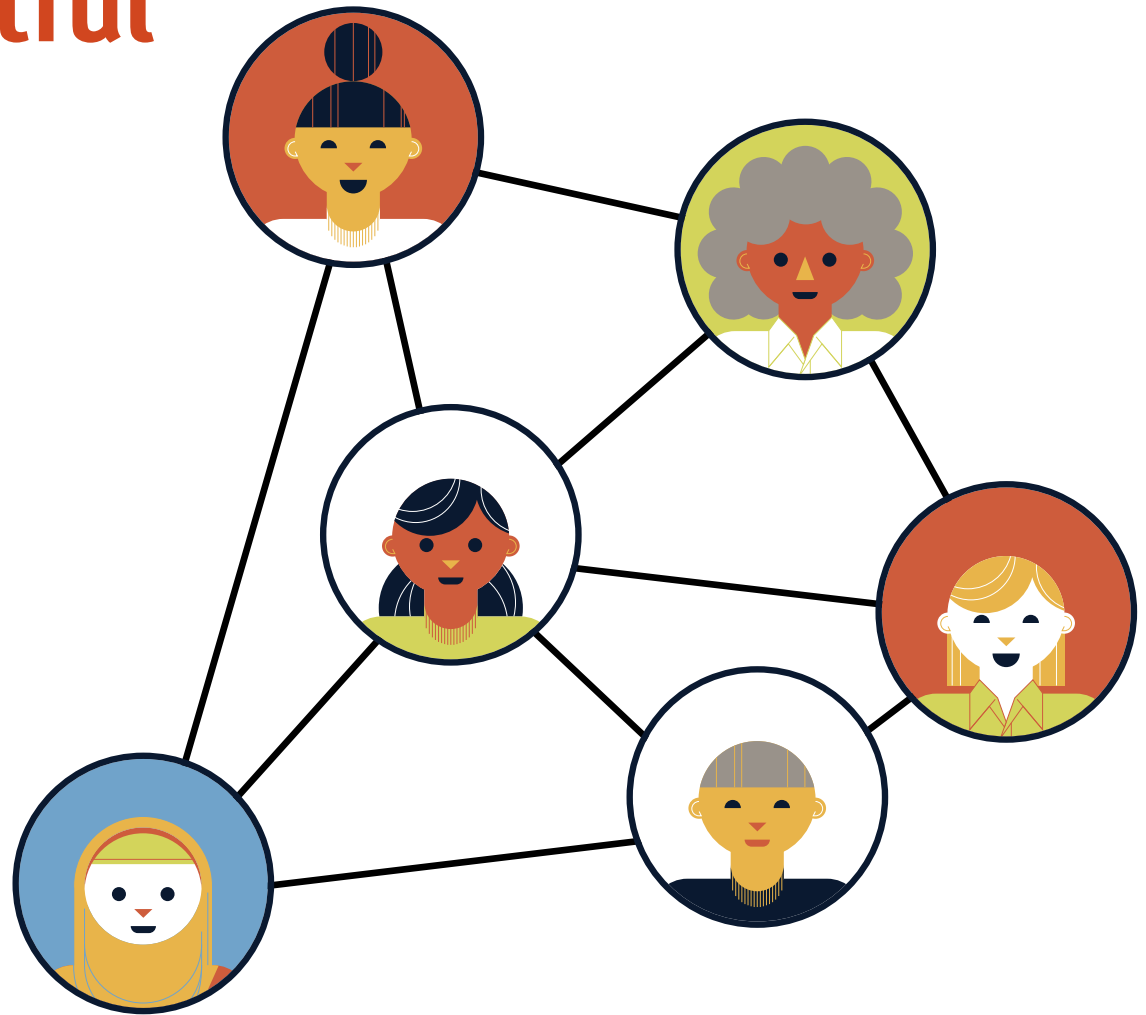# Designing impactful financial empowerment programs
The Benefits Screening Tool

Prosper Canada

Acknowledgments

This phase of the Benefits Screening Tool project would not have been possible without the invaluable funding support provided by Maytree, the Canadian Institutes of Health Research and St. Michael's Hospital Foundation.

