

Improving Social Assistance: Perspectives from Consumers of CMHA – Toronto Branch

Submission to the Commission for The Review of Social Assistance in Ontario

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Introduction and summary

CMHA Toronto Branch is pleased to have the opportunity to add the voices of our consumers to the Ontario Social Assistance Review. We held two community consultation sessions in August 2011 around the questions raised in the Commission's discussion paper, "Issues and Ideas".

The key message that we received from our participants is that poverty remains a difficult reality for ODSP recipients, and that the stress of poverty perpetuates illness. Many of those in attendance shared that their struggles with poverty have been of comparable magnitude to their difficulties of living with serious mental health issues, and that these two struggles are inextricably linked. Participants felt that inadequate rates, unfair asset limits, and wage clawbacks prevent them from getting out of poverty. Meanwhile, lack of transparency and consistency in how rules are applied, and negative experiences with ODSP's service delivery system create further challenges for recipients.

Participants brought incredible knowledge about the programs under review and how they can be improved, examples of how policies intended to help can play out in ways that act as barriers to recovery, as well as a vision for what it would look like to work with a system that creates optimal conditions for healing and recovery. Ultimately, changes are required that would better align social assistance policies with frameworks of poverty reduction, human rights and social inclusion.

The themes that emerged from our discussions, along with recommendations for change are organized under four broad categories: 1) Rates, Asset Limits and the Special Diet Allowance; 2) Employment Supports, Education, Training; 3) Expectations for Participation and Social Inclusion; and 4) Rules and Service Delivery.

About CMHA Toronto branch

The Canadian Mental Health Association (CMHA) Toronto Branch provides community-based services to individuals experiencing mental illness. These services support people living with mental illness to live full and productive lives in the community. We offer clinical services, such as Assertive Community Treatment, Early Intervention in Psychosis, Case Management, Mental Health and Justice Programs, as well as housing, employment supports, and social recreation programming out of our three community drop-in centres. CMHA Toronto Branch also provides public education and health promotion services. Annually, we provide direct service to over 3,000 clients through our clinical and community support programs, and also reach over 600 clients at our drop-in centres.

CMHA Toronto's vision is "Mentally healthy people in a healthy society". Part of our mission includes advocating for public policies that lead to improved quality of life for people living with mental illness or mental health problems, their families and our community.

Rationale for participating in Social Assistance Review

As a provider of community-based mental health services, we recognize that consumer / survivors face multiple, systemic barriers to mental health recovery, such as long wait times for clinical and community supports, a lack of affordable housing, barriers to employment, social exclusion, and a high prevalence of poverty. Marginalization, stigma and discrimination continue to be far too common for individuals with lived experience of mental health issues. Despite such challenges, we believe that people can and do recover from serious mental illness, and can live full and productive lives.

Systems improvements to better align income, employment and community supports with broader frameworks of poverty reduction, human rights and social inclusion can all contribute to better outcomes for consumer / survivors, to ensure that they can live, work and belong successfully and meaningfully in their communities.

Among the clients that we serve, 54% receive ODSP as their primary source of income; a much smaller number, less than 1%, report Ontario Works as their primary source of income.

With advocacy as part of our mission statement, strategic directions in both Equity and Diversity and Consumer Participation, and a new initiative to develop consumer-based advocacy and community engagement programming, CMHA Toronto chose to participate in the Social Assistance Review by creating opportunities for our consumers to contribute themselves to this crucial discussion about improving policies that bear directly upon their lives.

Our process for the Social Assistance Review

We conducted outreach in two of our community centres and held two consultation sessions, one at the Pathways Social Resource Centre in Scarborough, and one at the What Next Peer Support Drop-In Centre in North York. Twenty individuals who are currently receiving social assistance and are clients of CMHA Toronto branch participated in these two three-hour focus group sessions. The sessions were facilitated by two CMHA staff, Alexandra Lamoureux, M.S.W., R.S.W, Community Engagement and Advocacy Coordinator, and Solome Goshu, Peer Facilitator. Participant feedback was captured by our note-taker, Melissa Corcoran. Participants received a meal, as well as a cash honorarium and TTC as remuneration for their contributions.

In preparation for the focus groups, the facilitators reviewed relevant literature and chose to work with the ODSP Action Coalition's facilitator's guide entitled "Getting What You Want out of the Social Assistance Review" (2011), which seemed to contain a framework and questions that best reflected the concerns and issues of the people we serve.

