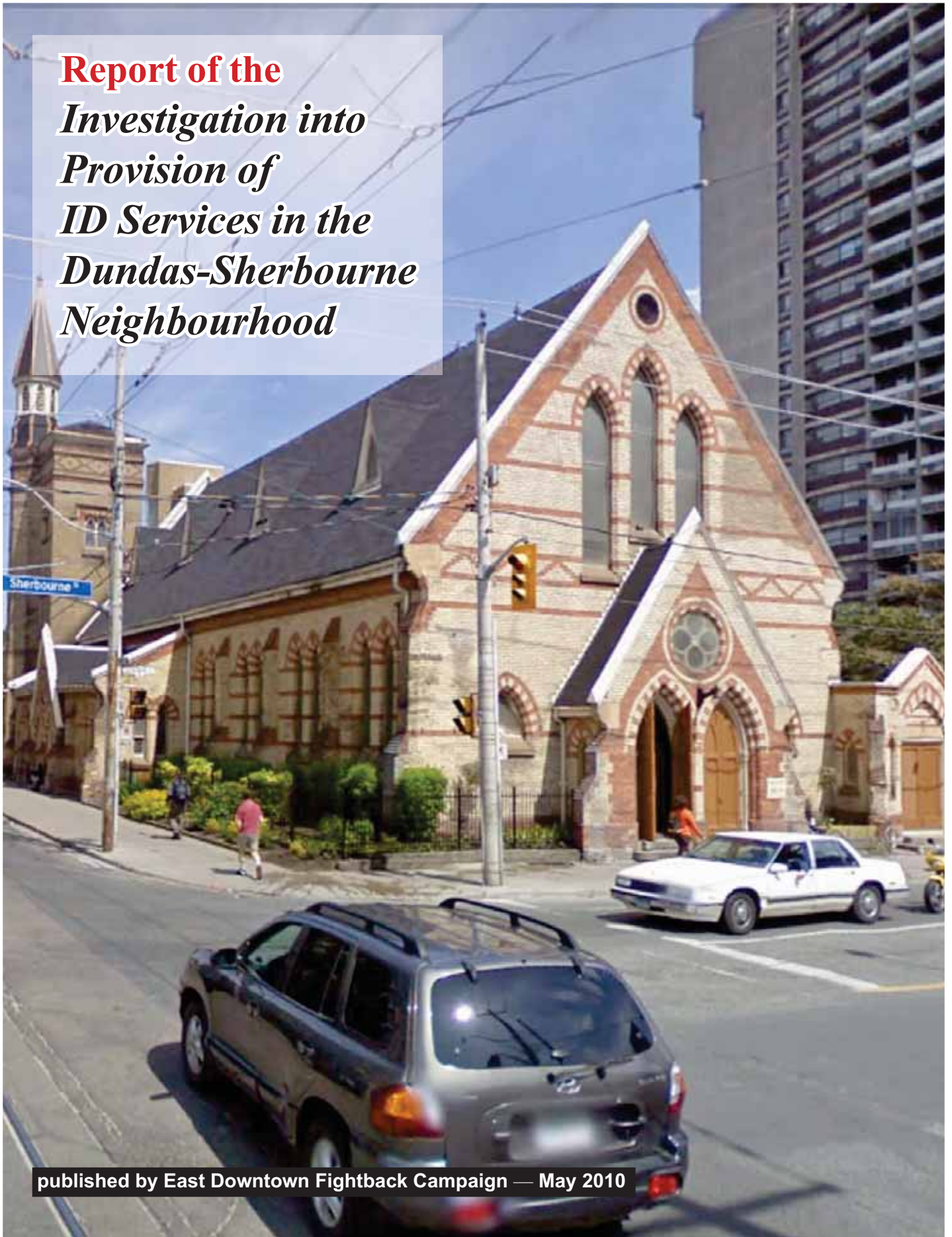


Report of the
Investigation into
Provision of
ID Services in the
Dundas-Sherbourne
Neighbourhood

Sherbourne

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1. Overview

The *Investigation into Provision of ID Services in the Dundas-Sherbourne Neighbourhood* is a community-based process convened by allies and supporters of former Partner for Access and Identification [PAID] program worker Gaetan Heroux. The investigation was conducted on a volunteer basis by three long-time Toronto activists with experience in the non-profit sector as well as anti-poverty, feminist and labour movements: Anna Willats, Herman Rosenfeld and Irina Ceric.