This project is a collaboration with Dr. Andrew Pinto, a family physician and founder of The Upstream Lab at The Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital.

Our sincere thanks and appreciation go to everyone who so generously shared their experiences and time with us through our application of service design methodology. We are grateful to our service design project partners, Access Alliance Community Health Clinic, Behavioural Economics @ Rotman, Bridgeable, Centre for Effective Practice, and Findhelp.

To learn how to apply service design methodology, contact:

Bridgeable
Tel: 416.531.2665
Email: info@bridgeable.com

To learn more about Prosper Canada's service design work contact:

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View Doctor workflow
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Introduction to service design

Designing the future: Rethinking, reframing, redesigning services

We interact with services every day yet services are not tangible physical things that remain static. They evolve and change. Good service design embraces this fluidity. Meeting consumer or client needs can no longer just be about how a service looks on the surface, it must allow for varied and complex experiences. Based on the understanding that people have diverse behaviours, needs and contexts, truly effective services should create unique and valuable experiences for every person. This is where service design can play a key role.

What is service design?

Service design is a human-centred design method that facilitates an in-depth understanding of stakeholders (e.g. clients and staff) in order to design programs, services, or products that best reflect their experiences and meet their needs. By empathizing and understanding stakeholder pain points, individuals designing programs and resources can create evidence-based solutions that create win-win interactions between service users and service providers.

Service design addresses how an organization gets something done. It ensures services are usable, desirable, and creates positive outcomes. The service design process typically follows the 'Double Diamond' design model (Figure 1, page 5) developed by UK-based charity, The Design Council. The "Double Diamond" shape refers to the process of narrowing ('convergent thinking') and expanding ('divergent thinking') the scope of ideas and possibilities at different parts of the design process.
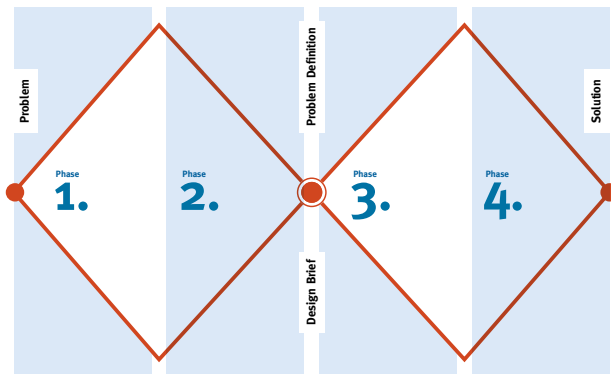
The service design process follows four phases:

Figure 1:
Double Diamond model

Phase 1. **Discover**

This initial phase starts with gathering a wide spectrum of insights on a problem, opportunity, or set of stakeholder needs. This can include doing online research, conducting surveys, interviewing stakeholders about their experiences with services, and creating journey maps and personas that represent different patterns or scenarios.

Phase 2. **Define**

The vast information and ideas collected from the Discover phase are distilled, specified, and prioritized. This requires an assessment of the most important, realistic, and urgent problem(s). We then define a clear challenge that the design project will address.

Phase 3. **Develop**

The scope of work is expanded once again. Multiple possible solutions are identified and refined through activities like brainstorming, prototyping, testing, and iterating.

Phase 4. **Deliver**

In the last phase, a final program, service, or product providing a specific solution to the selected challenge is prototyped, produced, and launched.

Service design and Prosper Canada

Prosper Canada began its service design journey in 2016 with an in-house design research manager and consultations with Bridgeable, a leading design firm based in Toronto, Ontario. Since building service design methodology into our project work, our staff and program delivery partners are able to learn more about the experiences of people living on low incomes, pinpoint organizational needs, and ensure programs and resources are designed with these learnings in mind. Service design also helps us think about how to best integrate programs and resources within our partners' existing services.

