

**FINAL PROJECT REPORT
TO THE CANADIAN AIDS SOCIETY**

REGARDING THE PROJECT

**CAPACITY BUILDING AND TRAINING STRATEGY ON BENEFITS
COUNSELLING ISSUES FOR CANADIAN AIDS SERVICE
ORGANIZATIONS**

30 November 2000

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PART 1- BACKGROUND TO THE DEVELOPMENT OF THE PROJECT

In the course of the project that led to the production of *Force for Change: Labour Force Participation for People Living with HIV/AIDS (1998)*, the Canadian AIDS Society (CAS) consulted on a wide range of issues related to labour force participation. A clear recommendation flowing from this research was the need for the development and implementation of a capacity building and training strategy to ensure local AIDS service organizations (ASOs) could assist their clients to make the best possible labour force participation decisions by providing accurate, reliable and current benefits information to those considering a return to work.

As a result of this pressing need to assist ASO's to improve their capacity to provide "benefits counselling", CAS engaged a consultant to prepare an environmental scan on issues related to this process. It was confirmed through discussion with staff of ASO's experienced in assisting PLWHIV/AIDS with decision making on return to work that individuals who opted to investigate this option had to first understand and reflect on the financial implications of their possible choices. Returning to or entering the workforce would entail significant financial implications depending on a PLWHIV/AIDS 's current financial state and source/s of income.

This environmental scan served as the rationale for CAS's project proposal to the Canadian Working Group on HIV and Rehabilitation which was asked to support the implementation of a "Capacity Building and Training Strategy on Benefits Counselling Issues for Canadian ASO's " .

The aims and objectives of the project were:

- 1. To assist ASO's in gaining a better understanding of the basic aspects of benefits information required for people living with HIV/AIDS (PLWHIV/AIDS) considering a return to work**
- 2. To discuss/reflect on how benefits counselling fits in with other return to work issues for PLWHIV/AIDS**
- 3. To determine the role of an ASO in directly assisting clients or in referring clients to other experts in the field, i.e. to be aware of the boundaries, parameters and liabilities of benefits counselling**
- 4. To provide an occasion for ASO's to meet and become aware of key resource persons from public and private benefit programs within their region/province who can provide benefits information**
- 5. To learn from peers in other ASOs about the models and strategies they use to assist clients**
- 6. To discuss strategies for developing partnerships with such key resource persons and others who have expertise in this area**

This project could be viewed as an "excellent match" with CWGHR's priorities, goals and principles of **education and training**, i.e. for ASO's to more comprehensively serve PLWHIV/AIDS to face and work through their **income support and work related issues**. It would further the **development of rehabilitation programs and resources for PLWHIV/AIDS**.

The training and capacity building initiatives would promote **innovation and excellence in HIV rehabilitation**. It would **generate awareness of and access to HIV rehabilitation services at the local, provincial and national levels** by persons who are at a crossroads in examining new life options that will affect their social and economic well-being.

PART 2- DEVELOPING THE CONTENT AND FORMAT of the TRAINING WORKSHOPS

The Project Coordinator was hired on 28 April 2000; he was the same consultant who undertook the study on labour force participation for persons living with HIV/AIDS which resulted in the publication in 1998 of the national resource document *Force for Change*.

A Project Work Plan was produced by the Project Coordinator which was reviewed and approved by CAS staff. This Work Plan set the outputs and outcomes which were seen as achievable during the effective project time frame of May to October 2000.

The Project Consultant established a virtual reference group of experts who were knowledgeable and experienced in the field of private and public benefits programs, some of whom being nationally recognized “practitioners” in the process and “art” of benefits counselling (see Appendix 1 for a list of the reference group)

Initial consultations were held with individuals of the group in Toronto on the 9-10 May during which very pertinent information and ideas on benefits counselling and on the goals and outcomes of this project were offered by the group.(See Appendix 2 - Discussion Guide) The Project Coordinator succeeded in getting commitment from individuals to remain available by telephone and electronic communications to assist and lend their experience to the Coordinator as the Workshops’ logistics, curriculum and resource materials were being planned, refined and readied for use during the upcoming sessions. Examples of this collaboration were:

- Sandra Dudley, Charlene Milton and Pamela Bowes agreed to collaborate in drafting a generic “Work Description” of a Benefits Counsellor which would reflect the technical and contextual knowledge and skills such work would require. They also greatly assisted in the development of a “Protocol or Standard Practice Guide” (Appendix 3)which could be followed and used by a counsellor during a typical benefits counselling process. These materials would be of major use during the training sessions.
- Charles Black of the Canadian Life and Health Insurance Association agreed to work with the Coordinator in identifying key-informants/ resource persons from the private insurance industry in each of the provinces who could be called upon to lend their expertise during the planned exposé on benefit programs which will be a component of each provincial workshops.