Although our discussions were very rich and touched on many of the questions raised by the Commission, it was beyond the scope of our two small groups to cover the breadth of material contained in the Commission's discussion paper "Issues and Ideas" (2011). The vast majority of our workshop participants were recipients of ODSP, therefore the issues raised and recommendations articulated in this report relate specifically to ODSP policies. In the few instances where comments were made pertaining to Ontario Works, it is noted as such.

The input we gleaned from workshop participants was captured by our note-taker during each session. The data was sorted by theme, and within each theme, by issue. We reviewed several key publications on the Social Assistance Review to provide context to each the issues, including:

- *A Discussion Paper: Issues and Ideas*, and accompanying *Summary and Workbook* (Commission for the Reivew of Social Assistance in Ontario, 2011)
- *What Stops Us From Working?* (The Dream Team, CAMH, and Houselink, 2011)
- *Dignity, Adequacy and Inclusion: Rethinking the Ontario Disability Support Program* (ODSP Action Coalition, 2011)
- *Telling Our Stories: Disability Should Not Equal Poverty* (ODSP Action Coalition, 2010)

We found that the issues raised and suggestions made by our participants were in alignment with the ODSP Action Coalition's submission, "Dignity, Adequacy and Inclusion". As such, we support the recommendations made in their report, and have framed our recommendations in similar terms.

Our submission is organized under four broad themes. For each theme, we will offer context, provide a summary of participant feedback, and recommendations. The themes are as follows: 1) Rates, Asset Limits and the Special Diet Allowance; 2) Employment Supports, Education, Training; 3) Expectations for Participation and Social Inclusion; and 4) Rules and Service Delivery. Before getting into specific issues and recommendations, we would like to begin by sharing the outcome of a visioning exercise we conducted to start our consultation sessions.

Imagining a Social Assistance System that Supports Recovery to the Fullest

To begin our workshops, we asked participants the following questions:

What do you think the purpose of social assistance should be? What values and principles are necessary to act as a foundation for a system that supports Recovery to the fullest?

Participants shared the following vision for a more supportive social assistance program:

- Improved quality of life
- Start with basic needs – it's the foundation needed for recovery
- Recognize importance of food and nutrition for overall health
- Fairness and equitable access
- Treat people with respect and dignity
- Give compassion, understanding and empathy
- Holistic approach
- Individualized service
- Collaboration between service providers and recipient
- Recognize importance of autonomy and independence for recovery

Theme 1: Rates, asset limits, and Special Diet Allowance

Throughout our sessions with recipients, income support benefit rates, allowable savings, and the loss of the special diet allowance were at the forefront of our discussions. Many of those in attendance shared that their struggles with poverty have been of comparable magnitude to their difficulties of living with serious mental health issues, and that these two struggles are inextricably linked. The message that we got is that the stress of poverty further exacerbates mental health issues, and that adequate, stable income to meet basic needs is the foundation needed by consumer /survivors to help advance on the path to recovery.

1.1. Adequacy of rates, transparency in how they are determined

“We need a raise. It’s not enough to survive, let alone to get well.”

Participants shared that they struggle to afford a range of basic needs, including:

- Housing – many participants waited a significant amount of time before accessing subsidized housing and some are still waiting. The \$469 housing allowance is not sufficient to afford rent in Ontario, where the average market rent for a one-bedroom apartment is \$844¹.
- Food – the basic needs allowance of \$584 per month is meant to cover all living expenses with the exclusion of rent. Participants expressed that it is difficult to maintain a healthy diet on their income, yet a healthy diet is a key aspect of wellness and recovery. In particular, participants find it hard to budget for fresh fruits and vegetables, meats, and vitamin and mineral supplements.
- Transportation – participants expressed that current rates make it difficult to afford a metropass. Some participants reported that they often have to limit their access to community supports and programming that they feel would contribute to their recovery because they can’t afford to get there. Confusion was also expressed as to the current status of the volunteer allowance, rules around it.
- Clothes – the basic needs allowance does not leave enough to dress oneself for all seasons. Many participants also expressed that they experience weight fluctuations as a side effect of prescribed psychiatric medication, and that when this happens it is difficult if not impossible to afford new clothes that fit properly.
- Furniture, household items and bedbugs – participants shared that household items such as furniture, beds, and bedding can be difficult to afford on their budget, especially in light of increased instances of bedbug infestations, and that trying to manage with bedbugs on a very low income can be immensely stressful.
- Pet care – some participants expressed that pets are part of their families and that sharing a home with a pet can be very therapeutic, yet the cost of vet bills and pet food are hard to manage on their low incomes.