Prosper Canada

2016 introduced service design

Working with partners
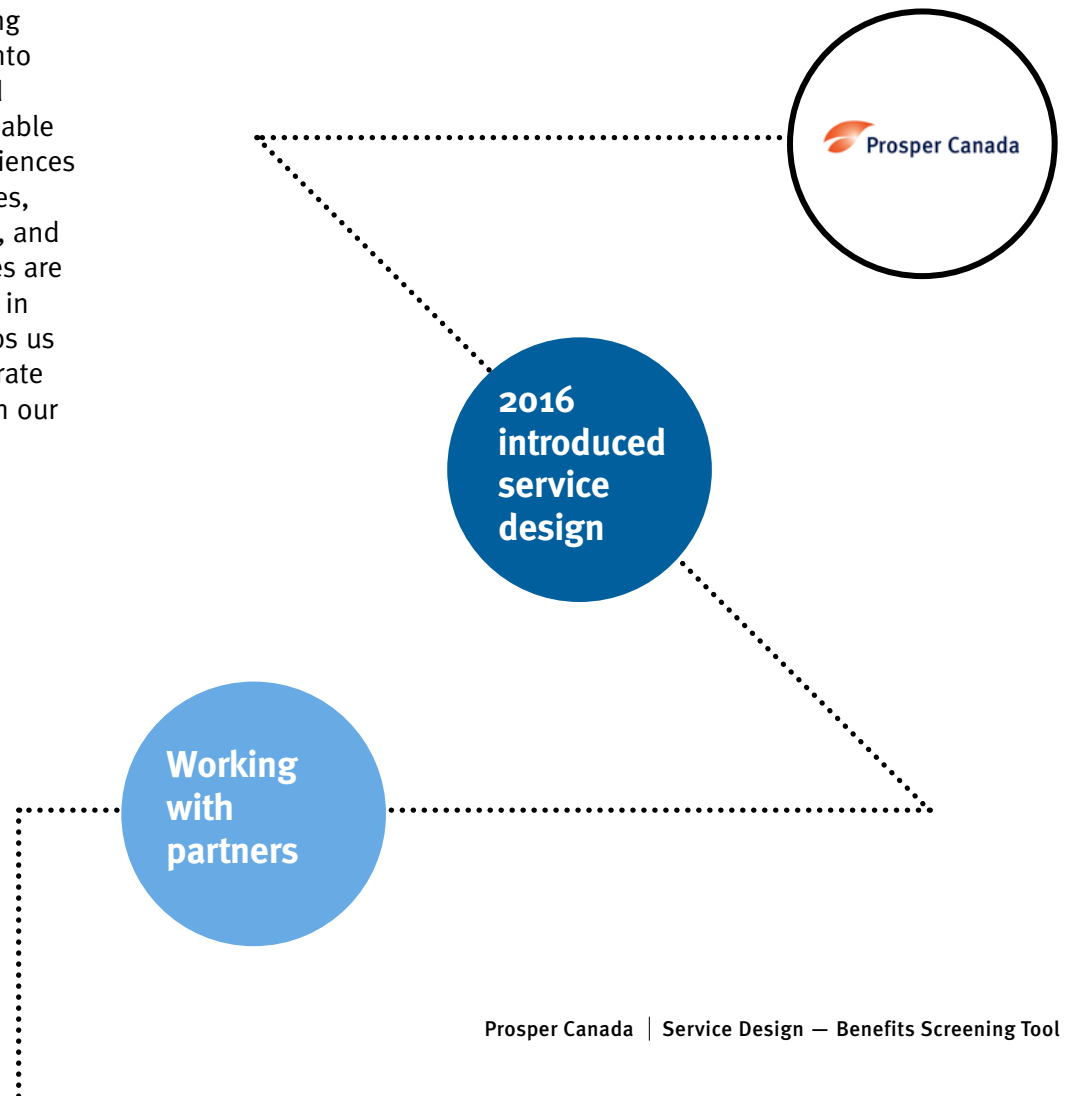
Service design: Case study

The Benefits Screening Tool (BST) project

The Benefits Screening Tool (BST) project began when doctors at St. Michael's Hospital, the University of Toronto and the Ontario College of Family Physicians developed a paper-based tool to allow health practitioners to help boost a patient's income by screening for their eligibility for government benefits. Income is a social determinant of health and healthcare practitioners realized that they had a role to play.

