When SAMS Met "ad hoc": Work Organization and Stress at ODSP

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1) Introduction

> *In my honest opinion, it has become a very bad experience working for ODSP when I used to LOVE my job. ODSP worker*
>
> *I feel stupid at work because of SAMS. . . . I don't have the constant suicidal thoughts that I did when SAMS was implemented but I'm still not doing well. ODSP worker*

This report is a study of occupational health and safety conditions at Ontario Disability Support Program (ODSP) offices in the wake of two sets of changes: The reorganization of work associated with the Modernized Service Delivery Model (MSDM) introduced in 2010 (commonly referred to as Modernization), and the 2014 implementation of the Social Assistance Management System, a new computer system knowns as SAMS. As I crossed Ontario interviewing ODSP workers and read dozens of pages of comments workers added to their online survey, I heard and read numerous stories of frustration and disappointment with the changes, frustrations that were negatively affecting the health of workers. However, I also heard how many ODSP workers had been looking forward to these changes. In the words of a long serving Caseworker:

> *I was really looking forward to this technology . . . there were people that were really excited. Myself I was very excited about it. I thought "wow". . . This is what I signed up for! This is what the job used to be. . . You know, getting to know the clients better and their circumstances and you know, having a better feeling. . . . We were going to be part of that whole machine to increase social inclusion, and a couple of us even sat on the poverty reduction committees and things like that. KB*

These hopes were not realized. Instead, many workers found they were poorly trained for the new tasks they were assigned under Modernization. Caseloads increased as the number of ODSP cases increased almost 20% between the launch of Modernization and the end of 2014 (Social Assistance nd.). The new SAMS computer system was plagued with errors and required more effort than the existing system to do some of the same tasks. The training to use the new system was incomplete leaving many workers bewildered and unable to understand what was happening or how to operate the new technology. The net result was workers were not getting to know ODSP clients better. Most reported they had even less time for clients than they had under the previous model of work organization and the old computer system. Many felt they had become data entry clerks. Hope quickly turned to despair. The same worker quoted above went on to tell me:

> *Reality? We've just got further and further away from that [serving clients]. I put in their earnings and I change their addresses. I pay the invoices. . . I did like the*

> *job. I don't like it anymore. I have not heard so much talk about retirement as I've been hearing in the last year. And you know like I can't wait to retire. KB*

Another wrote in on the survey:

> *I feel I have become a data entry clerk and no longer make a difference in the lives of the people we serve. SAMS takes up so much of my time to make things work that I no longer have the time or opportunity to assist people to move forward in their lives. I use to love my job now I stress about going to work and surviving the day and can't wait for the day to be over. Online survey*

What follows is an exploration of how changes in work organization and the introduction of new technology meant to enhance the quality of work life and allow workers to better serve a deserving clientele have resulted in what in many ways should be labelled a health and safety disaster. Five years after the reorganization of jobs under MSDM and 18 months after the launch of SAMS, working conditions have improved. However, as this report will show, workers at ODSP continue to be exposed to elevated levels of workplace stress, Job Strain and Effort Reward Imbalance. For many this has led to deteriorating physical and mental health and deterioration in home life.

2) Modernizing ODSP

In 2010, the Ministry of Community and Social Services launched an ambitious plan to update how work was organized at ODSP offices and to modernize the computer technology employed to track and deliver benefits to ODSP clients. The Modernized Service Delivery Model (MSDM) was to provide a customer-centred service that integrated income and employment supports using a "one window" case management approach with a more engaged and empowered workforce (Ministry of Community and Social Services, June 2010, p. 1). In many ways, it was seen as a return to the principles of the Family Benefit Act (FBA) when welfare was delivered to the poor by caseworkers who were delivering more than financial support to those in need. The Social Assistance Management System (SAMS) was to replace the existing computer system SDMT which was viewed as ineffective and outdated and unable to support business and policy changes (Province of Ontario 2015: 474). SAMS was to free up the time of ODSP workers to fulfill the vision of MSDM.

There is no shortage of commentary on what went wrong with the launch of SAMS in November of 2014. An entire chapter of the 2015 Auditor General's report documented serious deficiencies in the launch and in the software itself (Province of Ontario 2015). Change is always stressful. The short-term gains from a change in how one works rarely seem to compensate for what is lost in leaving behind systems and ways of working that one has become used to. Change at ODSP is particularly stressful as the organization always appears to be under-resourced and lacks the buffers that might shield both workers and ODSP clients from the short-term frictions related to working a new system. In 2002, I was asked by OPSEU to evaluate the health of ODSP workers following changes associated with the Business Process Review Model (BPR) launched in 1997 and the introduction of the SDMT computer system in 2001, the systems being replaced by MSDM and SAMS. Foreshadowing the conclusions of this report, in 2002 I argued:

> On the surface, it is the lack of staff to do the assigned work that is the most visible health risk at ODSP. In my assessment, I conclude that the real problem is much more complex. Not only is workload excessive, but it is done in a context where staff have limited control over how work is done, where support at work is inadequate, and where there is an imbalance between effort and rewards (Lewchuk 2002: 1).

The 2001 launch of SDMT at ODSP and Ontario Works attracted academic interest. In 2003, Hennessy & Sawchuk documented worker dissatisfaction with the SDMT system quoting an OPSEU representative suggesting "[SDMT] is not working and needs to be fixed and we want the public to know"(Hennessy & Sawchuk 2003: 312). In 2013, Sawchuk published a full length manuscript on the effects of SDMT and described the changes as the "high-tech contemporary Taylorization" of work at ODSP (Sawchuk 2013: 5). Recent research into how modern computer systems are affecting the quality of work has made similar arguments. Rather than being a tool to allow workers to manage their tasks more skillfully, many modern computer systems attack existing

skills themselves and in the process turn more and more work into data entry work leaving decision making to the software (Head 2014).

Given the history of dissatisfaction with work organization changes and new computer systems at ODSP documented in my earlier reports, is there anything different about the response of ODSP workers to this round of change compared to previous rounds of change? It will be shown that, compared to previous rounds of change, the prevalence of occupational health and safety risks is broader and more workers are reporting troubling health indicators. This report can only be suggestive as to why this is the case. Four factors appear to play an important role in understanding the elevated health risks documented in this report.

First, it does seem that the handling of the launch of SAMS was particularly problematic and as a result many workers faced unprecedented levels of stress. At best, the process of change appears to have been poorly thought out. Software was launched that did not work as expected. Training was inadequate and failed to provide workers the basic tools to navigate the new system. The constant issuing of software updates and the use of "ad hocs" and workarounds intended to make the system work better seem to have often had the opposite effect of making the new system unstable and difficult to work with. The transfer of data from SDMT to SAMS was riven with 100,000 of errors leading to overpayments, underpayments and files simply disappearing. All of this added to the stress workers faced as they tried to learn a new system.

A Caseworker who started at ODSP around 2010 gave a vivid description of the launch. We began by discussing the training for SAMS:

> *Webex [training], man that was horrible. You'd tap into a conference and you'd have somebody reading out of a book trying to teach you stuff as you follow along on the computer. You just wanted to knock your head off the wall a bunch of times like it was just bad. . . You're trying to follow through with what they're showing you but it was hard because other people would pipe in all the time and ask questions and then people would get sidetracked. You'd do something and everybody would be like this doesn't work and the trainer would be like "yeah I don't know. It's not working that's not what it's supposed to do." or you keep getting errors. . . We were about to go live. Yeah and stuff isn't working. It was almost to the point like why are we doing this? And it happened, you probably know, it happened! Like you go live and shit hit the fan. Like stuff didn't work, people were getting payments they weren't supposed to get like the amount of money that was blown blows my mind. Blows my mind that we wasted so much money. KF*

Another Caseworker who has worked at ODSP for 25 years recalled:

> *Well, SAMS; Remembrance Day 2014, the next day it comes online and we found out that well a lot of us couldn't log in right away. We couldn't get to the*

clients. We couldn't see anything and we then found out a lot of functionality was frozen and the program didn't work. NA

Second, while much of the focus has been on the difficult launch of SAMS, it is also clear that the changes in work organization and job responsibilities introduced in 2010 as part of the MSDM compounded the stress workers faced. This was particularly true for the new Caseworker position which encompassed a broader range of tasks than any one of the pre-MSDM job classifications. Many Caseworkers reported they were struggling in the new position even before the launch of SAMS and felt training had been insufficient and that the expectations of the range of tasks any one worker could do were unrealistic.

While most Caseworkers like the idea of having their own caseload so they can get to know their clients, they also feel unable to provide the full range of services the Caseworker position entails under MSDM. One reported:

I do like the idea of having my caseload and getting to know my clients. . . . I think having one Caseworker for the client is definitely good for the clients, because then they get to know you, and you also get to know a feel for the client. Whereas, however, I think that they've given us a little bit too much. So we're kind of the jack of all trades, master of none, type thing. KC

Another voiced similar concerns:

Modernization was to enable us to build relationships to assist our clients. We are far from this thanks to SAMS and the time it sucks out of every case we work on. It takes 10 times longer to do anything compared to SDMT. . . . Staff are working at breaking point daily, exhausted and feel like we are drowning in work with no resolution in sight. Online survey.

Third, it appears that the changes in the nature of work introduced under SDMT starting in 2001, resulted in more work time being devoted to what many see as clerical and data input tasks. As a result, relations between ODSP workers and ODSP clients were depersonalized, a process Sawchuk (2013) documented in his study of BPR and SDMT. Under SAMS, the extent of clerical work and data entry has been taken to another level. This became all the more frustrating for ODSP workers as in many ways, MSDM was promoted as an effort to turn back the clock in terms of allowing Caseworkers to develop meaningful relationships with ODSP clients and could be seen as a response to many of the complaints workers expressed regarding the BPR model and SDMT (Ministry of Community and Social Services nd.). However, as the new computer system absorbed every available hour of work time inputting detailed information, coping with workarounds and the unexpected impacts of "ad hocs", the dream of returning to a relationship with clients more reminiscent of the FBA era held out by those who promoted MSDM became unrealistic and further added to the stress workers face.

A Caseworker who made the transition from an Income Support Specialist (ISS) under BPR expressed her disappointment with the new system of work.

> *The whole thing with Modernization was the one window approach. You got to know your client; you set goals with your client. Now it's. . . I just feel like a data inputter at this point to be honest with you. HG*

An older Caseworker noted a gradual trend from any sense of social work at ODSP offices, a trend accelerated by the introduction of MSDM and SAMS.