The purposes of the investigation were:

- (1) To examine the impact of the December 2009 relocation of the administrative office for PAID program services formerly housed at Street Health to the Neighbourhood Link offices at 3036 Danforth Ave. (near Victoria Park Ave.);
- (2) To create a report and recommendations for provision of those services in the future from a community/service user perspective.

The investigation centered on two key questions:

- (1) What changes have been made to the provision of ID services in the Dundas Street East and Sherbourne Street neighbourhood and why?
- (2) What impact have these changes had on service users, workers and the broader community?

The investigation gathered background information on the PAID program and related agencies and projects. We then interviewed a number of individuals with relevant experience and insight, including former PAID program workers and clients, and other service providers in related programs and organizations. The investigation members also reviewed key correspondence and reports. A central shortcoming of this process was our limited ability to gauge the current operation and success of the PAID program, as we were not able to speak to either current workers or clients who had used the services since the move out of Street Health.

2. Background

The focus of the investigation was the Partner for Access and Identification [PAID] project. Founded in 1999, this program set up a network of clinics across Toronto to assist homeless and underhoused individuals in obtaining access to identification documents (especially birth certificates, SIN cards and health cards). The lead agency involved in the PAID project is Neighbourhood Link, which partners with Street Health and a large number of other agencies to host ID clinics and/or administrative offices for the PAID workers spread across the city.

The investigation centered on the concerns being expressed by people using and providing ID services in the Dundas and Sherbourne neighbourhood about the move of the administrative office for the PAID clinics run by Gaetan Heroux to the Neighbourhood Link office at Victoria Park and Danforth Avenue. As an employee of Neighbourhood Link, Heroux had run the ID clinics at various downtown east locations for ten years, working out of an administrative office located at Street Health (338 Dundas Street East). Other PAID program workers had similar arrangements with partner agencies across the city.

Workers in the PAID project are not allowed to carry sensitive, private documents around and therefore are required to return to their administrative offices often to drop off materials, update their files and to conduct the research required to fill in missing information for their clients. Historically, efforts have been made locate the administration offices of PAID workers close to their ID clinics and their clients. Innovative services like the ID Safe office at Street Health have been developed to respond to the need for secure storage of documents and there has been a history of cooperative work between the services of the two agencies (Street Health and Neighbourhood Link).

In 2009, Street Health experienced some conflict within the agency as a result of efforts to unionize the staff members. Some staff appealed to the wider community to write letters of support for unionizing efforts to members of the management team and the Board of Directors. As a member of the union at Neighbourhood Link, Gaetan Heroux was one of the people who signed a letter supporting the Street Health union in early October 2009. Within days, his supervisor at Neighbourhood Link told him that they had decided to move his administrative office out of Street Health and into the Neighbourhood Link head office located at 3036 Danforth Avenue. Heroux was informed that there was a need for him to be more closely supervised, and that this move had been planned for a long time. He was told that he would not be expected to work more hours. He was told that his clients' mail would be delivered to him at the Danforth office. However, Street Health and Neighbourhood Link produced a flyer – directed towards the clients of the ID program – promising that all documents would be mailed to and available at Street Health. This was never implemented, and neither option would have been workable for many reasons.

The move meant that PAID clients who could not see Heroux at one of the clinics or who needed to do follow up with him would now have to travel to 3036 Danforth Ave. (just west of Victoria Park Avenue) to see him at his office, use fax/phone/copier services, or meet with him outside of clinic times. It would have reduced Heroux's time with people in the Dundas-Sherbourne neighbourhood significantly. He would have had great difficulty doing follow up work with applicants, because of the distance between the clinics and his new office, miles away from the community.

