Assembly of First Nations

6th Annual National Forum on Income Assistance:

Leveraging Regional Variations: Innovating Income Assistance for Future Generations

WHAT WE HEARD REPORT

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Richmond, British Columbia
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Executive Summary

The Assembly of First Nations (AFN) 6th Annual National Forum on Income Assistance (IA) was hosted in Musqueam Territory in Richmond, British Columbia from February 3-5, 2026. The Forum gathered 190 IA case managers, administrators, and others from First Nations across Turtle Island to connect with one another, learn about innovative approaches and regional variations in IA administration and service delivery, and engage in discussion.

During the event, attendees participated in a breakout session to discuss the gaps in services, the various supports clients rely on and access, and innovative solutions to support clients beyond the IA Program.

Participants highlighted significant obstacles in the IA Program, spanning across housing and food insecurity, limited access to healthcare, employment and training barriers, lack of transportation, inadequate infrastructure and technology, program staffing constraints, and restrictive policies. Across these themes, participants described a system strained by chronic underfunding, limited local capacity, and fragmented services. Together these obstacles hinder clients' stability and ability to move toward sustained independence.

In response to these challenges, program administrators and case managers have developed solutions to better support and stabilize clients while creating opportunities for greater independence, including culturally grounded programming, cross-departmental coordination, and local training.

Overall, participants emphasized the need for sustained investments, First Nations-led policy development, and flexible, community-based funding and approaches to IA reform. The findings from this report will inform the AFN's ongoing advocacy for an IA Program that better supports First Nations and respects First Nations' jurisdiction.

Introduction

The following three questions guided dialogue during the breakout session:

1. What are the gaps in the services you are encountering within the IA Program?
2. What supports do your clients access, or do you help your clients access?
3. What innovative or creative approaches has your First Nation used, or does your First Nation want to use, to support IA clients beyond the IA Program itself?

Participants discussed these questions in small tables, reported back to their group, and provided further input in the form of written notes. The information presented below represents perspectives and experiences shared by First Nations IA case workers and administrators in response to each question, organized broadly into a number of key themes that emerged from the dialogue.

First Nations Innovative Responses to Address the Gaps within the Income Assistance Program

Housing

Housing was identified as a critical issue. Participants described widespread housing shortages, housing instability, overcrowding, and homelessness. Funding is insufficient to meet high rental costs and utilities in winter, leading to repayment situations, with no funding available for maintenance and repairs. There is a significant unmet need for housing supports, including temporary and emergency shelter. Additionally, clients who do not have a fixed address or are couch-surfing face eligibility and other barriers. Without sufficient housing resources, clients cannot stabilize, and many clients are forced to leave their communities to access housing and services elsewhere.

Participants explained that they assist clients in accessing provincial funding for heating and other housing resources where available, including temporary and extreme weather shelters. Beyond the IA Program, case managers and administrators highlighted referrals to winter support programs, accessing transitional housing, and using Transitional Support Funds (TSF) as ways to prevent eviction and cover costs of utilities and home repair.

Food Security

Food insecurity was identified as another primary gap. Participants reported food shortages, high grocery costs, and a lack of access to food resources and programs. Food banks are unavailable to many on reserve and often do not provide healthy options. Community members must leave to access food and other supports in neighbouring municipalities or urban centres. Participants explained that as funding from ISC is inadequate to account for the higher cost of goods on-reserve, First Nations are looking to other sources to feed their members.

Participants shared that they support their clients by providing reduced-cost produce and other groceries, food vouchers and gift cards, seasonal hampers for families, emergency food supplements, and transportation to grocery stores and food banks. To address food insecurity, participants referred to meal programs, offering free meals at community events and containers for people to bring food home, and redistributing leftovers from meetings as ways to help feed people. Participants reported high demand for local resources like food banks and "Grandmother cupboards" with staple foods and other essential items, but difficulty keeping shelves stocked. They emphasized the value of collaboration between departments like Health, Child and Family Services, and Education to help bridge gaps by providing food supplements, including produce baskets for families, lunches and snacks for children, and start-of-year packages for students.

Participants identified many food sovereignty initiatives as innovative approaches to supporting clients beyond the IA Program. Community-run farms, gardens, and greenhouses can incorporate opportunities for skills training, employment, and mental wellness programs. Some communities also partner with local farms. Hunting, fishing, and trapping programs, as well as donations from traditional harvesters, can facilitate access to traditional foods. Community kitchens and pantries can support meal programs, cooking classes, canning workshops, and more.