> *We don't do much of anything anymore. Now it's just a matter of pushing paper. We get stacks and reams and reams of paper and mail with changes that have to be done and it's just Caseworkers changing addresses, adding benefits, paying vendors you know for supplies or ostomy supplies or whatever. . . . Now we're just basically administrators. The change in the title of a worker from Income Support Specialist to Caseworker; assumes more of a social work kind of role where Income Support Specialist was more of an administrative thing. . . . On a social level we do absolutely nothing for clients. Even employment supports. OA*

Even a new Caseworker felt the job would be different than it has turned out to be. One reported:

> *I was expecting more one on one with clients I guess. Just helping clients and making sure that they're getting the right entitlements and stuff like that. Whereas now I find that we are just pushing paper and just trying to get things done. You know, a client will call because I took over a different case load. Clients of course want to meet, to put a face to the name and I would love to do that because that also helps me establish a relationship with them. But like I said with the system there just isn't that time to do it. KC*

Finally, most Caseworkers report a continuous increase in the number of files they are expected to manage. ODSP clients have increased regularly since the end of FBA. At its launch in 1997, there were just over 170,000 ODSP cases. By the end of 2014 the number of cases had almost doubled (Social Assistance nd.). As a result, average caseloads at some offices have increased from a 2010 target of around 250 under MSDM to 300 or more by 2016. Even this number may be an underestimate of actual loads as increased absences from work meant those still working had to manage the loads of absent workers. In the words of one Caseworker:

> *Because the other thing about Modernization was caseloads were supposed to be around two fifty. Well, caseloads now are running about three thirty, three forty. . . . The other thing that happens to us is people go off sick. They collapse caseloads. . . . When we first started and caseloads were manageable. Oh, yeah. It was successful. But as caseloads increased, as we are expected to pick up more of our coworkers' work when vacancies aren't filled. You just don't have the time. HC*

Fixing the non-functioning aspects of SAMS and recognizing the new challenges of the integrated Caseworker position will go some way towards reducing the stress workers at ODSP face. However, a more complete solution must recognize that new computer systems and new models of work organization have embedded assumptions about how work should be done, how workers should be controlled, and in the case of public services how workers should interact with the public. Even in well-designed computer systems, which SAMS does not appear to have been, there remains the potential for social assistance workers to be distressed regarding the changing nature of their work and the changing nature of their interaction with the public. Future efforts to reorganize the work of those delivering social assistance benefits will continue to result in the same health and safety crisis at work unless serious efforts are taken to understand how these changes are altering the nature of work. The same attention given to health and safety concerns when new factory technology is introduced, or when workers are asked to work with new chemicals and toxins, needs to be given to the introduction of new models of work organization and new computer systems. They can be just as toxic and damaging to health.

3) The history of Modernization at ODSP

In many ways, work at the Ontario Disability Support Program (ODSP) has been undergoing modernization for the last twenty years. The delivery of welfare was reorganized in 1997 with the passage of the Ontario Works Act (OWA). The OWA divided the delivery of welfare in Ontario into two distinct programs. Ontario Works delivered support to individuals with very limited assets but who were deemed able to work. The Ontario Disability Support Program (ODSP) would deliver support to persons with a substantial physical or mental impairment. A brief understanding of periodic changes in how the work of delivering welfare benefits has changed after 1997 will help understand why the changes implemented between 2010 and 2014 have led to an occupational health and safety crisis at ODSP.

Prior to 1997, welfare services in Ontario were delivered under the umbrella of the Family Benefits Act (FBA). Contact between Ministry employees and their clients was through Income Maintenance Officers (IMOs) working under a caseload system. Each IMO was assigned a list of clients who became their responsibility. The IMO would process the initial application for benefits, have access to local medical officials regarding the extent of disability, maintain the files should there be a change in status and periodically review them for errors, omissions or unreported changes in status. They were accessible to clients over the phone, at the office, or during home visits. They got to know many of their clients; their clients got to know them. They were not social workers, but delivered services well beyond putting a cheque in the hands of those in need.

In 1995, the newly elected Conservative Government initiated a plan to create greater efficiencies in the delivery of government welfare programs and launched the Business Process Review model (BPR).[2] The government also began working with Accenture in 1997 to change how work was organized at ODSP offices and to deliver a new computer system to manage support to ODSP clients. The IMO position was eliminated and replaced by Client Service Representatives (CSR) and Income Support Specialists (ISS). A third type of worker, the Income Support Clerk (ISC) provided office support. At the same time, the tasks of the IMO were divided; there was a shift from the caseload system to a pooled case management system. Under the pooled case management system, the personal link between Caseworker and client was broken. Clients were now the collective responsibility of all ODSP workers. Each worker in the office was responsible for their specialized task only and could interact with any client linked to the office. ODSP clients would interact with ODSP workers through an automated phone tree that directed clients to the next available worker. The system was designed so that no one spent enough time with a client to really get to know them. The new Service Delivery Model Technology (SDMT) computer system and the automated phone tree system arrived in 2001.

[2] This is also sometimes referred to as the Business Transformation Project (BTP).

A 2002 audit of SDMT concluded the following:

- Caseworkers reported that the system was not designed with their needs in mind.
- The Ministry did not adequately test the system before launching it.
- It could not accurately determine client eligibility and benefit amounts. (2015 Annual Report of the Office of the Auditor General of Ontario, p. 473.)

Several of the workers interviewed for this project had worked in the pre-ODSP period and had experienced the introduction of BPR and SDMT. One had the following to say about the changes:

> *It used to be fun. Not anymore. . . . I started at the very beginning of ODSP when it came in when the Family Benefits Act was changed over. It was fun back then but some of the changes . . . you have to shake your head and wonder why. . . . I think the worst example was BTP, Business Transformation Project where the only thing that really came out of that was a lot of wasting of people's time. . . . It seems like every Deputy Minister that comes into office wants to do their own thing. . . . We've had all this crap and all with lofty dreams and lofty goals but in the end it amounts to nothing because somebody else comes in five minutes later and changes the entire process. OA*

Following the introduction of BPR and SDMT, OPSEU filed a health and safety grievance on behalf of the workers at ODSP (See Lewchuk 2002 for details). This culminated in the May 2004 Memorandum of Agreement between the Ministry and OPSEU and the April 2005 document titled "ODSP Delivery Framework: A New Framework for Service Delivery (NFSD)." Embedded in this document was a Joint Problem Solving Process (JPSP) that allowed each office to initiate discussions of how to organize work and to give workers more control over how their offices were organized. The NFSD was informed by the twin goals of promoting a healthy and safe work environment and ensuring excellence in client service and program delivery. The NFSD was designed to address two broad concerns with the BPR model of work organization.

- That the BPR model had reduced the capacity of employees to influence how they worked and that this was contributing to levels of stress at work and was leading to potential health problems.

- That as originally implemented, the BPR model was overly rigid and unable to accommodate the unique needs of different offices (Lewchuk & Vrankulj 2006: 7).

The BPR model required all offices adopt a standard model of work organization. On its own, this represented a significant diminishment of local worker control and the ability of local workers to adapt work process to suit local needs. NFSD loosened the

requirements that all offices look the same and offered local employees a role in customizing local work practices to reflect the unique character of each location. Studies of ODSP offices in 2006 and 2007 indicate that most offices engaged in the JPSP and made a number of changes to the BPR model. Some offices returned to a caseload model and most implemented some sort of team approach. The net effect was a small improvement in overall health outcomes (See Lewchuk & Vrankulj 2006; 2007).

The next wave of change began around 2010 with the launch of the Modernized Service Delivery Model (MSDM). MSDM was to provide a customer-centred service that integrated income and employment supports using a "one window" case management approach with a more engaged and empowered workforce (Ministry of Community and Social Services, June 2010:1). In its communication to external stakeholders, the Ministry argued the changes would:

> Refocus the current service delivery model into a more customer-centered model;
> - Shifting the focus toward longer term outcomes for clients, including community inclusion and employment;
> - Integrating the delivery of Income and Employment Supports programs. (Ministry of Community and Social Services nd.)

This was to be done by reorganizing work functions within ODSP offices and introducing updated computer software.

The majority of ODSP workers were to be organized into either a Caseworker or Program Support Clerk (PSC) position. The Caseworker position would include the work of the former Income Support Specialist (ISS), Employment Support Specialist (ESS), Income Maintenance Officer (IMO) and Eligibility Review Officer (ERO) positions. Caseworkers would also take over many of the clerical tasks formerly performed by Client Service Representatives (CSR), who had served as the first line of contact with ODSP clients under BPR and NFSD. The positions of Employment and Income Support Clerk (ISC) and Overpayment Recovery Clerk (ORC) were combined to form the position of Program Support Clerk (PSC) responsible for reception, answering phones, filing, printing cheques and tasks such as providing drug cards and other supports to ODSP clients.

Based on an October 31 2008 agreement between OPSEU and Ministry of Community and Social Services, workers employed as ISS, ERO and ESS would be assigned directly to the new Caseworker position. Those employed as CSRs were to be offered a 4 month trial at the Caseworker position. Final allocation to a Caseworker position was to be through a restricted competition open only to CSRs. Pressures to fill the new Caseworker positions and to accommodate existing ODSP workers, plus the limited availability of trainers to help in this transition, appear to have resulted in a number of Caseworkers not having the skills needed to do the job effectively.

In commenting on the process that allowed workers to access the Caseworker position, a Caseworker with about 15 years of experience at ODSP reported:

> *Some of the older folks are struggling. It's not so much that they're old it's just that they were CSRs before and they're maybe not just Caseworker material. . . . With Modernization they went away from interviewing and you had to hit some standard in a competitive field to get the job. Modernization sort of screwed it around. . They sort of side-stepped that more rigorous approach. There were people that became Caseworkers that probably did not have the skills. OC*

An Employment Support Clerk who ended up as a Caseworker following a competition recalled the transition as follows:

> *And that training! . . . The CSRs and the ISSs were able to start training before Modernization. . . . But someone like myself in that position where I was an ESC, I had to go through the competition to get a Caseworker position; and I could not go into any training until I became a Caseworker. And, of course I became a Caseworker, and on my first day I got my two hundred and fifty-three people and my list of people and my phone ringing off the hook. No training on SDMT. "There you go." I remember one of my clients called eleven times that day. HC*

A goal of Modernization was to implement a more "holistic" approach to case management and how services were delivered to ODSP clients. "There will be a key focus on creating a direct relationship with clients, with a single point of contact for income and employment needs." (Service Delivery Framework: Past, Present & Future, ODSP nd.). As well as a more customer-centred model, there was to be a shift "toward longer term outcomes for clients, including community inclusion and employment." (Ministry of Community and Social Services June 2010: 3) In its promotion of the new work model, the Ministry argued, "To be customer-centered, we need to know our clients, understand what services they require, and be more responsive to their individual needs. Information and services must be delivered in a manner that is meaningful to them." (Ministry of Community and Social Services June 2010: 4)

At first, it would seem that MSDM was on its way to delivering this new vision of service to clients, which was in many ways a return to the caseload, IMO approach under FBA. Over 90% of ODSP clients who completed a survey in February of 2013 before the introduction of SAMS indicated broad satisfaction with customer service under the Modernization program (Ministry of Community and Social Services 2013: 8). In a 2012 submission to the Commission for the Review of Social Assistance in Ontario, frontline ODSP works in Belleville argued:

> We have received positive feedback from ODSP recipients regarding the new "Modernized" model of service delivery. Clients can call in and talk directly to their Caseworkers; they no longer have to tell their story over and over trying to get resolution for their particular problem, question or concern. . . . Modernization

> is still in its infancy and from all reports has been a positive enhancement for both clients and staff. Belleville 2012: 9-19

By 2016, the hoped-for change had turned into a nightmare for many ODSP workers and their clients. A former CSR now working as a Caseworker reported:

> *[Work is] extremely stressful to the point where it's so overwhelming and I attribute that to the fact of the Ministry amalgamating 3 or 4 jobs into 1 position. . . . So we're doing the tasks and duties of all those positions. Trying to manage all of that on a daily basis is extremely overwhelming. . . . So just trying to juggle those things to ensure the client has their needs met along with bringing on new cases, trying to grant them and go through the proper procedure it's too much! . . . I'm ready to throw my hands up. It's too much I mean they can't simply throw a few thousand dollars at us and say you know here's your increase, do the job of 4 people. TC*

Another worker wrote in on the survey:

> *The incredibly poor implementation of SAMS caused so much anxiety that I ended up at the hospital thinking I was having a heart attack. I didn't have a heart attack but it was definitely a wakeup call regarding how I view myself in the workplace. Online survey*

The second half of the Modernization program involved the replacement of the SDMT computer system introduced in 2001. In 2009, the Ontario government signaled its intention to replace SDMT with a modernized computer technology. Curam Case Management System won the contract to provide this new technology. This was to be an "off-the-shelf" system customized to the needs of ODSP and OW. By early 2013, the core software, to be knowns as SAMS, had been developed and testing of the data conversion process was underway. (Project Update for MERC, Ministry of Community and Social Services April 16, 2013)

As early as 2010, it was decided to launch SAMS through a single province-wide implementation in the spring 2013. The decision to move to a full launch reflected concerns about the lack of flexibility of the SDMT computer technology in use (Ministry of Community and Social Services 2011). The spring of 2013 launch date came and went, and a new launch date April/May 2014 was agreed to (Ministry of Community and Social Services 2013). The actual launch took place in November of 2014.

Even at this late date, the Auditor General suggested SAMS was not ready. In rather blunt language, the Auditor General concluded that at the time of its launch, SAMS "had serious defects and was not fully functional" (Province of Ontario 2015: 479). There were an estimated 2,400 serious defects at launch. (ibid: 479) Of these, 737 were known prior to launch and a further 1,616 were only discovered after the launch (ibid: 480). The Auditor General concluded that at launch, "SAMS had serious defects that caused numerous errors."(ibid: 475). The Auditor General went on to argue that "SAMS

was not properly piloted or fully tested" before launch and that "the decision to launch was based on incomplete and inaccurate information about SAMS' readiness."(ibid: 476)

Six months after the launch, there were still 771 serious known defects in the system and a backlog of 11,500 unanswered calls to the help desk. In the rush to fix a non-functioning system, "the Ministry had installed software upgrades to fix defects but was not fully testing them. This was in part because it did not know how to test them." (Province of Ontario 2015: 477). Fully 16% of SAMS' functions were not tested, and even of those that were tested, 1 in 8 failed. (ibid: 477) As deficiencies became known, the Ministry introduced regular software updates (ibid: 487). These fixes came to be known as "workarounds" or "ad hocs". There were 27 "workarounds" on launch date and a further 59 by the end of 2014 (ibid: 481), on average nearly two per day in the first six weeks. Many of these fixes created added work for Caseworkers. Many produced unexpected outcomes requiring further work by ODSP workers to sort out unexpected payments, payment denials and non-functioning files. "Champions", who had received extra training on SAMS so they could help fellow workers sort out problems, expressed frustration at the constant changes. One argued:

> *They do fixes every couple of weeks and these fixes create a ton of problems. . . . [As a result] Well, I don't know what the hell the system is going to do this week. . . . The burden to correct these things comes down on a weekly basis in the form of ad hocs for the worker to deal with. OC*

Workarounds, to override errors in the program or to make it do something it was not designed to do often created other errors and increased worker stress. One worker voiced his ongoing frustration 18 months after the launch of SAMS.

> *So now we have all these workarounds. We have these issues of formatting and continuity and the amount of workload that we have to do to make something happen has just really drove a nail through any sort of morale that I see most of the people around me have. You know the first thing I say whenever I call help desk is, "Look, I hate SAM. I can't get this bloody thing to work". . . . [and they say] "Yeah, no one likes this thing. It either doesn't work or it takes too much to get it to work." OA*

For some workers, the combination of Modernization and SAMS has reduced service to clients. One worker wrote in on the survey:

> *Since Modernization, there are too many roles due to the elimination of other positions. . . . Since SAMS has rolled in, the job is impossible to do effectively. . . . The clients have a terrible time trying to contact workers due to the amount of incoming calls, paperwork, ad hocs, applications, grants, and daily demands placed on the workers. This has decreased the clients respect for workers, and added more pressure to the job. . . . Everyday there are emotional breakdowns from co-workers. Online survey*

To work properly, data from SDMT (a computer system reliant on notes) needed to be converted to work with SAMS (a computer system designed to fit data into tightly defined fields). Adding to the design problems with SAMS itself, "Pilot testing with data converted from the previous system was never conducted." (Province of Ontario: 477) IBM was responsible for converting the data from SDMT but faced significant problems and was an important reason for the delay in launching SAMS and in part responsible for the lack of proper system testing before launch. The Auditor General estimated that there were at least 114,000 errors in the data IBM delivered at launch (ibid: 478).

ODSP workers continue to experience the flawed conversion of the pre-November 2014 data as errors and extra work.

> *The conversion data that was supposed to come over and IBM said, "This is going to be a clean transition folks. Don't worry all this information is going to be transferred from SDMT properly, correctly." Well, it didn't. It did all kinds of overpayments that we couldn't figure out and I'm still figuring out two years later. Almost two years later. NA*

Six months after the launch of SAMS, Ministry officials were targeting the spring of 2016 before SAMS would become "fully stable." The reports of workers interviewed for this report during the spring of 2016 suggest even this date appears to be overly optimistic. Even if they fix the errors, there is still reason to believe that SAMS will end up making more work for Caseworkers rather than saving work. Almost everyone that was interviewed for this project had a view on what was wrong with SAMS. For some it was they just did not understand the system. However, many had given much thought to why they were struggling with the system and most pointed to what they viewed as fundamental design flaws that will remain even once the programming errors are fixed. For one Caseworker, SAMS was just too complex. He argued:

> *You've gotta make it simpler. . . There's too much going on. You've gotta simplify things. . . . It's like opening an onion, you take the first layer off and then you get the second layer, you get a third layer, you get a fourth layer. Oh and now we're on another onion but you gotta get to the third layer before you can update your other onion's fourth layer. It's like holy crap. This is, it's so time consuming. KF*

The complexity of the software and the redundancies inserted to make sure workers have done their work properly were major sources of frustration for ODSP workers.

> *We shouldn't have to open, activate, or authorize then activate online. Just once they're unsuspended make them active automatically. . . . . Make it easier to find information. . . . If I'm trying to find something about their financials, there are three different places I can go. I can go into their person page. I can go into their ODSP page, or I can go into their integrated case. They all have financial tabs, and each tab tells me something different. KC*

Another Caseworker also viewed the multiple steps to approve something simply added workload.

> *There's three layers of this new system. The SDMT was a one layer system, pretty much flat-lined. Once you updated this, it just sort of rippled effect. Here, it's you have to go here and then update it here and then reconfirm it here. They call it the Triple "A": approve, action and activate. Those are the three things. How is that efficient? You've added two steps to what we did for pretty much everything going forward. HA*

In addition to the multi-layered nature of the software's design, it has functionality built into it that most Caseworkers will not use and some functions that one Caseworker described as "devil keys."

> *So because SAMS is very modular, yeah, you have a bewildering array of screens. . . It's meant to have different levels of functionality based on users. Well we're all Caseworkers. There are commands in there that are active that if I touch it, I screw up the whole file almost irrevocably. Why are they there? OC*

SDMT was a notes-based computer system. Caseworkers could use their judgment to enter what was important in note format and then use their skill to interpret what the client was entitled to within ODSP parameters. By design, SAMS requires standardized data that can be entered into fields for analysis so it can make decisions. While offering management greater control as all data is now standardized, the change has reduced the need for workers to use their judgment in deciding if a benefit is warranted or not. It was suggested that some people simply live with whatever SAMS decides. They are leaving the thinking to the machine. This could result in clients getting benefits they are not entitled to or not getting benefits they should be getting. On the issue of notes, a senior Caseworker argued:

> *When going to SAMS they promoted we wouldn't need to do as many notes. I disagree personally and I've always stated that from the beginning. I was a champion trying to help staff with SAMS and I'm like, "Do notes. Notes are your friend." Excuse me, in a sense that you can quickly look; it's easier to look in a note just to see what's happened then to go to the evidence, read through the evidence, and try to interpret the evidence but my understanding is that the note function in SAMS is going to be restricted. You know we're not going to be able to do a ton of them. OF*

It is not just Caseworkers who struggle with the design of SAMS. Even PSCs who have less reason to interact with the system still find it sometimes frustrating. A PSC described her experience as follows.

> *I don't know. I find sometimes it's forever to find the ODSP case. In order to do a drug card, we have to go in to find the ODSP case, go into determinations, and look to see if they're eligible. So they may be suspended. . . . It's not an easier*

program I don't know what they were thinking that this would streamline the work I think it works good for some things. It's unpredictable. . . . When you're doing multiple transactions or processes per day like when you're doing things on clients' files it's not really a reasonable expectation that you should have to go in the next day and look and see that everything you issued the day before came off okay. KE

The challenges associated with the Caseworker positons as organized under MSDM and the flaws related to the SAMS computer system have meant that the goal of a "more holistic" relationship with clients has not become a reality. In the opinion of many Caseworkers, that relationship has become even less personalized.

I feel like sometimes I don't even have time for my clients because I'm pushing papers. I've got to do this, I've got to do this, I have to. . .Sometimes even when I'm talking on the phone with a client, I want to say, "How are you? How are you doing?" I just want to check up on them and see what you can do. But as you are talking to that person, literally, people are leaving you messages. So it's like speedy service. It's like you work at Tim Hortons and you have to get that line going. You can't even take a minute to breathe or give that well-needed attention to that one client. HB

Another Caseworker who had moved into the position from a CSR stated:

You probably heard the news reports that this program must allow for the workers to spend more time with the clients and I'm thinking which part of the clients are we spending more time with? The client's case? Or the actual client? Like I don't see myself spending more time with any of my clients. I find myself fighting with this more than anything else. . . . I don't see how service has been improved at all. If I'm spending more time trying to figure out how to get somebody's cheque sent off, how to get somebody's benefits, I don't see myself speaking to clients whether on the phone or in person a lot more than before.