¹ Canadian Mortgage and Housing Corporation (CMHC), “Rental Market Report, Ontario Highlights, Fall 2010”. Data for October 2010, at http://www.cmhc-schl.gc.ca/odpub/esub/64507/64507_2010_B02.pdf.

- Social opportunities – participants also shared that they can seldom afford to go to the movies, have dinner with a friend, get gifts for loved ones for birthdays and holidays, or travel to see family out of town, and that the ability to do all of these things would help break social isolation and foster positive relationships with family and friends – key aspects of recovery.
- Physical activity and wellness programming– several participants also expressed that it is difficult to afford a gym membership, recreational or alternative health programming that promotes physical health. Many participants have experienced significant weight gain as a side effect of taking prescribed psychiatric medication, and access to physical activities for weight management is key to their wellness and recovery.

Although ODSP rates are significantly higher than those for OW recipients, current ODSP rates leave consumer / survivors well below the Low Income Cut-Off. Current rates are not aligned with the real cost of living. It is particularly concerning that the shelter amount leaves recipients far from having the necessary resources to afford market rents, yet 63% of recipients live in the private rental market². With such lengthy waiting lists for both affordable and supportive housing, shelter amount rate calculations must be changed to address this reality. Additionally, relevant Ontario government Ministries should collaborate amongst themselves and with other levels of government to address the shortage of affordable and supportive housing, either by increasing stock or creating a housing benefit.

Recommendation 1:

- *Increase income support levels for people with disabilities to reflect average market rents (as determined by CMHC), average utility costs, average cost of a nutritious food basket (as determined by municipal boards of health), transportation costs, costs for communication devices, personal basic needs, and household infrastructure.*
- *Index rates to inflation.*
- *Create an independent panel of social policy experts and people with disabilities to recommend rational and just criteria for determining income support levels for Ontario's social assistance program,.*
- *Consider creation of Housing Benefit as means to address long wait times for both affordable and supportive housing; collaborate with relevant Ministries and levels of government to address shortage of both affordable and supportive housing.*

1.2. Asset limits

“We cannot save for the future, and that makes life really stressful. We should be allowed to save money, for education, for retirement. Why is it that having a disability excludes us from this?”

² OW/ODSP housing tenure update for March, Statistics and Analysis Unit, Policy Research & Analysis Branch, Ministry of Community and Social Services.

“Right now we can’t inherit anything – that’s wrong. My boyfriend died and right away they wanted to take money away. This made grieving harder and was very stressful.”

For the majority of workshop participants, ODSP is their primary source of income, and long-term reliance is possible if not probable. Participants shared that saving for old age is critical, yet strict asset limits and few options for savings make it that this is difficult to realize. Many participants expressed passionately that disability should not equal a lifetime of poverty.

Participants shared that:

- Current asset limits make it hard to save for the future, for education, for retirement.
- Registered Disability Savings Plan (RDSP) is not easily accessible. There are rules that make it that not all recipients are eligible.
- Money taken out of a trust counts as a gift, and makes it hard for family to provide long-term support to relatives with disabilities.
- Limits seem unfair given that recipients are already living far below the poverty line.
- Not being able to save creates a disincentive to working.
- Information on financial planning is not readily available – several participants not aware of options in terms of RDSP, Henson Trust.

Recommendation 2:

- *Raise allowable asset limits.*
- *Create more options for savings, such as exempting RRSPs and TFSAs for social assistance recipients.*
- *Create more transparency around asset limit rules and financial planning options for recipients, and increased access to financial planning services.*

1.3. Elimination of Special Diet Allowance

“The elimination of the Special Diet Allowance has caused a great deal of stress for me and a lot people around here. Some of us have lost benefits and are suffering as a result”

In our conversations with participants, many shared having experienced high levels of stress associated with the elimination of the Special Diet Allowance, and for some, a loss of benefits since its recent replacement with the Nutritional Supplement Program. Participants also shared that both programs have failed to recognize the importance of a healthy diet to help manage side effects caused by psychiatric medication, and the important role that a healthy diet can play in improving mental health.

Participants shared that:

- Loss of benefits creates great stress for individuals who are already living on the margins. Increased stress can exacerbate both mental and physical health conditions.

- For some participants who have seen a decrease in benefits, it is more difficult to afford nutritious foods, and to follow diet recommendations from health care professionals.
- For those who are in market-rent housing, loss of the diet allowance means an even bigger struggle to make ends meet as they were using their diet allowance funds to cover high rents which are far above the \$469 provided with the shelter amount.
- Healthy diet and access to alternative therapies is important for all who take psychiatric medication long-term, as the medication can cause serious physical health complications – yet this is not recognized by Nutrition Supplement Program.