Healthcare

Access to healthcare and mental health services was reported as another major gap. Participants explained that trauma and substance misuse contribute to high rates of depression and suicide, affecting both IA clients and staff. Greater access to mental health supports and substance misuse treatment is desperately needed. Barriers include a lack of local service providers, treatment fees, and eligibility requirements. Access to doctors and other healthcare providers is also limited. One participant explained that traditional healers should be recognized as qualifying professionals in order to facilitate access to these services. Participants also reported gaps in Non-Insured Health Benefits (NIHB), including funding for glasses and prescriptions, for which coverage is inconsistent and varies by region.

Participants reported that they help clients access health supports including doctors, NIHB, homecare, first-line mental health and wellness supports in community, and substance misuse and other treatment options where they exist. IA case workers and administrators advocate for and accompany clients, act as a guarantor, and do whatever else necessary to ensure clients can access services in a culturally safe way. Beyond the IA Program, participants referred to a number of approaches for supporting clients through expanded health and wellness services, including 24-hour access to doctors or nurses, community wellness hubs, land-based detox programs, homecare, and homemaker programs.

Employment and Training

Employment and training gaps were widely reported. Participants emphasized that a lack of job opportunities and accessing employment constitute significant barriers. Work Opportunity Programs (WOP), Pre-employment Supports (PES), and other transitional programs are not well connected to wrap-around supports, leaving clients to cycle between Employment Insurance (EI) and IA when programs end. Education barriers were mentioned, including gaps in literacy and basic skills, lack of access to training in community, and the difficulty of leaving community for education.

Many participants described supporting clients with accessing training programs in community, including driver's education, life skills workshops, and resume building, as well as broader regional skills and employment training programs. Several participants expressed frustration that the First Nations and Inuit Youth Employment Strategy (FNIYES) is being discontinued, as it targets youth aged 18-30, which is a key demographic for the IA Program. Participants referred to accessing post-secondary opportunities through partnerships with local colleges, providing help with applications and funding for application fees and tuition waivers.

IA staff assist with job searches and applications, organize job fairs and bring employers into community, and provide funds for work clothing, boots, and transportation. They help clients access Indigenous Skills and Employment Training (ISET) Programs and Work Opportunity Programs, as well as volunteer incentives and jobs in community, such as helping out with events. Case planning and referrals to Pre-Employment Support (PES) programs can help set clients up for success by ensuring they are well prepared before transitioning into other programs.

Participants reported many examples of how they help clients access skills, training, and employment supports, including bringing in colleges and employers for recruitment, securing funding to host driving

schools, and running forklift and other training in community. Participants shared creative initiatives through PES and Work Opportunity Programs: for example, one First Nation set up an ice-cream stand to provide training and work experience. Multiple participants reported helping clients explore self-employment options, such as cutting firewood, shoveling snow, and other work in community.

Transportation

Transportation was raised by many participants as a primary gap and barrier to accessing services. High costs, no available funding, and lack of transit limit access to neighbouring communities and urban centres for food, health care, mental health supports, training and employment, and other essential services. Participants reported helping clients access provincial and other bus programs, giving clients rides to food banks and job sites, and providing emergency fuel and propane gift cards. They cited innovative approaches to bridge transportation gaps, including acquiring community-owned buses, vans, and other vehicles to bring members to urban centres or neighbouring communities.

Infrastructure and Technology

Infrastructure and technology were referenced multiple times as significant gaps. First Nations IA programs require physical space to provide workshops, training, and other programming, and to meet with clients in a way that respects their privacy concerns and guards against stigma associated with accessing services. Connectivity issues were reported, as some communities lack stable phone and internet connections. Many participants also raised communication as a major barrier, particularly with clients who may not have a cell phone, stable address, or access to email. When IA staff cannot contact their clients, they are unable to perform necessary outreach and wellness checks. This is an issue for client safety and consistency of care, and also contributes to other barriers, including gaps in program recruitment.

In terms of solutions, participants referred to community wellness hubs and other physical spaces as 'one-stop-shop' service points, centralizing access to services and facilitating client-centred coordination across departments. Participants also mentioned technological solutions for IA staff, including software for data-management and administrative tasks, sample files and templates, and reliable telephone and internet connections.