The Coordinator also had contact with ASO’s in the U.S., specifically those that had been contacted in 1998 by Elisse Zack during her research on benefits counselling models and

practices in both Canada and the U.S. Detailed discussions took place with Laura Carcagno-Gutman of the AIDS Benefits Counsellors, San Francisco (now the Positive Resource Center) and Jacques Chambers of the AIDS Project Los Angeles on their training models and materials related to the topic. As well, Reginald Jones agreed to provide materials from the National AIDS Fund's "Return to Work Initiative".

Discussions were also held with various National organizations serving persons with disabilities, e.g. the Council of Canadians with Disabilities, The Office of Disabilities Issues(HRDC), the Canadian Assn of Independent Living Centres, the Canadian Council on Rehabilitation & Work, March of Dimes(Ottawa) with the intent to research current practices and models these groups would have in relation to benefits counselling or facsimile.

Nancy Lawand, Director, CPP Program Policy (HRDC) agreed to work with the Coordinator in locating regional field staff of HRDC/ CPP , e.g., persons from the "Outreach" or Vocational Rehab components, who could be recruited to be key informants at the provincial workshops. Jo-Anne Kuszniez, Manager, Vocational Rehabilitation Unit, worked with the Coordinator throughout the training project to contact and recruit key informants from CPP.

The Coordinator drafted a curriculum that would be used for a one-day training and capacity building exercise: (see Appendix 4 for sample agenda and a copy of the overheads used during the sessions)

- The morning session included a review of the goals of this project and its relationship to return to work issues. Discussion was devoted to the **process of benefits counselling**. The model protocol was introduced which outlined the various steps a counsellor would take with a client. The qualifications and skills to do counselling were reviewed. The participants were also invited to do role plays as counsellors and clients.
- The afternoon session covered the **context and content of benefits counselling**. Key informants from provincial, federal and private benefits programs and in some instances vocational rehab agencies and/or agencies serving persons with disabilities were invited to provide program/benefits overviews and dialogue with participants. Case studies were done by the participants who received mentoring from the key informants during the process. The case studies were drawn from hypothetical but reality based situations that a benefits counsellor could face with a client.(See Appendix 5) Future action planning and continuing capacity building were addressed. Developing networks and living partnerships between ASO's and other experts and stakeholders was examined.
- Participants were also asked to complete evaluations of the workshop process and content and comment on the impact the training would have on their individual or agency capacity to offer benefits counselling directly or through partnerships with other organizations. Results of these evaluations are provided in Part 5 of this report.
- A number of reference documents and tools (e.g. self- assessment questionnaires for PLWHIV/AIDS) to assist in benefits counselling and in return to work services were distributed to all participants. Many of these resources were a result of contacts made with US and Canadian sources and experts. (see sample Training Kit)

PART 3- THE PROCESS OF IMPLEMENTING THE WORKSHOPS AND MARKETING THEM TO CANADIAN ASO'S

In the beginning of May, an invitation to attend the Workshops was sent to all the member agencies of CAS. (refer to Appendix 6). A concise description of the rationale for the workshops and the unique opportunities that members would gain by participating were enunciated. A Fax-back form was included which asked respondents to identify their dates of availability, list goals and objectives they would have in attending, and name resource persons who they felt should participate in the workshops, e.g., provincial disability-income security staff.

As a result of this communication responses were received from ASO's in all provinces notwithstanding that responses from some provinces were more minimal in comparison to others.

Responses were acknowledged and further communications were made with respondents to begin to discern dates which were most preferred by each provincial group. Persons were asked more specific questions about their experience and "front-line" activities related to benefits counselling. A grid was also sent identifying ASO's/ persons from each province who had responded to date. A request was again made to identify other ASO's or other participants which individuals felt should "be there" and who hadn't yet been heard from.