In the journey from FBA and the IMO as caseworker prior to 1997 to MSDM and SAMS in 2014, work at ODSP has been fundamentally changed. More time is spent entering data into a computer system and less time working face to face with clients. Starting in 2014, workers were asked to work with a computer program fraught with errors at launch and made more unpredictable as efforts were made to fix the system through a bewildering number of workarounds, "ad hocs" and temporary fixes. The reality of working at ODSP proved to be very different from the vision associated with the new way of working associated with the launch of Modernization in 2010. Caseworkers were to be assigned their own caseload and, with enhanced computer tools, were to have the time to establish relationships with clients and help them integrate into society. The changes were supposed to make the Caseworker job have more of the attributes it had under FBA. Heavy workloads, error-plagued software and the inability to realize a vision of work that had been promised all combined to create a toxic environment by 2016. The rest of this report explores the health implications of what actually happened after

2010 and the occupational health and safety implications of moving even further away from the FBA vision of how work should be organized and how ODSP workers should interact with clients.

4) Data sources: 2016

In early 2014, just before the scheduled launch of SAMS, OPSEU approached me to study the impact of MSDM and SAMS on the health of ODSP workers. Rather than try to describe worker health during a major change in technology, it was decided to delay data collection until sometime after the new computer system was in place. Data was collected through an online survey that was open to all ODSP workers and through face-to-face interviews at selected ODSP offices. The online survey ran during February and March of 2016, 16 months after the launch of SAMS. 524 individuals completed the survey. In addition, survey respondents voluntarily provided over 40 pages of written comments on what it was like to work at ODSP. This report focuses on the 52 Program Support Clerks and 422 Caseworkers who completed the survey. They represent the bulk of workers who would have been employed as ISCs, CSRs, ISSs, ISMs and EROs under the previous model of work organization. The remaining 50 respondents were in other positions including presenting officers, managers and individuals on temporary assignments at ODSP, many assisting with the transition to SAMS.

Prior to the online survey, one set of interviews was conducted with 7 individuals at one location in March of 2015, 4 months after the launch of SAMS. These interviews provided insights into the stresses workers were facing shortly after the launch of SAMS. They also helped inform the design of the online survey. A further 27 individuals from 4 different locations were interviewed in May of 2016, 19 months after the launch of SAMS. The Ministry had hoped to stabilize the SAMS software program by this date. Despite the 12 month gap between the two sets of interviews, there is little evidence that conditions have improved significantly.

This report also makes use of survey data from earlier studies of working conditions at ODSP. Survey data collected in 2002 provides some information on working conditions under FBA as well as data on working conditions in the aftermath of BPR and the introduction of SDMT. In 2006, a second survey asked about working conditions in 2004 just prior to the launch of New Framework for Service Delivery (NFSD). NFSD was an effort by the Ministry and OPSEU to address some of the perceived short-comings of BPR. A third study in 2007 assessed changes following the implementation of NFSD. These three surveys, in addition to the data collected in 2016 allows an understanding of trends in workplace conditions and health indicators across nearly two decades of work reorganization at ODSP.

While much of the report is based on the quantitative data collected through the online survey detailing health and safety conditions, I also make extensive use of the words of ODSP workers gathered during interviews and those added to the online survey. While the numbers paint a grim picture of working at ODSP, one can only fully appreciate the frustration and despair workers at ODSP experienced after 2010 by listening to their own words. Hence quotes from the interviews and the survey comments play a central role in this report.

5) Measuring occupational health and safety risks

Prior to 1970, the main focus of occupational health and safety research was on physical risks and exposure to dangerous toxins. It is now widely understood that a broad set of work organization characteristics influence health outcomes. Work organization is the complex set of practices that shape the social organization of workplaces. Together, these practices define how people interact with their physical environment and how they interact with each other. Until recently, research focused on four main characteristics of work organization: workload, control over how work was done (often referred to as decision latitude), support at work, and Effort-Reward Imbalance. Newer research has begun examining the impact of employment insecurity (Lewchuk 2011) and work/life balance.

Much of the early work on work organization and health was done in Britain as part of the Whitehall Studies in the mid-1960s. Michael Marmot and his colleagues revealed an age-adjusted social gradient in death rates and absenteeism in a study involving tens of thousands of British civil servants working in offices in London. Civil servants in the highest employment grade (administrative) had from one-third to one-half the incidence of mortality of those in the lowest grade (clerical) (Marmot et.al. 1984; Marmot et.al. 1991).

What causes this social health gradient? Subsequent research indicated that lifestyle explained only a small component of this difference. Under Whitehall II, begun in 1985, Marmot and his colleagues began exploring the role of work organization as an explanation of this gradient. In a key paper, researchers argued that prolonged exposure to jobs with limited control over decisions at work nearly doubled the risk of coronary heart disease compared to those working at jobs with high levels of control (Bosma et.al. 1997). Using data from the same study, North and her colleagues showed civil servants in the lowest employment grades had 3 to 6 times the level of short and long absences from work compared with civil servants in the highest grade (North et.al. 1993 & 1996).

The Whitehall studies paved the way for a number of other studies into the impact of work organization on health. In a major Canadian study by Statistics Canada, Wilkins and Beaudet (1998) examined how workload, control at work, job insecurity, physical demands, and support from supervisors and co-workers affected a number of health outcomes including, blood pressure, repetitive strain injuries, back problems and migraines. They found that for men, the combination of high workload and low control at work was associated with migraines and psychological distress, while for women it was associated with work injuries. Dollard et.al. (2000), studying workers from a public sector welfare agency, concluded, "If workers are consistently in a situation of chronic heavy workload with a lack of either support or control, strain and ill-health, not to mention a lack of productivity, can result." (Dollard et.al. 2000: 507) The Canadian Heart and Stroke Foundation, in its annual Report Card on Canadians, warned, "Workers who have little control in their jobs but are under great pressure, are at an

increased heart risk brought about by stress." (Heart and Stroke Foundation of Canada 2000).

This report uses three established measures of work organization that have been associated with health outcomes.

A) THE JOB DEMAND-CONTROL MODEL

A major breakthrough in our understanding of the relationship between work organization and health came with the work of Karasek and Theorell (Karasek 1979; Karasek & Theorell, 1990). They developed what is known as the Job Demand-Control (JD-C) model and a condition they labelled as "Job Strain." "Job Strain" was defined as the combination of high psychological workload demands and low decision latitude or control. Psychological demands are measured by questions asking; Is work excessive? Are there conflicting demands? Is there time for work? Is it too fast or too hard? Decision latitude is measured by questions asking; Can employees make their own decisions? Can they choose how to do their job? Do they have a say on the job? Do they take part in decisions? Researchers using the JD-C model have shown that a variety of health problems, including high blood pressure and cardiovascular disease, are more common where employees are exposed to "Job Strain". For instance, heart disease is more common amongst over-worked cashiers and line workers than amongst over-worked executives.

One of the most compelling pieces of evidence in support of the "Job Strain" model comes from a Swedish study showing the prevalence of heart disease symptoms is more than seven times higher for workers with little control and high workload than for those with high control and high workload (Karasek & Theorell 1990, p. 6.) The evidence in support of a link between work organization and cardiovascular disease is summarized in Schnall et.al., 2000.

The 2016 ODSP online survey included the 14 questions needed to calculate if a worker is exposed to "Job Strain." These same questions were asked in the 2002, 2006 and 2007 ODSP studies.

B) EFFORT-REWARD IMBALANCE MODEL

A second approach to understanding how work organization affects health is the Effort-Reward Imbalance Model (ERI) (Siegrist 1996; Siegrist & Peters 2000). Siegrist argues that an imbalance between costs and gains at work (i.e. high effort/low reward) results in a state of emotional distress. The ERI model does not abandon the earlier focus on control at work or workload. Rather it places control and workload in the context of a broader and deeper set of social forces and it introduces rewards as a key factor determining levels of stress. In the ERI model, effort at work is viewed as part of a socially organized exchange with workers receiving rewards from society. Those rewards include money, esteem and status control. When effort and rewards are

imbalanced, the individual is stressed and in the long-run is more likely to experience negative health outcomes.

Evidence supporting the role of Effort-Reward Imbalance in determining health outcomes at work is becoming increasingly compelling. In the original study using this model, Siegrist (1996) showed that the risk of acute myocardial infarction, sudden cardiac death, and coronary heart disease was most elevated in those with at least one indicator of high effort and at least one indicator of low reward (p. 34). More recently, the Whitehall II study has uncovered a significant relationship between Effort-Reward Imbalance and increased risk of alcohol dependence, psychiatric disorder, long spells of sickness absence and poor health functioning (Stansfeld, Head & Marmot, 2000, p. 1).

Other research has tried to quantify more precisely the relationship between ERI and poor health. Siegrist et.al. 2004 argue that workers exposed to Effort-Reward Imbalance are two to three times more likely to report poor self-rated health than workers in more balanced employment. This finding is based on five different European data sets involving approximately 19,000 individuals. (p. 1493). Weyers et.al. 2006 estimated that Danish nurses exposed to ERI were 1.92 to 4.76 times more likely to report poor self-reported health (p. 26).

The 2016 ODSP online survey includes the 17 questions needed to calculate if a worker is exposed to Effort-Reward Imbalance. These questions were asked in the 2006 and 2007 ODSP studies

C) Copenhagen Psychosocial Questionnaire

The growing concern regarding the impact of work organization on mental health has led to a number of new research instruments. One of the more widely adopted set of measures comes from the Copenhagen Psychosocial Questionnaire – COPSOQ. This survey was originally developed and tested at Denmark's National Research Centre for the Working Environment.[3] Starting in 2010, the questions from this survey were tested for use in Canada by a working group that included representatives from the Occupational Health Clinics for Ontario Workers and interested worker representatives and found useful.

Testing of the direct impact of COPSOQ indices on health outcomes is relatively new. Burr et.al. 2010 found that measures that include COPSOQ indices explained health outcomes more accurately than studies that included only Job Strain or ERI indices. The 10 questions from the COPSOQ survey included in this study provide indices of Burnout, Stress and Work Family Conflict. As a new survey, none of these questions were included in previous ODSP surveys.

[3] (The survey can be found at http://www.arbejdsmiljoforskning.dk/en/publikationer/spoergeskemaer/psykisk-arbejdsmiljoe).

For comparison purposes, this report compared ODSP index scores with scores from a representative sample of 3,517 Danish employees aged 20-59 years collected in 2004-05 as reported at the COPSOQ web site.