Recommendation 3:

- *The Special Diet Allowance should continue to be provided, and should be expanded to include many other medical conditions such as those outlined by the Special Diet Experts Review Panel.*
- *The Special Diet Allowance Schedule should be indexed to the rate of food inflation and ongoing review should take place through the creation of a permanent Special Diet Experts Review Panel made up of medical and alternative health professionals.*

Theme 2: Employment Supports, Education and Training

Throughout our discussions with participants, work emerged as a central, if not constant theme. Participants shared that they want to work, that work has the potential to increase not only income, but also self-esteem. It has the potential to break social isolation and create a sense of purpose – both key elements to mental health recovery. Yet most participants articulated that the system not only fails to create opportunities and incentives, it creates disincentives. For that reason, some participants who want to work choose not to because the stress associated with finding work, reporting employment earnings, and the impact of employment earnings on ODSP income support levels is too great. Beyond disincentives, we also know that the success of current employment supports focused on rapid competitive employment has been questionable – only 11% of ODSP recipients report earnings. Further to that, it is widely recognized that individuals with disabilities experience multiple barriers to education and work, which is reflected in high unemployment rates even for those with post-secondary education.

In this section, we will outline participant feedback on employment supports, education and training, and employment earnings.

2.1. Employment Supports

“I want to work, I have worked, I can work. But the system won’t allow it.”

We asked participants to share their experiences in utilizing employment supports, and what kinds of improvements they feel can be made. Participants shared the following:

- Emphasis when accessing employment supports is 'rapid placement in competitive jobs' – for many this has meant low paying service jobs that participants feel don't use their skills or fulfill their potential, and aren't long-lasting.
- Some participants currently registered with an employment supports agency have had very few interviews in the past year and no job trials or placements.
- In their experiences of using employment supports, participants have not been offered career counseling, aptitude testing or skill development, and these services are seen as critical for long term success in employment.
- There is a need for individualized services, better referrals to employment agencies from the ODSP worker, and assistance with navigating the system of employment supports as it's not always clear where to go and what you can access.
- Need for more supportive employers, workplaces that can foster growth.
- Need for more flexibility in range of jobs and level of support, as there is a lot of diversity in terms of consumer / survivor abilities – they sit on a continuum and change over time.
- Need for more support around resume writing and interview skills, and also around building life skills such as self-esteem, social skills, stress management, and self-care.
- Integration of peer supports into employment supports seen as potentially highly beneficial, especially around negotiating accommodations and rights education for persons with disabilities.
- Need more incentive for private businesses to hire individuals with disabilities, training for employers around equity, diversity and provision of workplace accommodations, and enforcement of Human Rights Code, Employment Standards and the Accessibility for Ontarians with Disabilities Act.

Recommendation 4:

- *The province of Ontario should convene a multi-stakeholder taskforce that includes the private sector, labour, all relevant government Ministries and levels of government, and disability advocacy groups to develop an effective labour strategy for people with disabilities, aimed at creating more job opportunities that are appropriate for the individual.*
- *The strategy should include a commitment to a client-focused, strengths-based, flexible, incremental and individualized framework for employment supports, a focus on quality jobs, and stable and flexible funding for both employment and education programs for persons with disabilities.*

2.2. Employment Earnings

"We need to be able to keep our wages. With the clawback and minimum wage work, it's like we earn \$5 per hour. This makes it feel like our work is not valued."

Throughout both focus group sessions, participants consistently articulated that despite their aspirations and desire to work, current clawbacks on employment earnings, along

with arduous employment earning reporting processes and inconsistencies in monthly net income all act as powerful disincentives to finding and keeping work. One participant in particular shared that he feels capable and ready to work and had a job just recently, however the stress associated with the above mentioned disincentives led him to quit his job and opt instead for volunteering. At a time where the provincial government has made strong commitments to poverty reduction and accessibility in the workplace for people with disabilities, the current tax rate on earnings for ODSP recipients seems both unfair and counterproductive.

We asked participants to share their experiences of transitioning back to work, and to comment on how policies could be changed to ensure that ODSP recipients are actually better off when working. Participants offered the following feedback around impact of current policies:

- 50% income deduction gives no incentive to work, in fact it feels punitive.
- With 50% clawback, it makes it that recipients are earning less than minimum wage – this seems unfair, unethical, it's discouraging and sends a message that our work is not valued.
- Being cut off from ODSP if making more than maximum of \$1,053 gives no incentive to work. One participant shared that this rule makes it impossible to save money for school and as a result, working is not worthwhile.