In 2015, Prosper Canada partnered with the Upstream Lab at St. Michael's Hospital to develop an online website (BST phase 1) that would better support healthcare practitioners to screen their patients for benefits eligibility. However, it was unclear how to integrate the tool into healthcare environments.

Improve the benefits screening digital tool

Develop a service blueprint to connect people to the right resources to apply for benefits

In 2016, Prosper Canada proposed service design as a way to:

1. Improve the benefits screening digital tool; and

2. Develop a service blueprint to connect people to the right resources to apply for benefits.
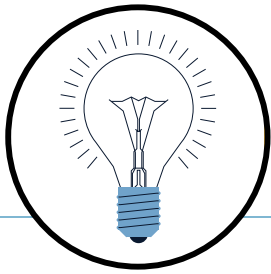
Service design in action: Step by step

Discover phase

The service design framework for the BST project included a number of research questions that were critical to answer before we could begin to design ways to improve the tool and service. Specifically we asked the following research questions:

1. Can we develop a typology for benefits and how they are accessed?

2. What do people with low incomes experience when applying for benefits?

3. Who is best placed in the healthcare setting we explored to administer the BST and help patients navigate benefit application processes?

4. How can we improve the benefits screening website to improve people's experience accessing benefits?

What we did to address questions one and two:

- We looked through different application processes for more than 60 federal and Ontario-wide benefits and highlighted the steps for applying.

- We conducted 30-minute interviews with 14 people living on low incomes to ask about their experiences when applying for government benefits.

What we learned about benefit typologies and access:

- Not all benefit application pathways are the same. There are easy, moderate, and complicated application pathways. We developed an infographic (Figure 2) to present this data visually.

View pathways

- **Easy pathways** involve applications submitted as part of a tax return or that are automatically generated through tax filing, such as the GST/HST.

- **Moderate pathways** involve additional touchpoints, such as getting documentation from professionals or visiting a financial institution or healthcare provider.

- **Complicated pathways**, such as the Ontario Disability Support Program (ODSP), involve multi-part applications, many visits to the bank, official documents, and signatures from professionals, as well as proof of disability. The more touchpoints there are, the more time-intensive, resource-intensive, and complicated the process becomes.

- Complicated benefit applications are likely linked to the healthcare sector. Therefore, a well designed BST and service can significantly improve patients' experiences when applying for benefits.

What we learned about what people with low incomes experience when applying for benefits:

- We discovered through our research that there are different personas of benefit applicants (Figure 3, opposite).

- We also found that there are significant challenges and pain points for people trying to access government benefits such as the Ontario Disability Support Program (ODSP). Benefit applications are filled with jargon and technical terms, require many resources (computer, printer, or phone), touchpoints (phone, online, and in-person), and can be delayed for months while people are waiting to receive money. People experience a lot of frustration and anxiety during these processes and some become too discouraged to continue applying.

We developed two journey maps to highlight peoples' experiences when applying for ODSP.

The first journey map (below) illustrates the application process for an individual who successfully received the ODSP after the first application. However, the reality is that many individuals are not successful after the first application and must appeal for reconsideration. The second journey map follows the appeal process.

View Applicant journey ----->

View Applicant journey with appeal ----->

Figure 3: **Personas of benefit applicants**

Confident advocate

- Believe they are entitled to benefits from the government.
- Comfortable talking to decision-makers and service providers.
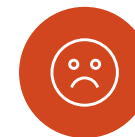- Comfortable with self-advocacy.

Nervous applicant

- Intimidated by process and systems of benefit applications.
- Unsure of their eligibility.
- Uncomfortable advocating for their needs with decision-makers.

Low energy applicant

- Tasks take longer due to life circumstances or disability-related reasons.

Discouraged applicant

- Believe the system is not on their side.
- Believe that their benefit application will be denied so why bother.

Defined two questions

Interviewed stakeholders

Identified priority improvements

Define phase

In the **Define phase**, we undertook the following activities in order to answer two questions.