6) Occupational health and safety at ODSP in 2016

The online survey conducted in 2016 and the ODSP interviews provide a detailed picture of the impact of MSDM and SAMS on worker health. As indicated above, 524 individuals completed the survey but this report focuses on the two largest job classifications, PSC and Caseworker, that correspond most closely to pre-2010 job classifications.

Table 6.1 reports the distribution of survey respondents across different job classifications.

Table 6.1: Job classification of survey respondents

JOB CLASSIFICATION	Number	Percentage of sample
PSC	52	9.9
Caseworkers	422	80.5
Case Presenting Officer	3	0.6
Manager	1	0.2
Other	46	8.8
TOTAL	524	

Characteristics of PSC and Caseworker classifications

Tables 6.2 and 6.3 report the characteristics of the survey sample. The sample was predominately female. The largest cohort of both job classifications was aged 35-54. PSCs were marginally younger than Caseworkers. PSCs were more likely to have worked at ODSP for less than three years and less likely to have worked for 10 or more years compared to Caseworkers.

Table 6.2: Gender and age of survey participants (%)

Job class	Female	Age<35	Age 35-54	Age >=55
PSC	83.7	23.5	49.0	27.5
Caseworkers	88.3	16.5	58.6	24.9
TOTAL	87.8	17.3	57.6	25.2

Table 6.3: Years employed at ODSP (%)

Job class	<3	3-10	>10
PSC	29.4	35.3	35.3
Caseworkers	11.0	36.9	52.1
TOTAL	13.0	36.7	50.3

One of the challenges of MSDM was moving from the job classifications associated with the BPR model to MSDM. As discussed above, a protocol was agreed to between the Ministry and OPSEU which allowed workers who were in ISS and ERO positions to automatically be transferred to the new Caseworker position. CSRs followed a more indirect route being offered a trial period at being a Caseworker and then a competition limited to CSRs to become a Caseworker. There is some question regarding the ability of workers to do their jobs that followed different paths to casework. Whether this affected health outcomes will be explored below.

Table 6.4 reports where the cohort of Caseworkers came from. Over half of the Caseworkers in 2016 had either been CSRs or had come from the ranks of the PSC classification.

Table 6.4: Source of Caseworkers

	Number	Percentage of Caseworkers
Moved from PSC since 2006	61	14.5
Moved from CSR since 2011	48	11.3
Either hired directly into casework post-2010 or employed as an ISS, ISM, ESS or ERO prior to 2010.	313	74.1

Several questions in the survey provide insights into working conditions under MSDM and SAMS and respondents' views on the training they received. Table 6.5 indicates that overall, the survey sample had a very poor impression of working conditions at ODSP in the spring of 2016. Less than 20% of either classification reported good working conditions. About two-thirds felt that MSDM has actually made their job harder. Virtually everyone who replied to the survey reported SAMS had made their job harder. Of the 422 Caseworkers in the sample, only 18 reported it had not made their job more difficult. The sample was evenly split regarding the usefulness of training when MSDM was introduced, but overwhelmingly reported training prior to the introduction of SAMS was inadequate.

Table 6.5: Working at ODSP: Working conditions and training (%)

Job class	Good working conditions	MSDM made job harder	SAMS made job harder	Training to do job under MSDM was poor	Training to do work with SAMS was poor
PSC	17.0	65.0	88.6	52.2	76.6
Caseworkers	16.2	65.3	95.7	51.0	85.0
TOTAL	16.3	65.2	95.0	51.1	84.2

Responses during the interviews shed light on why so many ODSP workers are unwilling to report good working conditions at ODSP. Time pressure was clearly an issue. One Caseworker reported:

> *There's no time lapses in a day anymore. There's no time to catch your breath. There's nothing like that. There's no way I'm ever going to be caught up. I'll never be caught up on my desk. There's always a backlog now and every worker's like that now whether they won't admit it or not. NA*

PSCs also felt time pressure. One suggested:

> *Well it's gone to such an extreme the PSCs in my opinion are; they're the most stressed out. They're coming in and they may be on reception. They may be on cheques. They may be placed on doing telephones. They may be doing DVDs. There's so many different positions and in my opinion there's such an instability because then you compound absences and so on that happen. OC*

For another Caseworker, the thought of coming to work is stressful. She indicated:

> *I dread coming here every day. I fight with the system all day long. I don't feel like I'm a Caseworker anymore. I feel like I'm "let's fix it data". And I know that technology is good, moving forward. But not at the cost of client services. I don't feel like I'm helping the clients anymore. KD*

The workers who were interviewed also had a lot to say about the training they were provided. Much of it was delivered in a format that made it difficult to learn and many of the functions that workers were trying to learn were not working at the time the training was being offered. Its inadequacies compounded their struggles with the new job classifications and in particular with SAMS. The teacher-led classroom training for MSDM was generally viewed more positively. An older Caseworker described it as follows:

> *Well, with Modernization in Caseworker technology and SDMT there was instructor-led training where you had a dedicated teacher for lack of better word; professor, whatever you want to call them and they actually came in and took sections of the office and trained them. I mean it was more optimal than what we're trying to do now. NA*

This same individual had a different view of training for SAMS

> *The training was WebEx-based so it was all video training. We were taken out of our case orgs six or seven workers at a time. We were put in a room and we did video conferencing training with a trainer of Toronto. There was a lot of issues in the training where they're trying to show us stuff and then it wouldn't work. It was very frustrating but they were, "Oh, no when we launch it's going to work. When you press this button this is going to happen." So it was very disjointed training. We're thinking, "Oh God, how is this going to work." NA*

Others had to do the training from their desks. This was rarely a satisfactory way to learn.

> *You were at your desk at your workstation with a headset on trying to focus in on this WebEx presentation but still your phone, you could see the phone message light going on (laughing) you can see the mail piling up so I felt you weren't really able to give yourself the level of concentration and that maybe if you were away from it training in a separate environment that you might have been able to focus on it a little more. TB*

PSCs were also frustrated with the training they received. One reported:

> *They had this set up in the large board room, a couple terminals, but the stuff we were doing for the clerks it was all Caseworker related. It didn't even have like I guess a tutorial for the clerks. They didn't have anything structured; everything was Caseworker, Caseworker, Caseworker. I don't even know if the system was meant for clerks. It was just meant for the Caseworker, they have control over everything. TE*

Table 6.6 reports findings on customer service and relations with management associated with MSDM. Over half the sample reported customer service had deteriorated under MSDM. This was despite the goals of MSDM to provide a more holistic experience for ODSP clients. A majority of respondents reported work

distribution was less fair under MSDM. Many reported communications with management had deteriorated under MSDM and about two-thirds reported having limited input to changes at ODSP since 2010.

Table 6.6: Working at ODSP: Customer service and treatment by management (%)

Job class	Customer service deteriorated after MSDM	Work distribution less fair after MSDM	Management communication with workers deteriorated after MSDM	Limited input into changes since 2010
PSC	70.2	68.3	40.4	72.5
Caseworkers	53.6	55.7	40.7	63.6
TOTAL	55.4	57.0	40.6	64.4

Table 6.7 provides findings on changes in health and safety conditions associated with MSDM and SAMS. A majority of respondents reported MSDM had made health and safety conditions worse. Over 80% of respondents reported recent changes in work organization had made work more stressful and more exhausting. About 70% reported MSDM had made work more stressful and over 90% reported SAMS had made work more stressful. This was true for both PSCs and Caseworkers, although Caseworkers were more likely to report that SAMS had made their job more stressful and that work had become more exhausting.

Table 6.7: Changes in stress and exhaustion under MSDM and SAMS (%)

Job class	MSDM made H&S worse	Work more stressful after MSDM	Work more stressful after SAMS	Work has become more exhausting	Work has become more stressful
PSC	59.6	75.0	91.1	76.1	87.0
Caseworkers	52.0	70.5	97.2	84.5	87.3
TOTAL	52.8	71.0	96.6	83.6	87.2

The interviews paint a disturbing picture of stress levels at ODSP. While the months immediately after the launch of SAMS were particularly difficult, work at ODSP continues to be stressful for the reasons discussed above. A Caseworker described current working conditions as follows:

> *I notice I don't have the patience anymore that I used to have with the clients. . . . I'm not the guy I was you know three years ago . . . I mean there's no chance now to do the little empathy piece or compassion piece with the client . . . There*

are more demands on me; more demands on my time by management, I have less control over my day. It's just inherently more stressful. NA

A new Caseworker described her office as one where you can see the stress on people's faces. She indicated:

You feel defeated every day. Which is hard. You feel like you're just putting out fires, putting band aids on things . . . You just feel really defeated. It results in stress. It results in people taking time off. It results in sickness. It results in frustration. You can see it. I mean everybody has a bad day at work don't get me wrong. I mean I don't care where I work I'm going to have a bad day. But I think you see it more often than not where you can actually see people walking around the office like argh! Oh my god! And you can tell when people are just done. They're done. It's frustrating. KF

Numerous workers added comments on the level of stress they faced at work. A Caseworker wrote:

For the first time in over 8 years I experience and see this level of stress in my work environment. People hate coming to work. SAMS is killing us very slowly and no one is doing anything about it. Online survey.

Another Caseworker wrote:

I no longer enjoy working at ODSP, since SAMS all of my office dread coming into work, demands are too high, SAMS still not working and workload continues to grow. Staff are brought to tears at their desk, sick time has climbed and mental health issues have increased with our job. Online survey

Table 6.8 provides several indicators of health and safety conditions at ODSP in the spring of 2016. Over half of all respondents reported work led to problems sleeping or that work led to headaches. Caseworkers were marginally more likely to report such problems. Over three-quarters reported being tense at work at least half of the days in the last month, over 80% reported work was stressful at least half the days in the last month and over 90% reported being exhausted after work at least half the days. Caseworkers were more likely to report work was tense and being exhausted after work than PSCs.

Table 6.8: Health and safety indicators at ODSP (%)

Job class	Work leads to sleep problems	Work leads to headaches	Tense at work at least half the days	Work stressful at least half the days	Exhausted after work at least half the days
PSC	43.5	41.3	65.2	78.3	80.4
Caseworkers	54.6	51.8	76.4	83.2	91.2
TOTAL	53.5	50.7	75.3	82.7	90.1

For some, stress at work led to both a lack of confidence in themselves and trouble sleeping. A Caseworker wrote in on the survey:

> *In the 17 years I've worked in ODSP, I have never before experienced the amount of stress this change with SAMS brought. Before this, I rarely went home in tears so unsure of myself and my ability to do my job. I occasionally had trouble sleeping, now it's a more regular occurrence. I was ill prepared, not trained adequately and genuinely felt like I had been tossed on a sinking ship and told, I hope you can swim. Online survey*

Several of the workers interviewed told of how stress at work led to breakdowns and crisis.