Participants also offered suggestions as to what needs to change:

- \$500 per month of employment earnings should be exempt from clawback.; some participants felt clawback exemption should be allowed up until recipients reach poverty line.
- It would be better to structure earnings exemptions in similar fashion to CPP – allow \$6,000 earnings per year.
- Allow medical and dental benefits to follow recipients when returning to work and ensure benefit eligibility long-term while still receiving low income.
- Increase asset limits so that recipients can save more of their earnings.

Recommendation 5: The exemption on employment earnings should be increased to \$500 per month, totaling an annual exemption of \$6,000. Additional earnings should be deduced in gradual increments, up to 50% when income reaches low-income cutoff.

2.3. Administrative barriers related to earnings

“Monthly income reporting, and the two-month delay in processing made work too stressful. I quit my job and now I volunteer instead. Less headaches.”

Participants also shared that they have faced significant administrative barriers related to earnings in their experiences of transitioning back to the workforce while receiving ODSP. They offered the following comments:

- Complicated earnings reporting and impact on income supports cause so much stress, several participants shared it is not worth it to work.
- Monthly income verification is arduous and seems unnecessary – it is a lot of work to submit paperwork, follow up with ODSP office, resend paperwork when it is lost, keep track of budget.
- Two-month delay in processing reported earnings makes it difficult to budget on a month-to-month basis. Fluctuations in work hours can lead to fluctuations in income that are hard to keep track of and plan for given processing delays, which can cause a great deal of stress for people already living on the margins.
- Need better policies to reduce stress that results from administrative barriers – annual rather than monthly earnings verification could help.
- Interaction with other programs such as subsidized housing make it that some ODSP recipients end up worse off when they are working. This needs to be fixed.

Recommendation 6:

- *Give recipients choice of annual or monthly earnings reconciliation.*
- *Stop automatic suspension of income supports when income reporting statements are received late at ODSP office.*
- *ODSP policy around earnings exemptions and benefit levels needs to be harmonized with other income support programs and subsidized housing policies to ensure that recipients are always better off, and not worse off when working.*

2.4. Education and Training

We also asked participants to share their experiences in furthering their education and training while receiving ODSP, and what kinds of improvements they feel can be made in this area. Participants shared the following:

- Challenging to further education without funding – some participants want and need training and education to be able to work and they cannot afford it.
- Need supplemental financial aid for admission deposit fees, books and supplies, transportation, technical learning aids.
- Need improved access to OSAP and repayment options for ODSP recipients.
- Need increased grants and bursaries for consumer / survivors.
- Supported education programs for consumer survivors such as Redirection for Education at George Brown College and Seneca College have been very helpful for some participants, yet the Seneca program was shut down. We need more of these programs not less.
- Need more apprenticeship programs tailored to consumer / survivors, such as the Assisted Cook Extended Training program at George Brown College.
- More apprenticeship, internship and job shadowing opportunities with incentives.
- Need funding for special licensing, e.g. Forklift Operator for warehouse jobs.
- Increased access to basic literacy and skills training such as GED, ESL, computer training, and physical fitness for labour jobs.
- Need assistance in applying for OSAP, bursaries and grants.

- An education allowance for recipients would be so helpful and encouraging.
- Need more options for education and programming in creative arts such as music, visual and performing arts – it can be very therapeutic.

Recommendation 7: The provincial government should develop a successful education and training strategy for persons with disabilities, parallel to the labour strategy suggested in recommendation 4. It should include the following:

- *Recognition that disability can create particular and differential disadvantages which affect outcomes in education and employment,*
- *A client-focused, strengths-based, flexible, incremental and individualized framework for education and training that recognizes the full range of supports critical for people with disabilities to reach their education and employment goals,*
- *Financial supports for education and training, beyond what is available through OSAP*
- *Adequate funding for alternative employment, and supported employment and education models.*

Theme 3: Expectations for participation and social inclusion

The Commission's discussion paper "Issues and Ideas" includes questions around connecting recipients to employment and treatment, which raises issues around expectations for participation.

Throughout our discussions with participants, struggles with poverty, systemic barriers to employment, and difficulties accessing treatment due to long waiting lists and lack of funds for private or alternative therapies emerged frequently. At the same time, participants shared that they already feel a loss of power and control over their lives, which stands in the way of recovery – expectations for participation around both employment and treatment would further exacerbate this.