1. Who is best placed in the healthcare setting we explored to administer the BST and help patients navigate benefit application processes?

2. How can we improve the benefit screening website to improve people's experience accessing benefits?

What we did:

- We conducted 14 interviews with people living on low income and one focus group with 13 healthcare practitioners at Access Alliance. We walked people through the tool and benefits screening process and captured their feedback about what they liked, disliked, and suggestions for improvement.

What we learned about who is best placed to administer the BST:

- There are different kinds of healthcare settings (solo practices, community health centres, hospitals, and more) so it was important to understand the differences between them.

Our response: We chose Access Alliance CHC because they had a variety of healthcare providers and staff types for us to speak with, and they offer social services as well as health services.

We chose Access Alliance Community Health Centre (CHC) as a research partner and conducted 12 interviews with different healthcare practitioners from this CHC (social workers, health promoters, doctors, nurse practitioners, registered nurses, and settlement workers) to understand what they were doing to help patients' access benefits.

- We learned that doctors, nurse practitioners, and registered nurses are vital for the benefits application process because they complete many forms, provide signatures, advocate for patients, and can identify when someone may have low income. However, these health practitioners are quite busy and require that appointments focus on health needs. It is important to keep them in the service flow but they cannot guide patients through their benefit applications.

Doctor

Plays a **major role** in helping patients access benefits through:

1. Determining the duration of benefits
2. Filling out benefit forms
3. Connecting patients with affordable treatment solutions
4. Writing advocacy letters
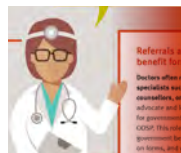
Nurse-Practitioner

Plays a **major role** in helping patients access benefits through:

1. Determining the duration of benefits
2. Filling out benefit forms
3. Connecting patients with affordable treatment solutions
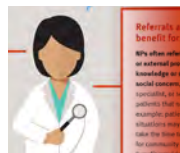4. Writing advocacy letters

Registered Nurse

Plays a **minor role** in helping patients access benefits: however, they are able to identify patients who are struggling to make ends meet and refer them to other health-care providers or resources.

Benefits Navigator

Plays a **significant role** in helping patients access benefits through:

1. Determining clients' needs and benefits eligibility
2. Connecting clients with resources when they are not eligible
3. Helping clients apply for benefits
4. Providing information about benefits applications steps and timelines
5. Communicating with service providers on behalf of clients

View Doctor workflow

View Nurse-Practitioner workflow

View Registered Nurse workflow

Re-framed screening questions

Built in new features

Define phase (cont'd)

- At Access Alliance CHC, there is a targeted focus on newcomers to Canada. We found that the settlement workers were spending time helping patients apply for government benefits. They have flexibility within their appointments to talk about benefits, can establish trusting relationships, and will advocate for patients. The significant insight here is that job title is not the main point of focus. The best-placed benefits navigator is already talking to patients about money, is already helping clients apply for benefits, and has the flexibility to discuss non-health related topics in their appointments.

View Settlement Worker workflow ┄┄>

What we learned about priority improvements for the benefits screening website:

- It was hard for practitioners to ask awkward, formal questions and list long response sets. Practitioners did not always know patients' net income, immigration status, or understand all the questions that are part of the benefits application process.

  Our response: *we re-framed the screening questions in plain language and made them easier to ask and answer.*

- Patients wanted their printout (about the benefits they should apply for) to be friendly, accurate, and easy to follow.

  Our response: *we implemented small behavioural elements like checkboxes, a notes section, a personalized greeting, as well as technical elements such as e-mailing the printout to yourself.*

- The biggest change to the tool came from seeing how frustrated and isolated people felt when they were applying for benefits.

  Our response: *we connected with Ontario 211 to embed community resources where patients could get help to apply for and obtain benefits. Libraries, food banks, government offices, community organizations, health centres, and others were some of the resources embedded in the BST website.*

Together, these features were built into the service flow and tool features so that healthcare providers could more effectively screen patients for benefits eligibility, help patients prioritize benefits, print instructions for each benefit, connect patients with community resources, as well as make a plan to follow up on applications.