> *I've seen people get stressed that would never usually get stressed about their jobs. Like they would just bounce along do their job but they're having breakdowns. People crying like because they were so frustrated. No matter what they did it didn't work and you know it's the clients who pay for it. Like it's not good customer service. I don't understand. OE*

Another noted:

> *The work environment is very stressful. From time to time you'll find that people either just have a breakdown at their desk or start crying or get very upset or leave the office like go for a walk. Myself, I'll just be off sick. I'll take vacation wellness because that's how I cope. . . . The coping is very difficult. TA*

For some, the stress manifested itself as physical ailments. A senior Caseworker recalled:

> *[My husband] says people look at you and they say, "Oh my God, she looks so tired" and some days I'm not but most of the time, "Like really" because to me I don't see it. Same thing as when I was stressing. To me I didn't feel it but I always had this pain in my chest and they were saying that's stress. NG*

A PSC reported similar problems:

> *A lot of people are just angry, frustrated, stressed, a lot of physical ailments you can tell people have a lot of headaches. . . . You can hear them on the phone screaming at the client because they've just had enough. . . You have good days but it's mainly just problems with the system a lot of glitches so that just adds to the stress levels. TE*

Stories of people having to leave work due to stress were not unusual, particularly in the months following the launch of SAMS. An older Caseworker who had been a CSR recalled how she simply lost it one day.

> *When it first came in I had a very difficult time with it to the point where I had a nervous breakdown and I had to go home. . . . I tried my best to issue this form but the little red sign kept coming up and I just couldn't get it done. . . Unfortunately I couldn't get it printed off, I just felt the pressure and I just gave up started screaming, crying, yelling, they had to isolate me in the sick room and I just lost it. They sent me home in a taxi. TC*

Table 6.9 reports the prevalence of Job Strain and Effort-Reward Imbalance at ODSP offices. Job strain and Effort Reward Imbalance have been shown to be good predictors of poorer health in several studies. Given this evidence, it is reasonable to assume that the frequency of poor health reported in Table 6.8 is at least in part a result of exposure to Job Strain and Effort-Reward Imbalance. A very high percentage of the sample reported Job Strain which is indicative of jobs where the workload is very heavy but workers do not have much control over how they work. The percentage exposed to Effort-Reward Imbalance was lower, but still included almost half the sample. There were only minor differences on these two indicators between PSCs and Caseworkers indicating each classification was negatively affected by the introduction of MSDM and SAMS.

Table 6.9: Exposure to Job Strain and Effort-Reward Imbalance (%)

Job class	Job strain	Effort-Reward Imbalance
PSC	71.1	44.2
Caseworkers	71.3	46.2
TOTAL	71.2	46.0

The questions in the survey allow us to explore whether the path that workers took to becoming a Caseworker affected their exposure to Job Strain and Effort-Reward Imbalance. Table 6.10 reports these findings. It suggests that former PSCs who became Caseworker were the most likely to report being exposed to Job Strain followed by those who were working in jobs at ODSP that included a component of the new Caseworker job. Many in this group had been doing only a portion of the new Caseworker job and it could be they found having to do the full range of tasks under the new classification was overwhelming. PSCs who became Caseworkers were the least likely to report Effort-Reward Imbalance perhaps suggesting that the increase in compensation associated with being a Caseworker balanced the added effort required for this position.

Table 6:10 Job Strain and Effort-Reward Imbalance and the path to becoming a Caseworker (%)

Path to becoming a Caseworker	Job strain	Effort-Reward Imbalance
Moved from PSC since 2006	79.6	31.5
Moved from CSR since 2011	67.4	53.3
Either hired directly into casework post-2010 or employed as an ISS, ISM, ESS or ERO prior to 2010.	70.3	47.8

Tables 6.11 and 6.12 explore the association between age and exposure to Job Strain and Effort-Reward Imbalance. Despite widespread belief that younger workers had an easier time adapting to the new model of work organization and the SAMS computer system, the survey findings are inconclusive. There is no evidence that younger workers were less likely to be exposed to Job Strain. Younger workers were less likely to report Effort-Reward Imbalance. The Tables also suggest that older workers over the age of 55 were no more likely to report either Job Strain or Effort-Reward Imbalance than those aged 35-54. This further suggests that the difficulties ODSP workers had with SAMS cannot largely be explained by the inflexibility of older workers. The survey suggests that almost everyone found working at ODSP in 2016 challenging.

Table 6.11: Job Strain by age (%)

	<35	**35-54**	**>=55**
PSC	90.0	68.2	58.3
Caseworkers	65.6	73.3	69.4
TOTAL	66.9	72.9	67.2

Table 6.12: Effort-Reward Imbalance by age (%)

	<35	**35-54**	**>=55**
PSC	22.2	47.6	50.0
Caseworkers	19.1	52.8	49.0
TOTAL	19.4	52.4	49.1

One worker captured the essence of Effort-Reward Imbalance in the comments she added to her survey.

> *After SAMS the stress has been undeniably hurtful to my health and sanity. It has created a lot of additional work and a more angry work environment, as clients are more upset and take it out on us. It's an endless battle to try and achieve a positive outcome. That just drains everything out of you daily. We are not compensated enough for the amount of work we do and the pressure to meet timelines effectively. Online survey*

Tables 6.13 and 6.14 provide a different perspective on whether worker characteristics influenced their ability to cope with the challenges of working at ODSP in 2016. New hires were as likely as more senior workers to report being exposed to both Job Strain and Effort-Reward Imbalance.

Table 6.13: Job Strain by years working at ODSP (%)

	<3	3-10	>10
PSC	72.7	68.8	76.5
Caseworkers	61.5	73.3	71.4
TOTAL	64.0	72.9	71.8

Table 6.14: Effort-Reward Imbalance by years working at ODSP (%)

	<3	3-10	>10
PSC	40.0	40.0	47.1
Caseworkers	39.5	44.6	48.8
TOTAL	39.6	44.6	48.5

The questions used to estimate both Job Strain and Effort-Reward Imbalance provide a more detailed understanding of working conditions at ODSP in 2016. Table 6.15 focuses on indicators of control at work. On many of the indicators, Caseworkers reported relatively high levels of control compared to PSCs. Caseworkers were more likely to report the need to learn new things, to be creative, to make decisions on their own, to work with a high level of skill and to be free to decide how to work. The PSC position was generally one of less control.

Table 6.15: Indicators of control at work (% of classification)

Job class	PSC	Caseworkers
Learn new things	91.1	97.6
Work repetitive	97.8	91.0
Need to be creative	46.7	67.8
Make decision on my own	33.3	88.0
Job requires high skill	68.9	94.3
Free to decide how to work	26.7	70.8
Do a variety of things	64.4	75.3
Lot of say at work	13.3	23.8
Develop my abilities	26.7	32.8

Table 6.16 focuses on indicators of effort at work. Again there are some significant differences between the two job classifications. Caseworkers were more likely to report the need to work fast, that their work was hard, that they had too little time to do their job, time pressure at work, lot of responsibility at work, and that their job had become more demanding. While PSCs reported lower effort levels than Caseworkers, on the whole, most PSCs still considered their workload was high. The one indicator of workload that PSCs were more likely to report than Caseworkers was their job being physically demanding.

Table 6.16: Indicators of effort at work (% of classification)

Job class	PSC	Caseworkers
Work fast	77.8	96.3
Work hard	91.1	98.3
Work excessive	80.0	85.5
Too little time	75.6	90.3
Conflicting demands on me	91.1	85.3
Time pressure at work	74.4	93.5
Too many interruptions at work	90.7	95.5
Lot of responsibility at work	86.1	99.5
Pressured to work overtime	4.7	10.2
Job physically demanding	44.2	23.4
Job has become more demanding	86.1	94.4

Table 6.17 focuses on indicators of work rewards. There are again several important differences between Caseworkers and PSCs. PSCs were more likely to report not being respected by their colleagues at work while Caseworkers were more likely to report the job they were doing did not reflect their education or training

Table 6.17: Indicators of rewards from work (% of classification)

Job class	PSC	Caseworkers
Lack of respect from supervisors	46.7	48.0
Lack of respect from colleagues	37.8	19.5
Lack of support	54.6	54.8
Job does not reflect education or training	68.2	33.3
Do not receive respect at work	72.1	55.8
Prospects at work inadequate	62.8	50.8
Salary not adequate for job	69.8	64.9
Treated unfairly at work	39.5	34.0
Experience undesirable changes	67.4	76.7
Poor promotion prospects	74.4	82.5
Poor job security	37.2	41.7

The COPSOQ scales provide indicators of how work organization at ODSP might be affecting mental health. This series of questions was organized into three different scales: Burnout Scale, Stress Scale and Work Family Conflict Scale. In each case we used the scores from the Copenhagen study as a benchmark.

Table 6.18 reports evidence of burnout at ODSP. Caseworkers were more likely to report feeling worn out after work than PSCs. Both job classifications reported a high prevalence of physical and emotional exhaustion and often feeling tired. The average Burnout Scale score based on these four questions was 70.6 for PSCs and 79.7 for Caseworkers. Higher scores indicate a higher exposure to factors that could lead to burnout. Both classifications scored higher on this scale than the Copenhagen sample whose score was 65.6/100

Table 6.18: COPSOQ burnout indicators (% of classification)

Job class	PSC	Caseworkers
Often felt worn out	72.1	82.9
Often physically exhausted	69.8	74.9
Often emotionally exhausted	76.7	82.2
Often felt tired	83.7	89.3
Burnout scale score out of 100*	70.6	79.7

* Average score from Copenhagen study = 65.6.

Table 6.19 reports findings on indicators of stress at work. Caseworkers reported a higher prevalence on both often being tense at work and often being stressed compared to PSCs. The PSC score on the Stress scale based on these four questions was lower than that reported by the Copenhagen sample while the score reported by Caseworkers was similar.

Table 6.19: COPSOQ stress indicators (% of classification)

Job class	PSC	Caseworkers
Often have problems relaxing	72.1	71.8
Often irritable	52.4	61.7
Often tense	65.1	77.4
Often stressed	72.1	83.9
Stress scale out of 100*	67.0	73.4

* Average score from Copenhagen study =73.1.

Table 6.20 reports findings on indicators of work family conflict related to working at ODSP. Both job classifications reported similar prevalence of how their work impacted private life. PSCs reported a Work Family Conflict score based on these two questions slightly below that of the Copenhagen sample while the score for Caseworkers was marginally higher.

For at least one Caseworker, the increased stress and tension at work led her to seek employment elsewhere. She wrote in on the survey:

> *I decided to resign due to the overall work environment. . . . No one should have to go through what I have after my long term of dedication to assisting so many disabled clients. In the end having to leave disappointed in how the program is being managed. Online survey*

Table 6.20: COPSOQ work family conflict indicators (% of classification)

Job class	PSC	Caseworkers
Work drains energy and affects private life	40.5	52.9
Work takes so much time it affects private life	27.9	37.7
Work family conflict scale*	61.9	70.9

* Average score from Copenhagen study =65.0.