For these and other reasons, Heroux immediately informed his supervisor that he did not agree to the move. On December 7, 2009, the date he was to move to Danforth and Victoria Park, Heroux reported for work as usual at Street Health, despite the fact that his computer and files had already been moved to Scarborough. On December 9, 2009, Heroux was dismissed from his position. Because no contingency plan had been made by Neighbourhood Link, it took more than 5 weeks to resume full services at the ID clinics.

3. Findings

After considering all the evidence and information presented to us, we found the following:

- 1) Gaetan Heroux's work for the PAID program over 10 years was exemplary and reflective of best practices in provision of services to homeless and underhoused people. Clients, coworkers and former supervisors were unanimous in their description of Heroux's work: he dealt with the most complicated and difficult cases; had the largest number of clients; worked well autonomously and did not need a lot of supervision; was a meticulous record-keeper; and was, above all, very effective (a number of times people said something like, "If Gaetan Heroux couldn't get someone their ID – due to bureaucracy or the individual – than no one could"). He also went out of his way to develop relationships of trust and support to get the job done. In particular, he used his office time not only to get paperwork finished, but to be available for the very special and particular needs of the client base that couldn't be properly dealt with during ordinary clinic hours due to time restrictions and lack of privacy. This availability and proximity ensured that people would quickly and efficiently get help with urgent ID needs. Heroux also worked closely and collaboratively with the other ID service providers at Street Health (ACCESS and ID Safe). Losing such an effective advocate who had long term relationships with people in the neighbourhood and wider downtown area has caused confusion and loss, along with a loss of services and needed expertise. As evidence of this, an ongoing campaign for his reinstatement, involving organizations and individuals in the neighbourhood, along with others who know Heroux's work, was launched and garnered almost 900 signatures on petitions in a few weeks, as well as many individual and organizational letters to the boards of Street Health and Neighbourhood Link demanding that he be allowed to remain in the community.
- 2) The evidence we heard strongly suggests that moving Heroux out of the Street Health Offices was done in response to his support for the Street Health CUPE unionization drive and not for the reasons given by Neighbourhood Link. The

rationale offered – that Heroux was moved because of the need for closer supervision and that the move was planned earlier as part of an effort to consolidate Neighbourhood Link workers at its office in Scarborough - does not appear to be supported by the information we received:

- Other PAID workers were supported in finding office space closer to their clinics in the previous 6 months.
 - There was an opportunity to make this change when Neighbourhood Link moved to its present location approximately four years ago, but that did not happen.
 - Supervision had never been an issue for Heroux in 10 years, but became an issue days after he signed a letter critical of Street Health management.
 - Other Neighbourhood Link ID workers work outside of the head office, relatively unsupervised.
 - The first mention of any effort to move the administrative office wasn't raised until shortly after he and other PAID workers signed the union support letter. Neighbourhood Link issued a formal letter to Heroux, instructing him to move out of Street Health to Scarborough. This October 2009 letter, for the first time, refers to long term plans and efforts to find space for Heroux at NL's Scarborough's office and the lack of "support or supervision" at Street Health, necessitating a move to Scarborough. These points have no corroboration in any previous communications with Heroux or his co-workers.
 - The PAID workers were strongly cautioned by their manager to stop their involvement with labour issues at Street Health, overlooking the fact that the workers at agencies housing administration offices had a long and close relationship with PAID workers employed by Neighbourhood Link.
 - People who spoke with us repeatedly pointed out that Heroux and other PAID workers operated autonomously, and that the supervision issue was raised after the fact.
- 3) Moving administrative and follow-up work to the Neighbourhood Link office in Scarborough has and is very likely to continue to negatively affect the clients of the PAID program in the Dundas-Sherbourne neighbourhood. Most of the people who use the services of the PAID project need to be able to drop in to a location within their neighbourhood to pick up their ID and other documents and/or to provide the worker with follow-up information or details. Many are living with addictions and mental health problems and ongoing crises that make it impossible to keep appointments, remember to follow up with needed information, or to travel outside of their communities. Others are not able to travel long distances to meet with a worker or to make appointments, often because of the prohibitive cost and other barriers (e.g. harassment) associated with public transit. They are often required to produce documentation for OW/ODSP and other government agencies with very short notice. They often require a private place to meet with their ID worker that is not available at the ID clinics where there are long line-ups and limited time to talk. They require consistency, flexibility, ongoing access and trust in their relationships with workers and in the provision of services. Ideally, their worker can come to them rather than they having to go to the worker. This is how people described Heroux's delivery of ID services until his termination in December 2009.