Develop phase

In response to the insights gathered in the **Define phase**, we brought together a group of stakeholders from St. Michael's Hospital, Access Alliance, Prosper Canada, Behavioural Economics @ Rotman, as well as people living on low income to discuss the problems around benefits access. The purpose was to gather more insights, and work together to design possible solutions.

What we did:

• We spent one day co-creating the improved BST website incorporating ideal features. We spent a second day designing a seamless service around administrative staff and healthcare providers in a typical Community Health Centre setting.

• We developed a service blueprint, which broke down patients' interactions with the Community Health Centre staff in a detailed way. We also proposed a new service flow for patient appointments with the BST woven in and administered by the best-placed staff person.

Deliver phase

The next phase in service design methodology is the **Deliver phase**. We are still piloting the BST and testing it to ensure it meets the needs of staff and patients. If our testing of the BST and supporting services are successful, our goal is to launch and expand use of the BST in healthcare settings nationwide as a viable solution to increasing the incomes and in turn health of patients. There are also plans to adapt the BST for use in other sectors, beyond health.

Building service design into financial empowerment programs

Prosper Canada insights:

Service design has impacted Prosper Canada in significant ways. It has:

- Increased **empathy** from staff and partners who participate in workshops and hear from people living on low incomes as well as frontline service providers. Stories help people connect with one another and are a big part of the discovery phase of service design.

- Increased **engagement** from staff and partners through elaborate and dynamic workshops filled with themes, activities, arts and crafts. We asked those who participated in service design meetings and workshops to lean in to their creativity and give their full attention to the problem and solution that we wanted to design. Together we brainstormed, created, tested, and improved the design of programs, services and resources.

- Built **evidence** to support our work on financial empowerment. We generated meaningful insights through qualitative research that focused on understanding people's stories and experiences. These insights supported the development of our design principles that became the foundation of service improvements.

Empathy

Engagement

Evidence

Tips for non-profits

Service design is a valuable methodology and approach for designing programs at frontline service organizations.

Here are five tips for non-profit organizations that may want to integrate service design into their work:

1. Learn more about service design: If this approach sounds appealing but you're still unsure how to begin, there are free online resources, blogs and articles on service design methodology. At Prosper Canada, we created our own video to share our experience with service design. **Watch the video**
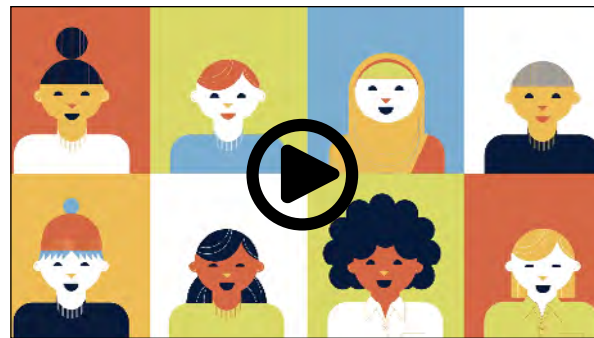
2. Give it a try: The best way to incorporate human centred design methodology in your work is to pilot the approach on an existing program. After learning about service design and how it aligned with our organization's values and mandate, we gave it a try and now we apply service design to all of our projects.

3. Service design does not have to be complicated or costly: As a non-profit, we appreciate that time and money are at a premium. You can apply service design approaches in ways that are cost-effective and efficient. For example, even blocking 30 minutes for a few client or staff interviews can generate helpful insights. Designing a client journey map can be as simple as developing a sketch of what you learned. Sticking to straightforward and uncomplicated prototypes of your new program or improved service can also save you money.

4. Service design works well in collaboration with all stakeholders: This includes management, staff, clients, and external stakeholders like community partners, funders and policy makers. Consider whom the problem or program affects, who funds it, who develops policies for it, and who delivers it across the entire service path. Ensure that you engage everyone you can along the journey.

5. It's worth the time invested: While it may be easier and faster to jump straight into generating ideas about your new program design, spending the extra time up front to better understand the people who will use and deliver the program and clearly defining the problem you are trying to solve will save you time and work down the road.