3.1. Expectations for Participation – employment

We asked participants to imagine changes to ODSP that would include a participation agreement around seeking employment. They provided the following feedback:

- Participants shared that expectations around employment would create significant stress, that it would feel intrusive and disrespectful; some shared they would not want to sign.
- Employment expectations would be particularly stressful given that many participants have tried and failed to get work with current employment supports, or have found that current disincentives stand in the way of work.
- Participants expressed fear that they would not be in control of their activities and if pushed beyond their abilities and comfort zone they could become very ill.
- Participants imagined having to report to a worker about seeking employment and found this to be very stressful.

- Mental health recovery is a highly individualized process where the person needs to make their own choices about what they need to get better – losing the power to make those decisions would negatively impact recovery.
- Participants shared that mental health issues are episodic in nature and that abilities and needs change over time. Having access to individualized, flexible options for work with varied levels of support, volunteering, and other forms of community involvement are all necessary, and individual choice and goal-setting are key to success.

3.2. Expectations for Participation – treatment

We also asked participants to imagine changes to ODSP policy that would include a participation agreement around treatment. Participants shared the following feedback:

- Expectations around treatment would be unethical. It should be up to the individual to make choices with help from healthcare professionals, and support from friends and family as to what are the best treatments to optimize recovery and wellbeing.
- As consumer / survivors, participants expressed deep concern around treatment expectations due to the already sensitive nature of involuntary treatment within the mental health care system.
- Some participants who have experienced trauma as a result of involuntary treatment found the discussion about treatment expectations to be triggering and expressed feeling upset that this was even being considered.
- Autonomy, choice and dignity were identified as key aspects of mental health recovery – treatment requirements would do the opposite and result in more stress, and more illness.
- Treatment expectations would go against principles that consumer / survivors learn in Wellness Recovery Action Planning – independence, self-responsibility, self-advocacy.
- Many participants shared that they have had a lot of negative side effects from psychiatric medication – weight gain, kidney problems, neurological problems – and that health care decisions for consumer / survivors are already complex and hard to manage. Imagining having another party involved would further complicate this and add unnecessary stress.
- Participants also shared that they often struggle to access the health care services and community supports they need to get better. Having pressure or expectations from ODSP would add unnecessary stress, and seems counter-productive given that systemic barriers are standing in the way of accessing care in the first place.
- when the issue of access to services is systemic in nature.
- Meeting one's basic needs, getting out of poverty, and having better access to health care services, alternative therapies, and fitness programming were identified as first steps needed to get better.

It is important to highlight that setting expectations for treatment when treatment is not readily available due to waiting lists for most community services would be problematic.

Provisions for mandating treatment already exist under the Mental Health Act, therefore ODSP, as an income support program, should advocate for accessible treatment and supports rather than to mandate treatment.

Recommendation 8: Participation in employment, community-based activities and treatment must respect individual autonomy and choice, acknowledge that participation occurs along a continuum, it should be voluntary, collaborative and based on goals established by recipients.

3.3. Community participation and social inclusion

“Metropasses should be provided to all ODSP recipients – we all need to get around to participate in community life.”

In our discussions with participants, many shared that despite not working, they are active members of their communities and active citizens. Volunteering, membership at drop-ins and clubhouses, participation in various community and advocacy groups, strong relationships with friends and family all surfaced as vibrant ways in which participants play an important role in society. Yet sometimes maintaining participation is challenging due to barriers such as lack of funds for transportation, and inability to afford activities that require money. We found that some participants were receiving support for transportation through OW’s Community Participation program, while others were not; many participants expressed that they have found it difficult to get a clear understanding of the policy and how to apply and maintain access to this benefit.

We asked participants what kinds of additional supports they would need to be active members of their communities. Participants shared that:

- First and foremost basic needs must be met, and this includes transportation.
- Transportation allowance – some participants were aware of this benefit through OW, some were not, there was a lot of confusion as to whether it is still available. One participant shared he has read the policy directive online and got different information from his worker.
- Participants shared that a metropass subsidy for all recipients would be very helpful, to get to medical and community support appointments, drop ins, community centres, to work or volunteering, to see friends and family, and to run errands.
- Clothing allowance is also necessary, for uniforms or to meet dress codes at work or volunteering, and to maintain appropriate dress and feel comfortable when weight gain occurs.

Recommendation 9: The province of Ontario should recognize the benefits of community involvement and participation for the health and wellbeing of persons with disabilities, and the benefits to society by creating a Social Inclusion Allowance for all ODSP recipients.

Theme 4: Rules and Service Delivery

4.1. Access issues – service delivery and communication with clients

“It’s so hard for us to even know what benefits we are entitled to. Often when I find out about what benefits I qualify for, I learn this from my peers at the drop in rather than from my worker. That needs to change.”