Several of the workers who were interviewed or who wrote comments on their survey described how work was affecting their family life. A Caseworker told us how work left him exhausted and unable to socialize at home on weekends.

> *When I get home on a Friday night there's no socializing. I'm tired from my week and my wife even recognizes it. She says, "You're fried every Friday" and I say, "Yeah. They're tough weeks. There's no time to recharge my batteries at work. So I'm sorry. Friday, no we're not going out." And Sunday night I think the majority of the Caseworkers will tell you that they don't sleep the best anymore on Sunday nights because you know what you're coming into Monday morning. NA*

For another worker, despite her best efforts not to bring the stress home, some days it was simply too much.

> *Well, my daughter and I have come up with a little bit of a thing now. . . .I'll walk in the door and my daughter will say "Hi Mom, how are you? How was your day?" And I'll say "Just another day in paradise." And that's her cue that just don't ask, I don't want to talk about it. That's her cue that it was an - excuse me - shitty day. And we leave it at that. Change the subject. Because there's times where I can't*

even control it and get that out of my mouth, that I just rant when I get home. Like, it's pathetic.

A young worker linked stress at work to a deteriorating home life and declining physical health. She wrote on the survey:

SAMS has destroyed my home life and my health. I use to be able to participate in many activities after work when we had SDMT. Since SAMs was implemented, that has ended. I was a young and healthy individual and now due to SAMS I'm suffering from joint pains in my wrists and back pains in my shoulder areas due to all the clicking. I am also experiencing issues with blood pressure for the first time in my life. Online survey

A Caseworker noted that the burden of working at ODSP resulted in less socialization amongst workers and less desire to be social at home. She revealed:

We're not close anymore. I don't know because we used to. . . . every Friday night after five o'clock we'd go to the bar and have a drink. At least 20 or 30 of us and now there's no more of that. No more bowling nights because people go home; they're burnt. I'm not interested in doing anything. Not even with my family. I don't even want to go to the cottage. I just want to stay home and sleep and destress. NG

At some workplaces, the burden of Modernization and SAMS has caused people to become less concerned with the collective interest and more focused on how to survive as an individual.

No, the morale has really decreased. . . . There's a lot more pressures and I find people on edge and we're short with each other which you know we never were; it wasn't as prevalent before. So now it's a me, myself and I, because that's how I'm going to survive this week. I find there's a lot of that. OD

Others point to how the stress at work was leading to marital breakdowns. A worker wrote in on the survey:

I would like it to be known that many marriages in our office have broken down and staff have separated from their spouses since SAMS was brought in to ODSP. I believe the two are directly related. Trying to get the energy to always get the job done under such time pressure because of how long it takes to work in SAMS is unreal. Online survey

7) Trends in Working Conditions and Occupational Health

The final section of this report uses data from the three previous surveys at ODSP to provide a benchmark to interpret the seriousness of health and safety risks at ODSP in 2016. The report makes use of a small survey done in 2002 which asked ODSP workers about conditions just after ODSP offices had implemented the SDMT computer system. During this survey, workers were also asked if they had worked during the FBA era and to retrospectively comment on conditions at that time. A second survey was done in 2006 and asked ODSP workers to describe working conditions in late 2004 prior to the launch of the NFSD. A third survey was conducted in 2007 and asked ODSP workers to describe working conditions following the completion of the NFSD exercise. Not all questions were asked in all three surveys as indicated below by cells that are blank. (See Appendix One for details on these previous surveys.)

The analysis of this data is divided into two sets of tables. The first compares trends in the clerical position. It compares the OAG7 position under FBA, with the ISC position that was relevant until 2010 with the PSC position that replaced ISC under Modernization in 2010. The second set of tables compares the job classifications that roughly represent the Caseworker function over this period. Under FBA, Caseworkers were known as IMOs. Under BPR the position was divided into the CSR, ISS ISM and ERO positions. Under Modernization, part of the CSR positon and the ISS, ISM, ERO functions were combined to become Caseworkers. To make the classifications as comparable as possible, we limit the 2004 and 2007 sample of caseworkers to those who worked as ISS, ISM or EROs.

Table 7.1 reports sample sizes by job classification for the different points of reference. Given the small numbers in the FBA and ODSP 2002 sample, caution should be used in reading too much into these numbers. Further caution should be used in interpreting the FBA data as it was collected retrospectively in 2002.

Table 7.1: Sample size (#)

	Clerical Job Classification	Caseworker job classification
FBA 1996	4	12
BPR/SDMT 2002	3	19
PRE-NFSD 2004	28	211
Post-NFSD 2007	81	348
Modernization 2016	52	422

Table 7.2 provides evidence of trends in workload indicators in clerical job classifications between 1996 and 2016. While supporting caseworkers and interacting with clients has always been a job that most workers view as needing to work hard and fast, there is some evidence that there has been an increase in the number of workers reporting they do not have enough time to do their job and that they experience conflicting demands at work. Responses to the 2016 survey indicate that working under Modernization and SAMS has increased workloads significantly for clerical workers. The most significant increases were in indicators of having an excessive amount of work, experiencing conflicting demands and work becoming more demanding in the last few years. The workload component of the Job Strain index increased about 23 percent between 2007 and 2016.

Table 7.2: Workload indicators: Clerical job classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Work Fast	75.0	100.0	67.9	70.4	77.8
Work Hard	75.0	100.0	71.4	70.4	91.1
Excessive Amount of Work	75.0	100.0	50.0	51.9	80.0
Not Enough Time to Perform Job	50.0	100.0	46.4	45.7	75.6
Conflicting Demands at Work	25.0	66.7	60.7	59.3	91.1
Time Pressure Due to Workload	-	-	46.4	50.6	74.4
Constant Interruptions at Work	-	-	57.1	77.8	90.7
Job More Demanding Last Few Years	-	-	71.4	53.1	86.1
A Lot of Responsibility in Job	-	-	64.3	69.1	86.1
Job Strain Workload index out of 100	65.3	78.7	56.3	59.5	73.1

* blanks represent missing data.

Table 7.3 provides evidence of trends in control indicators in clerical job classifications between 1996 and 2016. Clerical job classifications have always required learning new things and involved a moderate level of control. There is evidence that between 2007 and 2016 the clerical workers' control at work was reduced. PSCs in 2016 were less likely to report being able to decide how to do their work or having a lot of say over how work was done. This suggests that Modernization has resulted in tighter control over how clerical workers performs their function at ODSP. The control component of the Job Strain index decreased 6 percent between 2007 and 2016.

Table 7.3: Control indicators: Clerical job classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Job Requires Learning New Things	100.0	66.7	82.1	67.9	91.1
Make Decisions at Work	50.0	33.3	32.1	37.0	33.3
Decide How to Do Work	0.0	0.0	53.6	55.6	26.7
A Lot of Say at Work	0.0	0.0	28.6	28.4	13.3
Control index out of 100	52.8	38.0	44.1	42.5	39.9

Table 7.4 provides evidence of trends in health and safety indicators in clerical job classifications between 1996 and 2016. The increase in workload and the decrease in control reported in the tables above appear in Table 7.4 as an increase in exposure to both Job Strain and Effort-Reward Imbalance. Modernization and the introduction of SAMS are associated with a 40% increase in the number of clerical workers reporting Job Strain and a tripling of the number reporting Effort-Reward Imbalance compared to 2007. The deterioration of health and safety conditions is also evident in the changes in a range of health indicators. Under Modernization and SAMS, clerical workers were significantly more likely to report sleep issues related to work, headaches and being tense and stressed at work and exhausted after work. There was a significant decline in the number of clerical workers reporting good working conditions in 2016 compared to 2007.

Table 7.4: Health and safety risk indicators: Clerical job classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Job Strain					
Job Strain	50.0	100.0	42.9	50.6	71.1
Effort-Reward Imbalance					
Effort-Reward Imbalance	-	-	3.6	13.6	44.2
Health Indicators					
Sleep Issues	-	-	-	14.8	43.5
Headaches	-	-	-	22.2	41.3
Tense	-	-	-	39.5	65.2
Stressed	-	-	-	43.2	78.3
Exhausted	-	-	-	54.3	80.4
Current work conditions good	-	-	-	49.4	17.0

* blanks represent missing data.

Table 7.5 provides evidence of trends in workload indicators in Caseworker job classifications between 1996 and 2016. Even more than was the case for clerical job classifications, being a Caseworker has always been a job that most workers view as needing to work hard and fast. Responses to the 2016 survey indicate that working under Modernization and SAMS increased workloads for Caseworkers compared to 2004 and 2007. Caseworkers reported significant increases in having an excessive amount of work, not having enough time to do work, and experiencing conflicting demands at work. The workload component of the Job Strain index increased about 4 percent between the 2007 and 2016.

Table 7.5: Workload indicators: Caseworker classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Work Fast	91.7	100.0	87.8	92.0	96.3
Work Hard	100.0	100.0	96.5	98.3	98.3
Excessive Amount of Work	100.0	84.2	77.7	75.9	85.5
Not Enough Time to Perform Job	58.3	100.0	81.7	76.7	90.3
Conflicting Demands at Work	33.3	94.7	82.2	81.3	85.3
Time Pressure Due to Workload	-	-	89.9	91.1	93.5
Constant Interruptions at Work	-	-	86.8	92.5	95.5
Job More Demanding Last Few Years	-	-	90.4	91.7	94.4
A Lot of Responsibility in Job	-	-	94.4	98.6	99.5
Workload index out of 100	67.4	85.3	77.1	78.3	81.6

* blanks represent missing data.

Table 7.6 provides evidence of trends in control indicators in the Caseworker job classifications between 1996 and 2016. Caseworkers have always reported relatively high levels of control at work. Control reached a low in 2002 and 2004. It increased slightly as a result of the NFSD changes in 2007, but has declined again in 2016. Between 2007 and 2016 they report a decrease in the need to make decisions at work, how to do work, and a significant reduction in the amount of say they have over what happens in their jobs. The latter is likely a reflection of the introduction of SAMS which automates an increasing number of tasks that were once done by Caseworkers such as printing letters and assessing eligibility. The 2016 control component of the Job Strain index decreased about 9% compared to 2007.

Table 7.6: Control indicators: Caseworker job classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Job Requires Learning New Things	83.3	100.0	91.4	97.4	97.5
Make Decisions at Work	91.7	68.4	74.1	91.1	88.0
Decide How to Do Work	83.3	16.7	50.8	72.4	70.8
A Lot of Say at Work	91.7	0.0	32.5	38.2	23.8
Control index out of 100	76.2	46.3	53.8	63.9	58.2

Table 7.7 provides evidence of trends in health and safety indicators in Caseworker classifications between 1996 and 2016. The changes were particularly significant between 2007 and 2016. Modernization and the introduction of SAMS is associated with a 30 percent increase in the number of Caseworkers reporting Job Strain and a more than doubling of the number reporting Effort-Reward Imbalance. Since 2007, Caseworkers are significantly more likely to report increased prevalence of all five health indicators in Table 7.7. The percentage reporting good working conditions fell by half between 2007 and 2016.