Administration and Staffing

Administrative and staffing challenges were identified as major gaps, including unsustainably high caseloads, inadequate training, frequent turnover, and burnout. Staff in First Nations are overworked, encounter complex issues, and are severely underpaid in relation to provincial and territorial service providers. Participants related that they often work in departmental silos, limiting their ability to provide effective referrals and coordinated supports. They called for sufficient funding to ensure pay equity, proper training, and support for mental health and safety, including resources for workplace harassment.

Participants highlighted the value of hiring specialized, trained social development staff to focus on particular cases – such as Persons with Disabilities and Persistent Multiple Barriers – as well as career navigators, case managers, and policy analysts to support IA Program reform. Participants also suggested

digitizing records, improving documentation and data systems, and hiring technical staff to adapt systems quickly as policies change. They called for client-focused practices, including strong case planning, cross-department case conferencing, high-risk tables, weekly debriefs, regular wellness checks and home visits, and centralized service hubs. Participants underlined the importance of meeting clients where they are at, and as several affirmed, this often includes individuals who may not meet certain eligibility criteria but are nonetheless in need of support.

Funding, Policy, and Finances

Across themes, participants emphasized inadequate funding as the most significant gap for both IA staff and clients. They explained that IA rates are outdated, unfair, and do not reflect the actual costs of living, especially with respect to Northern and remote communities. The IA Program is consistently in a deficit, and First Nations must divert funds or find alternative sources to cover clients' basic needs like housing and food, as well as special needs. As one participant explained, some First Nations use their own base funding to provide top-ups to clients during certain times of year, but they cannot do so all the time. Another expressed frustration that ISC terminated inflation funding, which some communities were using to supply clients with grocery gift cards and emergency needs.

Participants reported that inconsistent policies and strict eligibility requirements cause many clients to fall through the cracks. Without funding for assessments required to confirm eligibility for Persons with Disabilities (PWD) benefits, many individuals who are entitled to these supports cannot access them. Clients in the IA Program may age out at 65 with no supports for next steps, and they also lose benefits for dependants when youth turn 18. When family members pass away, clients' shelter contribution drops, and costs are not covered for funerals in community or other transitional supports.

Participants reported helping clients access settlement claims and apply for EI, Canada Pension Plan (CPP), Old Age Security (OAS), Disability, and other benefits. One person recommended accessing the Canada Volunteer Income Tax Program to secure GST and Child Tax Benefits for clients. First Nations IA staff assist clients with income taxes and banking, setting up accounts and direct deposit, and bringing services into community. They help clients obtain IDs needed to access services, including status cards, birth certificates, and social insurance numbers. Several participants also referred to supports like financial literacy training and access to budgeting coaches.

Additional Gaps and Approaches

Other gaps mentioned by multiple participants include access to banking, the need for mentorship and support from leadership, community and family (particularly for youth and new clients), challenges with recruitment and participation in programming, systemic barriers such as racism and prejudice, and a lack of culturally safe, trauma-informed, and client-centered services.

Participants also reported a growing demand for cultural supports. IA staff incorporate culture into IA programming and connect clients with language classes, hunting and fishing programs, beading and sewing workshops, meetings with Elders, and other supports. They also organize client appreciation days, garage sales, bannock contests, fairs, and other community or department events.

Participants recommended opportunities for collaborating across departments to better support clients. A number of participants mentioned working with other departments to organize ID, tax, and other mobile clinics. IA staff also provide recommendations and referrals to community services and programs in other departments, and offer supports like transportation, meals, and childcare.

Multiple participants also highlighted the value of high-risk tables, coordinating across agencies and departments to assist clients quickly, as well as 'one-stop-shop' models that centralize service delivery in one location. Finally, participants suggested opportunities for collaboration and resource sharing among First Nations, including partnerships, communities of practice, and organizing regional meetings to share knowledge, potentially inviting ISC to attend and observe.

Looking Ahead

The voices of First Nations IA case managers and administrators are crucial to First Nations-led reform of the IA Program. During the Forum, participants identified many gaps that limit clients' ability to meet basic needs, move toward stability, and transition out of IA. They also described a wide range of innovative and creative approaches to assisting clients both within and beyond the IA Program. The insights, conversations and lessons learned during the Forum strengthen the AFN's advocacy and is a piece of the blueprint to implementing First Nations-led reform of the IA Program that provides income support, but also moves towards restoring stability, independence, wellness, and opportunity.



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