Claims by Street Health and Neighbourhood Link's management – that administrative work can be moved without any real loss of service – ignore the concrete reality of the PAID program's mandate, the administrative aspect of investigating and providing ID documents (including the need to undertake follow-up tasks with clients outside of clinic hours), as well as the needs and challenges of the client base. The formal letter informing Heroux of the planned move says that Neighbourhood Link would "work something out so that your clients are not adversely affected", but there appear to have been no efforts to do this or plan for a transition once it became clear in October that Heroux would not agree to the move. The option of locating the office in another agency in the community, causing minimal disruption, was not discussed with Heroux or in the community. No efforts appear to have been made to hire a new person before the planned move, and community members, clinic locations and other PAID workers received little information about planned changes and no information about how services would be delivered after Heroux was dismissed. The new identification worker was not hired until a few weeks after Heroux was fired and did not start doing new applications until the second half of January. Interviewees told us that little to no information was made available to clients about why the clinics were shut down, or

about when they would operate again. There was no transition plan created to share the information Heroux had with the workers hired to replace him.

Throughout the period before Heroux was fired both Neighbourhood Link and Street Health told clients and clinic host agencies that there would be no disruptions in service, despite knowing that Heroux was refusing to agree to the move. It was Heroux who gave the clinic sites a letter explaining what was going on and that there was no plan for continuing the services if he was fired as a result of refusing to move. Heroux encouraged agencies to contact Neighbourhood Link and Street Health directly to see what their plans for service delivery were going to be after December 7.

4. Conclusions

The process of forming a union within agencies that have had a long history of collaborative work between management and staff is almost always contentious, and often results in polarization and distrust in the short term. In agencies that serve the public, particularly those that serve marginalized and hard to serve communities, it is paramount that management and staff work especially hard to ensure that any conflict that is experienced within the agency does not impact their service users and the provision of services negatively. A client-centred approach to service provision means that the realities and barriers experienced by service users will be understood and addressed when planning how best to deliver those services and implement changes.

If the provision of services is changed as a result of the unionization of employees, or other structural changes within the agency, then service users have the right to be informed fully about the reasons for them. They have the right to have input into whether or not those changes are made and they have the right to give feedback about the impact of those changes and to have changes made to mitigate and reduce those impacts. This is particularly true for organizations that have mandates that place the needs and priorities of their clients and participants at the centre of their core values and service provision.

In the case of the PAID administration office operated by Neighbourhood Link and located within Street Health these principles seem to have been ignored or under prioritized, based on the evidence provided through individual interviews and reviews of available documentation. People who use the PAID clinic services were not involved in the decision to move the office and did not receive adequate notice or information about the changes.

The rationale offered to Heroux and to service users and people in the neighbourhood about why the administration office of the PAID project needed to be moved is not supported by any of the evidence we heard and considered. We do not have the capacity to explore the full impact of this move because we do not have access to information about how services are currently delivered or the ability to interview current clients of the clinic. However, investigation interviewees who have developed and provided I.D. clinic services were unanimous in their criticisms of the changes that have been made. They identified many barriers and problems the move would create and did not name any advantages.

