Kaitlynn, Gynette and myself will visit tables for assistance

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## Case Study 1 - Homeless

**April 21**

- Josh Minor (age 21) was released from incarceration (theft over) and has served a 9 month sentence, released on parole in the 3<sup>rd</sup> month.
- Currently couch surfing and reports the local motel as the place of residence for the Parole Board.
- Advising worker of temporary arrangements with a friend and without the hotel operator's knowledge.
- Josh states his friend does not pay for accommodation and you suspect the friend is also receiving assistance through a motel program in absence of a local community shelter.
- Josh had had his identification stolen and has only discharge papers from Corrections as proof of identity.
- Josh has a grade 9 education and discloses ADHD stating an assessment was once done as a small child but no documentation.
- Past history shows in and out of Temporary Care with an uncle who Josh identifies as abusive and with multiple substance abuse habits.
- Josh had received Temporary Care in the past and the Hamilton Catholic Children's Aid arranged kinship services when Josh was 3 years old and abandoned, whereabouts of father never known and mother as well as uncle both have multiple mental health issues and serious drug habits. Josh has had no contact with any extended family in over 3 years.
- An old Temporary Care file indicates a pending compensation settlement by the Catholic Church on Josh's behalf as a victim of sexual abuse. Josh has not mentioned this and you stumbled across this in your review.
- Josh discloses pain from several broken and decaying teeth. You suspect past drug use for deterioration of teeth but Josh denies any use. Upon looking further at the old temporary care file you notice a history of crystal meth use .
- Josh declares one bank account at CIBC with a balance of \$5.

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## Case Study 2 – Paid Employment

**September 15**

- Omar Hassan (age 30) is a separated person and a permanent resident that fled Syria as a refugee 8 years ago. English skills are still limited as Arabic is the common language used by coworkers at the place of employment.
- Omar declares that spouse and children were at a relatives in Syria after the matrimonial home was destroyed in the war. They are applying as refugees to enter Canada but still live abroad.
- Rent is \$550 per month rent in a home shared with 4 other co-residents .
- Omar works part-time at EL Stamping earning \$226.00 bi-weekly paid September 18, and October 2.
- Omar is applying because of a recent diagnosis of type 2 diabetes and requires prescription medication, diabetic supplies and a special diet for diabetes as well as history of lupus diagnosed 4 years ago.
- Omar has a 2000 Honda Civic and advises of multiple car repairs in the past month which leaves no money to purchase medication. As an insulant dependent person the medication supply runs out tomorrow.
- Income tax for 2022 has not been filed but with Omar's organizational skills there are multiple receipts for past medical expenses and travel over the past year.
- There is one bank account with CIBC (010-13800-00345647) and a balance of \$86.
- Omar reports that once the diabetes is under control, additional hours at work can be accepted but physical stamina is guarded and limiting at the moment. Disability Tax Credit and Financial Empowerment Worker involvement would be good for this discussion
- Omar described by physician as obese and believes he is a food addict

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## Behavioural Change Requires Resources

- To get to AA NA or Overeaters Anonymous – need money for transit and social hour
- On line virtually requires a solid internet connection, computer, safe quiet home to have my attending skills at full capacity
- Encouragement and Praise from others
- New social connections
- Money to buy the new resources – OA means healthy eating – that takes \$\$\$
- Recognizing that relapse of old habits is part of recovery for today
  - What other resources can you think of ?

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## Trauma Informed and Poverty Awareness – Speakers

- 10 minute overview of work in this area:
- Gynette Moise - Budget Counsellor - EBO Financial Education Centre - [gmoise@centre-ebo.com](mailto:gmoise@centre-ebo.com)
- Chris Kindy - Case Manager and Mental Health Worker, Haldimand Norfolk Health Unit And Canadian Mental Health Association - Health and Social Services Division - Norfolk County - [Christopher.Kindy@hnhss.ca](mailto:Christopher.Kindy@hnhss.ca)

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## Financial Empowerment

- Referring to ODSP or receiving CPP – Disability Benefits - ensure someone has applied for the Disability Tax Credit
- Ensure you know the asset and income exemptions in Directive 4.7
- Identification essential
- Bank account essential
- Income tax completed to maximize tax credits
- Role of Gift Cards



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## Case Study 3 – Refugee Claimants

### April 1, following year

- Omar's spouse (Reem Serif age 30) recently arrived in Canada and made a refugee claim, at a port of entry .
- While Omar has a work permit, Reem does not and has never worked outside the home.
- Omar who is interpreting for the family indicates that culturally women are not encouraged to pursue occupations but should be a homemaker to look after the family as they transition into a new world.
- They have no child care provisions in place and do not understand the process.
- Arabic is their first language, and both will need ESL supports.
- Assessments have been completed and Omar is at a Level 6 having been in Canada for a few years. Reem and the children speak no English. The two school-aged children are Rina Safi (age 6) and Noor Safi (age 4).
- Reem is very recently pregnant and has not had any pre-natal care. They fear going to a medical facility as they think they will be charged and are confused about the Health Care System in Ontario and Canada.
- Reem and the children qualify under the Interim Federal Health Program (IFHP) but the rules and process is confusing to understand for the family.
- They have a second property in Syria with no access to sell it but declare prior to the war it was worth around \$300,000. They are unsure if the structure is still standing or destroyed in the war back in Syria.
- Reem left the matrimonial home in an emergency 3 years ago when the city was being bombed and prior to Canada had been living with her parents. Unfortunately her parents were killed by rebels and through the help of Unicef both Reem and the children were sent to a refugee camp where they were assisted with a refugee application to Canada.
- They have 1 joint bank account with TD Canada Trust (004-31650-645342). Friends at Omar's work have paid first and last month's rent on their behalf, which was considered a loan. Omar needed the assistance to find suitable housing for his family.
- Rent is \$1500 monthly plus hydro.

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## Resources include Trauma Informed Care

<https://omssa.com/online-workshop-trauma-informed-care.php>

- Awareness of trauma, PTSD, C-PTSD, vicarious trauma and trauma informed care
- Fight-Flight-Freeze-Appense
- The impact of trauma on early childhood development and across the lifespan
- Normal brain development and the impact of trauma on brain development
- Signs and symptoms of trauma in people of all ages
- Principles of Trauma Informed Care
- Techniques for creating safety for people exposed to trauma
- Building resiliency building skills in your client
- Post-traumatic growth
- Compassion fatigue
- Themes found in trauma exposure for professionals
- Self-care practices for professionals

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## Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System

- Learn about Ontario's new plan for the mental health and addictions system.
- <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system#section-2>
- Lets take a glance at the key challenges
- What the clients and care providers are saying
- System Challenges
- **Proposed core services based on mental health and addictions needs**

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## Finding the YES in Legislation

- Don't look for ways to make people ineligible
- Look at merit of circumstance and how that fits into the plan
- How comfortable is your work culture in issuing for:
  - Gym Membership
  - Weight Loss Program
  - Cell phone and internet assistance
  - Car repairs
  - Full suite of dental assistance
  - One offs that help make someone feel better
- Should there be restrictions – “if we do it for one we do it for all” ! Is that OK ?

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## Got Questions?

- Christie Herrington – OMSSA - [cherrington@omssa.com](mailto:cherrington@omssa.com)
- David Thomas – OMSSA OW Directive Trainer – [owdirectives@omssa.com](mailto:owdirectives@omssa.com)
- Tod Duncan – [tduncan@omssa.com](mailto:tduncan@omssa.com)

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