The Coordinator began a process of strategically setting the sequence for workshops across the country. A firm effort was made to first find a local or provincial partner ASO which would assist in the planning, logistics and marketing of the workshops. This strategy was successful in all instances except Alberta. This approach reinforced the concept of partnership and co-sponsorship between CAS and its members in conjointly achieving the goals of the project. There were other positive spin-offs of this approach including the opportunity to merge financial resources of the project with those of the partner ASO. This happened especially where the partner ASO was sponsoring another event for colleague ASO's or members (of provincial networks)which coincided with or piggy-backed the benefits counselling workshop, e.g. the Ontario AIDS Network in Toronto and AIDS New Brunswick in Fredericton.

Final notices/invitations and registration forms for each provincial workshop were sent to interested ASO's in advance of the event.(see Appendix 7 for examples of notices for co-sponsored workshops). In most instances, other ASO's who had not responded to the original workshop announcement (May mail-out) were sent invitations and/or phoned to provide repeated opportunities to attend. This strategy was especially successful in Manitoba where the original response included only one Manitoba ASO, but through partnership with the Manitoba AIDS Cooperative the "message was gotten out" and interest and participation increased.

A major challenge for the Project Coordinator was locating and inviting key resource persons from public and private sector benefits programs and from programs related to labour market reintegration for persons with a disability. Often with the help of the

partner ASO in each province, several persons working at the provincial government level were contacted to assess their interest and willingness to participate. These were generally program and/or policy people connected to income security programs (social assistance, disability income support), labour market reintegration and employment support programs, drug assistance programs.

In some instances, non-government agencies agreed to participate, e.g. vocational rehabilitation programs such as in Vancouver or advocacy organizations for persons with disabilities as in Regina.

With the on-going and very efficient support of Jo-Anne Kuszniel, resource persons representing the Canada Pension Plan – Disability Benefits and the CPP Vocational Rehabilitation program were identified and recruited to attend all workshops. A special recognition of the cooperation of Ms. Lawand and Ms. Kuszniel must be highlighted.

Success at recruiting resource persons from the private insurance sector was more uneven. The task was first to locate possible interested parties and secondly to convince them of the merit of being a key informant. As a consequence, a few workshops did not have such representation.

Appendix 8 contains the list of participants for each workshop including both ASO's, other related organizations and key-informants from public and private programs.

Only one Québec ASO responded to the invitation sent in May. Nevertheless, Christian Laforce and Joanne Leroux of Le Comité des personnes atteintes du VIH (Montréal) CPAVIH, were contacted to begin an exploration of a co-venture for the project in Québec. Discussions were also held with COCQ-Sida to organize a training strategy for Québec ASO's, especially for the organization's members. After having debated this possibility, the management of COCQ-Sida decided that the workshop approach as proposed by CAS did not fit with the Coalition's thinking on how best to assist members to develop capacity in this area. Negotiations are still on-going with CPAVIH to define a co-venture in implementing workshops in Québec.

PART 4 – OVERVIEW OF RESULTS / WORKSHOPS HELD

The following table provides an overview of the workshops held as part of the project:

LOCATION & DATE	PARTNER In organizing Workshop	OVERVIEW OF PARTICIPANTS
EDMONTON, 6 JULY		There were 9 participants from ASO's and service organizations and 4 representatives from provincial and federal programs
VANCOUVER, 11 JULY	BCPWA	14 participants from ASO's and 7 from provincial & federal programs, insurance companies and vocational rehab agencies
WINNIPEG, 12 OCTOBER	Manitoba AIDS Cooperative	There were 10 participants registered from ASO's ,Correctional Services and 3 from public and private benefits programs
REGINA, 17 OCTOBER	Saskatchewan AIDS Network	11 participants from ASO's, WCB and disability organizations; 5 from public and private benefits programs
FREDERICTON, 26 OCTOBER	AIDS New Brunswick (held in conjunction with AIDS NB's PHA Forum)	14 participants from ASO's in New Brunswick, Nova Scotia and PEI ; 4 representatives from provincial & federal benefits programs; Pamela Bowes , formerly of Toronto PWA Foundation co-animating the workshop
TORONTO, 13-14 NOVEMBER	Ontario AIDS Network (held in conjunction with OAN's "AIDS Support Workers' Workshop"	This was an excellent opportunity to bring over 40 individuals to Toronto for this joint OAS/CAS workshop. The majority of OAN member ASO's were represented The sessions were co-animating with Pamela Bowes and Peter Williams of OAN. There were five representatives from public disability benefits programs

PART 5 – EVALUATING THE WORKSHOP EXPERIENCE

The following is a summary and analysis of the evaluation responses provided by participants at the workshops. All were asked to fill out an evaluation form (See Appendix 9) to provide the workshop organizer/facilitator feedback on the workshop experience. Rate of response was usually over 75%.