The investigation could find no reason to remove Heroux from the neighbourhood he serves for significant amounts of travel time each week given the need to be available and accessible to clients as outlined earlier. We cannot find a reasonable explanation for making this change, and we do find that it will cause delays and problems that will negatively impact ID services and cause some service users to give up on the process altogether, leading to significant problems getting and maintaining social services and income support. The loss of Heroux in particular is significant because of his long history and deep relationships in the neighbourhood. He is much loved and very good at his job. His commitment to working with people in empathetic response to their circumstances and needs is clearly demonstrated and appreciated by the community and they have advocated strongly for his reinstatement. It is evident that his termination has had negative impacts on service provision and on the marginalized members of that community who previously relied on his services.

Although Heroux he was open about his refusal to agree to the changes required by Neighbourhood Link, no provision was made for someone else to take on his duties once the office was moved, causing a significant disruption of several weeks in service provision with little notice to service users or partners of the PAID project. Clients of the PAID project have been ill served by these changes and expressed shock and sadness at the loss of Heroux's expertise. They have been left to come to their own conclusions about what has happened and why. We find that the commitment to client-centred service and direction has been ignored in this case. There is a need to create a meaningful process whereby community members and affected people can give Street Health and Neighbourhood Link feedback about how these services should be delivered, how the disruption has affected them, and how they can be more meaningfully involved in any future discussions about how services are delivered.

According to a number of the people we talked with the union issues at Street Health were always extremely contentious, and that unionization seemed to challenge the culture cherished by management of the agency being like "one big family." We heard that management never got used to the kind of challenge that this represented and responded negatively.

There is a long history of solidarity between union members across sectors and it is common for sister locals and other union members to support their sisters and brothers as they struggle to form unions and bargain new collective agreements. It is the right of every worker in Canada (with a few shameful exceptions – migrant workers for example) to sign a card and join a union, in every sector. Unionization of the social services sector has been increasing in the last two decades, and because of the team-based nature of the work this has often been a difficult process for management and staff.

Given the nature of the situation at Street Health, the swift decision to move Heroux in the wake of the October 9th letter, and the after-the-fact nature of management's reasoning; we feel that the overall evidence strongly suggests that Heroux was forced to move because of his support of the union drive by Street Health staff.

5. Recommendations

In light of the above findings, the Investigation makes the following recommendations:

1. That Neighbourhood Link return the full PAID program back into the Dundas-Sherbourne community by ensuring that the ID worker has an administrative office close to the ID clinics, preferably at Street Health, or at another local agency or organization. This move would restore the ability of the PAID program worker for downtown east to work closely and collaboratively with other relevant services (especially ACCESS and ID Safe) and agencies. Most importantly, moving the administrative office back to the Dundas-Sherbourne community would greatly increase accessibility to the PAID program for the people it serves.
2. That Neighbourhood Link negotiate with Street Health, the worker currently filling the PAID ID Clinic position, Gaetan Heroux, and other agencies in the Dundas-Sherbourne area if necessary, to find a way to return him to his old position, in conjunction with a neighbourhood-based administration office, as recommended in 1. The loss of his work has had significant impact and is evidenced by the comments of interviewees and the ongoing campaign to have him returned to his position, including the signatures of almost 900 service-users and supporters on petitions demanding his reinstatement.
3. That Street Health and Neighbourhood Link facilitate a thorough, community-based investigation into the impact of the move of the PAID program office to 3036 Danforth Avenue. This investigation should include a community-based consultation conducted with service users of the ID Clinics and Street Health, with the purpose of developing a process for meaningful ongoing input from community members and service users into how programs are developed and services delivered. This process should be facilitated and conducted by an independent organization engaged by the two agencies.
4. That management at Street Health and Neighbourhood Link work to ensure that the collective bargaining rights of workers are respected and that there is no retaliation against workers for legitimate expressions of support and solidarity for their colleagues' unionization efforts.