Table 7.7: Health and safety risk indicators: Caseworker job classifications1996-2016 (%)

	FBA 1996	BPR/SDMT 2002	Pre-NFSD 2004	Post-NFSD 2007	Modernization SAMS 2016
Job Strain					
Job Strain	33.3	100.0	68.0	53.7	71.3
Effort-Reward Imbalance					
Effort-Reward Imbalance	-	-	30.5	19.8	46.2
Health Indicators					
Sleep Issues	-	-	-	35.9	54.6
Headaches	-	-	-	34.8	51.8
Tense	-	-	-	57.5	76.4
Stressed	-	-	-	68.1	83.2
Exhausted	-	-	-	75.0	91.2
Current work conditions good	-	-	-	32.5	16.2

* blanks represent missing data.

7) Conclusions

This report has presented survey and interview evidence detailing the state of occupational health and safety at ODSP offices in the aftermath of the launch of the Modern Service Delivery Model in 2010 and the introduction of the SAMS computer system in 2014. It is a disturbing picture. It has been described as an occupational health and safety disaster. On almost every indicator, health and safety conditions have deteriorated in the last five years. In some cases the deterioration is significant. The interviews tell a story of extreme stress to the point of workers experiencing breakdowns at work and difficulties at home. Something has to change. An ODSP worker summarized the situation in her comments submitted to the online survey:

> *It definitely needs to change. We are not robots. I'm drained. I have no family life. When I get home I'm too exhausted to do anything. I am not enjoying my family or friends anymore. Feel like I don't exist anymore. I just don't have the energy to even have a conversation with anyone anymore. By the time the weekend comes around all I want to do is rest I am missing out on my kids and grandkids lives in order to do this job. I am frustrated and definitely overworked. My body hurts from sitting doing data entry from 8:00 to 4:30 5 days a week. I hurt all over and am tired all the time. Somethings got to give before one of us has a heart attack or stroke from the stress. I find myself breaking into tears at the oddest times. I don't think I am the only one at this breaking point. Online survey*

ODSP workers offered their own thoughts on what should change. There was a sense that the effort to create a more "holistic" experience for ODSP clients was a worthwhile goal, but that changes since 2010 have made this goal even more distant than it was prior to 2010. The suggestions for change can be grouped into five broad areas:

1) Work organization

Both PSCs and Caseworkers, and in particular Caseworkers, were of the opinion that the allocation of tasks under Modernization was making it difficult to achieve the goal of a more "holistic" experience for clients. Many of the PSCs expressed frustration at their limited ability to assist clients directly feeling that everything was left to the Caseworkers. They expressed a willingness and a desire to do more. Their sense of not being part of the larger ODSP team has been compounded by the most recent organizational changes that have grouped PSCs together as a single clerical team, whereas, prior to this change, groups of PSCs were linked to groups of Caseworkers who they served. The PSCs in the study argued they felt increasingly isolated from other workers in their offices and that this had increased the repetitive nature of their positions as they were increasingly being posted to a very narrow component of the PSC job for extended periods. PSCs wanted more control over how their jobs were organized and more control over their ability to serve ODSP clients.

For Caseworkers, their concerns focused on workload, and in particular the impact of combining the functions of ISS, ISM, ESS and ERO into a single job classification under Modernization. While almost universally in favour of the caseload model, there was a sense that the range of tasks they were being asked to deliver was too broad for any one worker to become particularly skilled at. Most dreaded the thought of the looming need to begin file reviews in the near future and the incorporation of the ERO function into their job portfolio. The almost unanimous suggestion was that the ERO position be re-established and that consideration be given to creating an employment support position to help ODSP clients wanting to return to employment. Many Caseworkers were also dissatisfied with the elimination of the CSR function. There was a sense that some of the CSR tasks that had been transferred to Caseworkers could be transferred to PSCs. Many PSCs would welcome this change.

2) SAMS

In the survey and during the interviews, it was hard to find fans of SAMS. There were a few. If they had a vote, Caseworkers would overwhelmingly vote to return to SDMT, not because they think that SDMT was an excellent system, but rather because they see SAMS as a very poor alternative. The overall view of SAMS is that its introduction was poorly managed and that its design is awkward and ends up taking more time to do basic tasks. In the short-run, there is an obvious need to fix those components of SAMS that are still not working, but consideration should also be given to revisions with the clear goals of making information easier to access and purging the system of capabilities that ODSP Caseworkers will never need to use. For most Caseworkers, the multi-screen, multi-tab, and the approve, action and activate framework of SAMS is overly cumbersome.

More fundamentally, there is a conflict between a computer system that requires data in standardized format so that decisions regarding benefits to ODSP clients can be automated and Caseworkers' desire to use their own detailed knowledge of the nuances of ODSP entitlements and the non-standard nature of the clients they serve to make their own decisions. This is represented by the conflict between SAMS which aims to create a database that can be used to track how decisions are made and Caseworkers' preference for the notes system that was part of SDMT which left them with more latitude to make benefit entitlement decisions. To achieve the "holistic" vision Modernization was associated with the Ministry needs to decide between a model of work organization where computer systems automate decisions and ODSP client benefits are standardized to fit into tightly defined boxes and a model of work organization that empowers ODSP staff to treat ODSP clients with compassion and gives them some leeway to tailor benefits to the long-run needs of ODSP clients. The experience with Modernization and SAMS suggests the Ministry cannot have standardization, automation and compassion. They need to choose.

3) Support

Support at work can be an important strategy for minimizing workplace occupational health and safety risks. It was clear that those offices that managed the transition to SAMS the best were offices where the "Champion" function worked well and where local management was visible, supportive and sympathetic to what workers were experiencing. Not all offices were well supported in this way. There is an ongoing need for this sort of support and it speaks to how management can be more supportive at each office and how worker to worker support mechanisms can be improved. At some of the workplaces I visited this worker to worker support had been organized by the workers themselves as they became a more closely knit unit in the face of common struggles. At other workplaces, those same struggles appear to have undermined worker to worker supports as individuals pursued their own strategies in the face of stressful working conditions.

The second area where support could be improved is in the area of training. While it is hard to disentangle the failure of SAMS training from the short-comings of SAMS itself, there was almost unanimous opinion that training for SAMS did not provide workers with the knowledge they needed to effectively use the new technology. It is not too late to provide workers with these skills and it is distinctly possible that a better understanding of a fully functional SAMS computer system could lead to improvements in service delivery and a reduction in workplace stress.

4) Workload

The combination of a job classifications that ask Caseworkers to cover to broad a range of responsibilities, a PSC job that is focused on a narrow range of specialized tasks, a computer system that adds to workload, and caseloads that continue to increase all add up to very high workloads. While reorganizing responsibilities and fixing SAMS can reduce workloads, it is hard to see much progress without increasing the number of Caseworkers to bring caseloads back to a norm more in line with the 250 cases many Caseworkers believe was the assumed norm under Modernization.

5) The Long View

Perhaps the most important lesson to be learned from the Modernization and the SAMS experience is the need to manage changes in how offices are organized with more of an eye to occupational health and safety issues. It is easy to assume that office work is safe. Our knowledge of occupational health and safety has shown this is far from true. An office can be as toxic a workplace as an industrial establishment or a construction site. We are lulled into thinking offices are safe as most of the risks office workers face

take the form of stress and tension and their health effects are often delayed for years after the exposures.

It would appear that decisions regarding the design of SAMS, how it would be introduced at workplaces and the supports workers would be provided to make the transition were done with limited consideration of how it might affect stress and tension at work. It seems reasonable for governments to hold accountable companies like Curam and IBM accountable for any increase in occupational health risks related to any technology they sell. This would force these companies to pay greater attention to designing what they are selling with an eye to minimizing its effect on the health outcomes of the workers who will have to use their systems. It is time we begin viewing computer systems as potentially hazardous workplace technology in the same way that we now deal with the introduction of toxins and machinery at work.

The failure of Modernization and SAMS to create the conditions for ODSP workers to deliver the vision of a more "holistic" service to ODSP clients would probably be less stressful for workers if they themselves did not support such a vision. It is the fact that ODSP workers do care about their clients, do care about helping the disabled achieve their full potential that makes the failure of Modernization and SAMS that much more stressful. The government and society would be well served by taking advantage of this strong workplace ethic to improve the life course of those supported by ODSP. The Ministry of Community and Social Services owes the workers at ODSP an apology.

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Appendix One: Previous Studies of Occupational Health at ODSP

The 2002 study included 15 interviews and 2 focus groups of ODSP workers from three different locations. Twenty-four workers completed the Job Strain Survey of whom 12 were employed as ISS, 7 as CSR and 3 as ISC. Of these, 16 had worked under the FBA. Given the small size of this sample, caution should be used in interpreting the findings from 2002 (See Lewchuk 2002).

The 2004 data reported in this report was collected retrospectively in 2006 as part of a preliminary report assessing the impact of changes in work organization at the offices of the Ontario Disability Support Program initiated in 2004. These changes were the result of a 2004 Memorandum of Agreement between the Ministry and OPSEU to settle an occupational health and safety grievance. This led to an April 2005 document titled "ODSP Delivery Framework: A New Framework for Service Delivery. (NFSD)" that defined a framework for the reorganization of work rooted at the level of individual ODSP offices known as the "Joint Problem Solving Process (JPSP)" (See Lewchuk and Vrankulj 2006). 130 OPSEU employees and 30 local managers participated in focus groups. In addition, 402 employees and managers completed the Job Strain Survey and the Effort-Reward Imbalance (ERI) survey.

The 2007 data are drawn from a study conducted in 2007 that involved interviews with 123 OPSEU employees, 54 local and regional managers and 57 community stakeholders. In addition, 716 workers and managers completed the Job Strain survey and the Effort-Reward Imbalance survey (See Lewchuk and Vrankulj 2007).

Glossary

BPR – Business Process Review

CSR - Client Service Representative

ERI - Effort-Reward Imbalance

ERO - Eligibility Review Officer

FBA - Family Benefits Act

JD-C - Job Demand Control Model

JPSP - Joint Problem Solving Process

IMO - Income Maintenance Officer

ISC - Income Support Clerk

ISM - Income Support Manager

ISS - Income Support Specialist

MSDM - Modernized Service Delivery Model

NFSD - New Framework for Service Delivery

ODSP- Ontario Disability Support Program

OPSEU - Ontario Public Service Employees Union

OWA - Ontario Works Act

PSC - Program Support Clerk

SAMS - Social Assistance Management System

SDMT - Service Delivery Model Technology