The objective of the getting such feedback was to apply the findings to future workshops in the series as well as to help in making conclusions and recommendations that could be applicable to similar training strategies related to Benefits Counselling Issues or return to work issues for ASO's".

Copies of the full Evaluation Reports for the Workshops held in Vancouver & Edmonton (Report 1-Appendix 10) and held in Winnipeg, Regina & Fredericton (Report 2-Appendix 11) as well as an overview of feedback from Toronto (Report 3-Appendix 12) are submitted along with this Final Project Report.

The following will treat:

1. Results and analysis of Questions 1 to 6 , i.e. where respondents were asked to rate on a scale from 1 to 5 (**1=not at all ;5= extremely**) various aspects of the workshop and its future impact;
2. Results and analysis of Questions 7 to 10, i.e., open ended questions related to activities liked, not liked, future workshops, general comments.

Analysis of Questions 1 to 6 , i.e., where respondents were asked to rate on a scale from 1 to 5(**1=not at all ;5= extremely**) various aspects of the workshop and its future impact

	<u>Mean</u> 1	<u>Mean</u> 2	<u>Mean</u> 3
1- Did the workshop meet your expectations/objectives	3.8	4.1	4.2
2- Did the workshop cover the material you expected?	3.4	4.1	4.1
3- Were the presentations clear and to the point in the A.M.	3.4	3.7	4.1
In the P.M.	4	4.3	4.3
4- Did the discussion raise issues/questions that you had not thought about before?	4	4.1	4.3
5-Were the place, food, organization of the workshop satisfactory?	4	4.5	4.3
6-Will the workshop help you to do benefits counselling?	3.8	4.2	4.2
Help you in helping others make decisions about working/returning to work?	3.9	4	4.2

- 1= Mean scores -Vancouver & Edmonton**
2= Regina & Winnipeg
3= The Atlantic Region

Analysis of Results

- a) **Questions 1 & 2-** The slightly lower ratings in the West could reflect the fact that participants were not entirely sure of what to expect in terms of reviewing and enhancing skills in both the process and content/context of Benefits Counselling. Some might have desired a wider ranging look at the many issues related to return to work which, though covered in a cursory way, were not the primary objectives of the workshop.
- b) **Question 3-** The results in the West pointed to a need to better organize the A.M. session which stressed the link of benefits counselling to the wider spectrum of the return to work agenda. It could be that the subject matter was too intensive to be covered in a few hours or that it was too hypothetical. Improvements were made and resulted in improved ratings for other workshops. The afternoon session involved presentations by various key-informants from benefits programs and job readiness/vocational rehab programs, where applicable. These

presenters were well-prepared, succinct and providers of very practical information. The ratings reflect a greater satisfaction.

- c) **Question 4-** Results reflect a beneficial outcome for participants who were challenged to face and reflect on issues and facts that were relatively new and/or had never been presented with such detail and/or triggered yet-undiscovered perspectives on the topic. One could assume that the workshop experience will challenge participants to continue their learning, research and investigation of issues, programs, providers, etc.
- d) **Question 5-** Results reflect a general satisfaction. There were some logistical problems in Vancouver which affected the mean score for the West
- e) **Question 6 –** Results are encouraging in that participants seem to reflect a cautioned confidence in doing benefits counselling and being intervenors in helping the return to work process. Note that the range of responses for this question (both parts) was 2 to 5 (as example, 50% of respondents in Vancouver, 70% in Edmonton, 90% in the Atlantic and in Regina rated their responses at 4 or 5); hence participants ended up with a wide range of feelings regarding their future capacities.

Results and analysis of open ended questions (7 to 10)related to activities liked, future workshops, general comments

Participants especially liked:

1-Getting specific and detailed information about benefits programs, especially from the benefit programs key informants who were able to provide detail on eligibility, incentives for labour force trials/ reintegration, job training & readiness programs. The opportunity to get program information and insights “from the source” seemed to be a crucial consideration by participants. Being able to dialogue and ask specific and detailed questions of the key-informants was seen as very beneficial and therefore very appreciated.