When asked about accessibility and service delivery of Social Assistance, participants shared that they have experienced poor treatment in the form of lack of responsiveness and transparency and at times a disrespectful tone from workers. Throughout our sessions, participants noticed that not all recipients have received the same information from their workers, and that benefits are not equally distributed to all that are eligible. Significant delays in processing, and lack of public access to information about benefits were also identified as barriers.

We asked participants to share feedback on their experiences in accessing ODSP, from initial intake to ongoing participation in the program. Participants provided the following feedback:

- Wait times for processing of applications are far too long. Many participants waited 3-6 months for a response, and some up to and over one year to find out if they were eligible for the program.
- Benefit allocation is not determined in a consistent manner; many participants shared that in conversation with peers, they find that in some cases, despite sharing similar life circumstances and needs, benefits received do not match up.
- Participants expressed that benefits received depends on the worker, rather than on transparent, consistent application of rules, and that it’s hard to know what you are entitled to receive.
- No clear communication with workers, or access to information around rules and benefits.
- Lack of communication about discontinuation of benefits, and information on ODSP website is not up to date (or not consistent with information given by workers).
- Some aspects of ongoing benefit administration and income and asset verifications are too complicated and arduous for recipients, e.g. frequency of volunteer letter for transportation allowance, vehicle appraisals, and monthly income reporting.
- Some participants shared that it is very difficult to reach their workers, phone calls do not get returned, and mail correspondence can be hard to understand; many must rely on mental health case managers to help maintain communication with ODSP worker, which can feel paternalistic.
- Frequent changes in workers contribute to poor communication and leave recipients feeling like there is no stability in supports with administration of benefits.
- Site visits by workers to drop-ins and clubhouses could help improve communication and accessibility of social assistance programs.

- Participants suggested that peer support should be integrated into ODSP/OW administration, to provide education to ODSP/OW workers around disability rights, and to give support to recipients around navigating the system.

Recommendation 10: Service delivery and administration of ODSP must be improved and should include the following:

- *Clear rules that are easy to understand and consistently applied across the province, so that recipients are aware of their rights and entitlements,*
- *Adequate staffing to improve application and ongoing benefit processing,*
- *A service delivery model rooted in collaboration, support and problem-solving,*
- *Hiring and training ODSP recipients to work in peer support roles to assist with system navigation.*

4.2. Benefit Unit

“Why is it that if I move in with my partner, I no longer get an income and my partner has to support me? It’s hard enough to negotiate relationships when you have a disability, to have this rule that makes me a dependent just creates more hardship.”

As part of our discussions with recipients, we looked specifically at rules, and asked recipients to comment on which rules they feel are not working for them and why. The most prominent issue raised was around the structure of the benefit unit; as it stands, ODSP policies determine benefits on behalf of families rather than individuals. Participants shared this has a deep impact on the amount of income supports and benefits they are able to receive, their ability to be independent, and their capacity to form relationships.

When asked to comment on the implications of the current benefit unit for themselves and their families, participants shared the following:

- Relationships are highly valued and are seen as key aspect of wellness.
- Recipients with partners are forced to rely on their partners for financial support – this creates dependence for the recipient and a lack of respect and dignity, and financial hardship for the family.
- Current policies act as a barrier to fostering healthy relationships and are viewed as unfair.
- Some participants shared that when living with a disability, it is hard enough to develop and maintain close relationships. Having to depend on your partner makes it that much harder.
- Participants expressed feeling that current policy around benefit unit negates the reality that persons with disabilities have the same capacities to develop meaningful relationships.

Although it did not emerge as an issue in our focus groups, we are aware that a change to an individual benefit unit would raise concerns for ODSP recipients who have children. In light of the recent creation of the Ontario Child Benefit, and restructuring of OW and ODSP

Basic Needs rates, changes to an individual benefit unit would have to be accompanied with further examining and restructuring of rates to ensure adequate income for ODSP recipients with children.

Recommendation 11: The benefit unit for ODSP should be the individual recipient rather than the family, and if changed, must include a significantly increased Ontario Child Benefit or an income supplement through ODSP for recipients with children.

Conclusion

We are pleased to have had the opportunity to share input from our consumers with the Commission. We hope that it provides useful information as to how current policies impact upon the lives of consumer / survivors.

As we heard from our participants, the chronic stress and health implications of living in poverty perpetuate illness. Meanwhile, rules that are seen as unfair, and negative experiences with the ODSP service delivery system leave recipients feeling marginalized and excluded.