Where the workshop was co-animated by Pamela Bowes, an experienced Benefits Counsellor, participants were especially pleased to get her “behind the scenes, front-line” and candid assessments of the benefits programs, both their advantages and disadvantages. She provided a good “reality check” to the information provided by the official program representatives.

2- Networking and learning from peers, i.e., the opportunity to exchange information and experiences with peers from other ASO’s who are facing the same challenges in assisting PLWHIV/AIDS to assess the pros and cons of return to work. People liked the interaction in the group, the sharing of commonalties and skills.

3- Workshop methodology and learning tools, e.g. Case Studies and the information provided in the Workshop Kits which was seen as useful for the future. Role plays were liked by some and disliked by others.

4-Other There were comments on appreciating the overall information provided which served as a “good starting point” for developing capacity.

Participants were asked about future workshops/training related to benefits counselling, if such were possible.

Responses to this question could be categorized using the following themes:

1-More detail on aspects of benefits programs/counselling

Responses related to this category were most numerous. A dominant sub-theme was the need to provide more in-depth training on benefits programs(e.g., application for benefits, special dispensations, appeals) Some participants also mentioned the need to further examine and spend more time looking at the processes and strategies to develop better working relationships/partnerships with benefit payers, both public & private. There were references to being better able to understand the boundaries and liabilities of benefits counsellors. Others mentioned the need to spend more time with the key informants from benefits programs.

2- AIDS in the workplace/ return to work

There were responses which referenced the need to look at the return to work process in the wider context, e.g., working with employers, greater dialogue with employers on their expectations, work-place training, accommodations. Issues such as empowering PLWHIV/AIDS and helping with the stress of the transition process were mentioned.

3- Other Suggestions

a- More time

The issue of needing more time for this training was raised by participants, e.g. 1 and a half to 2 days time.

b- PHA's as peer counsellors

It was suggested that training sessions be planned for PHA's to become peer benefits counsellors.

c- more focus on Rehabilitation as it relates to HIV, e.g., more emphasis on practice than policy

PART 6 CONCLUSIONS AND RECOMMENDATIONS

Conclusions and how the results of the workshops held so far could affect future workshops and a continuing Capacity Building and Training Strategy in general

The following general conclusions and recommendations result from the Coordinator's experience in implementing the workshops and an analysis of information and feedback provided by workshop participants:

- ❖ The opportunity for ASO's to receive information directly from the providers of benefits programs and related labour market integration programs and to dialogue with these key-informants is an essential element of a training and capacity building strategy.

This conclusion reinforces one of the original specifications of the training strategy as outlined in the project proposal which was to bring benefits payers together to provide overviews of their programs to ASO participants. This exchange was a key part of the workshop but could have had a lengthier time slot.

Recommendation That any future training and capacity building strategies continue to place major emphasis on participation by and dialogue with key informants from benefits programs, vocational rehabilitation programs and labour market reintegration programs; as well this participation should be planned to ensure adequate time for detailed program overviews and interaction between the key informants and the trainees from ASO's.

- ❖ It is crucial however that the information and presentations provided by key-informants who are spokespersons or official representatives of benefits programs or policies be counterbalanced or put through a "reality check" by a trainer/practitioner in benefits counselling who is attached to an ASO. Such an expert with in-depth knowledge and contextual experience can provide trainees useful perspectives from the ASO or PLWHIV/AIDS point of view. This trainer could look at programs from an advocacy perspective and with a "dose of constructive criticism" as necessary.

Recommendation That future training and capacity building strategies include adequate budgetary resources for travel expenses and possibly honoraria to cover the participation of such experts and practitioners at all workshops who would have to travel from central Canada, e.g. Toronto to other parts of the country.

- ❖ There is a need to structure more detailed and intensive exposure to these benefit programs either within the workshop (as expanded) or through the organization of follow-up sessions which would more meticulously treat processes and strategies related to benefit application, appeals, special requests and promote a fuller understanding of the "ins and outs" of the incentives (or disincentives) related to return to work.

Recommendation That CAS and its members, especially those which are provincial networks, create on-going partnerships to continue the momentum of training and capacity on benefits counselling issues and the return to work agenda. This option could be a low-cost whereby CAS could serve as a centralized technical resource and information exchange on best practices and methods in organizing such specialized workshops. A data bank on resource persons and experts (public and private sectors) on the local, regional, provincial or national level could be created and shared with members or other

ASO's who are not members but who wish to collaborate on continuing the training momentum.