Through our visioning exercise and the feedback that emerged from our discussion questions, participants sent clear messages about what needs to change: 1) ODSP must first and foremost address poverty and start by meeting basic needs, 2) services must be provided in a fair and equitable manner, and treat people with respect and dignity, and 3) the service delivery system needs to be holistic and collaborative, while recognizing the importance of autonomy and independence for all people living with disabilities.

As the province moves forward with the Social Assistance Review, we urge the Commission and all parties involved to continue to meaningfully engage recipients in the process by providing opportunities for them to evaluate services and give input as to how improvements can be made.

We would like to thank the Commission for considering our submission and ask that the Commission respond to our report.

For more information, please contact:

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Summary of recommendations

Recommendation 1:

- *Increase income support levels for people with disabilities to reflect average market rents (as determined by CMHC), average utility costs, average cost of a nutritious food basket (as determined by municipal boards of health), transportation costs, costs for communication devices, personal basic needs, and household infrastructure.*
- *Index rates to inflation.*
- *Create an independent panel of social policy experts and people with disabilities to recommend rational and just criteria for determining income support levels for Ontario's social assistance programs,*
- *Consider creation of Housing Benefit as means to address long wait times for both affordable and supportive housing; collaborate with relevant Ministries and levels of government to address shortage of both affordable and supportive housing.*

Recommendation 2:

- *Raise allowable asset limits.*
- *Create more options for savings, such as exempting RRSPs and TFSAs for social assistance recipients.*
- *Create more transparency around asset limit rules and financial planning options for recipients, and increased access to financial planning services.*

Recommendation 3:

- *The Special Diet Allowance should continue to be provided, and should be expanded to include many other medical conditions such as those outlined by the Special Diet Experts Review Panel.*
- *The Special Diet Allowance Schedule should be indexed to the rate of food inflation and ongoing review should take place through the creation of a permanent Special Diet Experts Review Panel made up of medical and alternative health professionals.*

Recommendation 4:

- *The province of Ontario should convene a multi-stakeholder taskforce that includes the private sector, labour, all relevant government Ministries and levels of government, and disability advocacy groups to develop an effective labour strategy for people with disabilities, aimed at creating more job opportunities that are appropriate for the individual.*
- *The strategy should include a commitment to a client-focused, strengths-based, flexible, incremental and individualized framework for employment supports, a focus on quality jobs, and stable and flexible funding for both employment and education programs for persons with disabilities.*

Recommendation 5: The exemption on employment earnings should be increased to \$500 per month, totaling an annual exemption of \$6,000. Additional earnings should be deducted in gradual increments, up to 50% when income reaches low-income cutoff.

Recommendation 6:

- *Give recipients choice of annual or monthly earnings reconciliation.*
- *Stop automatic suspension of income supports when income reporting statements are received late at ODSP office.*
- *ODSP policy around earnings exemptions and benefit levels needs to be harmonized with other income support programs and subsidized housing policies to ensure that recipients are always better off, and not worse off when working.*

Recommendation 7: The provincial government should develop a successful education and training strategy for persons with disabilities, parallel to the labour strategy suggested in recommendation 4. It should include the following:

- *Recognition that disability can create particular and differential disadvantages which affect outcomes in education and employment,*
- *A client-focused, strengths-based, flexible, incremental and individualized framework for education and training that recognizes the full range of supports critical for people with disabilities to reach their education and employment goals,*
- *Financial supports for education and training, beyond what is available through OSAP,*
- *Adequate funding for alternative employment, and supported employment and education models.*

Recommendation 8: Participation in employment, community-based activities and treatment must respect individual autonomy and choice, acknowledge that participation occurs along a continuum, it should be voluntary, collaborative and based on goals established by recipients.

Recommendation 9: The province of Ontario should recognize the benefits of community involvement and participation for the health and wellbeing of persons with disabilities, and the benefits to society by creating a Social Inclusion Allowance for all ODSP recipients.

Recommendation 10: Service delivery and administration of ODSP must be improved and should include the following:

- *Clear rules that are easy to understand and consistently applied across the province, so that recipients are aware of their rights and entitlements,*
- *Adequate staffing to improve application and ongoing benefit processing,*
- *A service delivery model rooted in collaboration, support and problem-solving,*
- *Hiring and training ODSP recipients to work in peer support roles to assist with system navigation.*

Recommendation 11: The benefit unit for ODSP should be the individual recipient rather than the family, and if changed, must include a significantly increased Ontario Child Benefit or an income supplement through ODSP for recipients with children.