- ❖ The Coordinator at the early planning stages of the project, pulled together a “virtual resource group” to assist in the development of the workshop curriculum and to assist in locating or recommending resource persons and key informants for the provincial workshops. This arrangement worked fairly well but faltered at times as this group was not seen as an “official” or integral part of the project. Some resource persons were very committed and productive; others at first seemed to be, but did not follow through.

Recommendation That any future training and capacity building projects include adequate resources to support the creation of a National Technical Advisory Group which could physically meet during the curriculum preparation stage. Electronic communications could also be relied on as the training project is implemented. It is the Coordinator's opinion that creating an official group within the project structure would mean greater commitment and a longer-term attachment by experts to the project. Such synergy would ensure the development of a superior training product and thereby further project goals and objectives.

- ❖ The opportunity for ASO staff as peers to share their experiences and methods in providing some semblance of benefits counselling and general return to work support is also very essential to the workshop experience. This opportunity was offered to participants who expressed positive feedback on this aspect of the training session. This element could be expanded however, e.g., encourage ASO's during a dedicated time slot to showcase their experience and methodology in the planing and delivery of such services. One could also have structured presentations on the deliberations and dilemmas that ASO's are having in meeting the emerging needs of clients in the area of benefits counselling and return to work. A one-day session did not permit this to happen.

Recommendation That any future training and capacity building strategies put more emphasis on and provide adequate time for a “show-case” for ASO expertise and illustrative practices in benefits counselling. Thought must be given to the possibility of training sessions to prepare PLWHIV/AIDS to become Peer Benefits Counsellors.

- ❖ Learning methods such as Case Studies were liked by a majority of trainees. Role plays (Counsellor-client” received mixed reaction.

Recommendation Emphasis should continue to be given to experiential learning opportunities, e.g., case studies, as key elements of the training.

- ❖ There was an implicit message and encouragement given to participants to build networks and negotiate partnerships within the ASO community and between ASO's and program providers. However time constraints of the one day session did not allow explicit partnership planning to take place. Detailed lists of all workshop participants,

both ASO and program people were distributed to all in attendance with the intention to encourage subsequent exchanges and follow-up. A longitudinal assessment of the outcome of this attempt must be done.

(It is interesting to note that the same phenomenon (implicit partnership building) did take place at the 1998 consultations related to the “Force for Change” project . In Vancouver for instance, co-participants BCPWA, IAMCARES and Alliance for Health (the latter two being Vocational rehab providers) did forge working partnerships as a result of the '98 consultation. These arrangements continue and the three agencies attended the workshop in Vancouver)

- ❖ **Recommendation That CAS continue with a longitudinal assessment of the how partnerships were forged as a result of the workshops and what the longer term outcomes and impacts of these arrangements are/will be.**
- ❖ The one-day workshop was assumed to be the most practical approach in terms of time available on the part of ASO staff and expense related to hotel and per diem costs for those who needed to travel to the workshop location. In retrospect however, the session could have easily been 1 and one-half to two days to fully include expanded discussion and presentations as have been alluded to in some of the preceding recommendations.

Recommendation That where financially and logistically possible, training sessions on benefits counselling and return to work be allotted adequate time to provide in-depth coverage of issues not *a priori* be limited to a one-day session.

Evaluating the Benefits Counselling Workshops in light of the “Aims and Objectives of the Project” as stated in the project proposal

Appendix 13 is a copy of the Aims and Objectives of the Project as contained in the project proposal to CWGHR and as related to holding workshops and fostering capacity building.

All of the stated aims and objectives were met. The only one which did not receive adequate emphasis was “ to discuss strategies for developing partnerships with others who have expertise in the area of benefits counselling” The agenda did have a dedicated time slot for this activity but time constraints prevented this activity from being fully covered. As stated above, one can hope that the momentum resulting from the workshop will encourage ASO’s and the experts to discover the ways and means of future follow-up and collaboration.

It should be noted that the participants were asked to complete future Individual and Organizational Action Plans which would identify outputs/outcomes for a 3 month timeframe. The Plans were to be drafted in the immediate future and returned to the workshop facilitator. The response rate was not substantial (see Appendix 14 for an example of an Action Plan submitted)

Recommendation That CAS continue to follow-up with ASO's who attended the workshops to assess how the workshops had an impact on ASO's actions and outputs in the planning and implementation of benefits counselling and/or return to work initiatives.