

September 1st, 2011

Commission for the Review of Social Assistance in Ontario
2 Bloor Street West 4th Floor, Suite 400 Toronto ON M4W 3E2

Email: socialassistancereview@ontario.ca

Dear Commissioners Lankin and Sheikh:

RE: Bridges Community Health Centre Submission to the Social Assistance Review Commissioners

Please accept our submission to the Commission for the Review of Social Assistance in Ontario. We greatly appreciate the opportunity to provide input to this very important endeavour and have found the experience to be very rewarding.

We look forward to following the progress of the review and thank you for your efforts to transform social assistance in Ontario.

Sincerely,

Rhonda Barron, Health Promoter, Bridges Community Health Centre

Mary Anne Feagan, Community Health Worker, Bridges Community Health Centre

Lori Kleinsmith, Health Promoter, Bridges Community Health Centre

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Executive Summary

Bridges Community Health Centre (CHC) is one of seventy-three CHCs in Ontario. Our collaborative, inter-professional team of health care providers is mandated to offer primary health care, health promotion, illness prevention, community development, service integration and advocacy to service and benefit low income individuals and families, youth and children, newcomers to Canada and seniors residing in Fort Erie, Port Colborne and Wainfleet.

Bridges, like all CHCs, uses the social determinants of health lens for understanding health, illness and disease. We see health as a complex outcome dependent upon a number of external and internal forces that act upon the individual, family and community. In order for us to have meaningful and purposeful conversations about health, we need to broaden our lens beyond the risk factors i.e. smoking, lack of exercise and poor eating and look at the deeper, underlying causes that contribute to risky behaviours, disease and illness in the first place: social and economic inequality.

We know that poverty, more than anything else, has the greatest impact on the health of an individual and family. In fact, health improves at every rung of the social and income ladder. Simply put, poverty equals bad health and so it follows that we, as a Community Health Centre, should take a stand against poverty and give voice to the under serviced and marginalized.

The Commission for the Review of Social Assistance in Ontario offers us an opportunity to advocate against poverty by engaging those with lived experience and health and social service providers to give voice to their concerns and help shape the system for the people who need it. In fulfillment of this initiative, we used several strategies to gather input from our communities throughout the months of July and August, 2011. They include thirty-six one-on-one interviews with individuals with past or present lived experience of Ontario Works (OW), or the Ontario Disability Support Program (ODSP), in addition to two community consultations with local health and social service providers held in Fort Erie and Port Colborne.

The results of our one-on-one interviews and community consultations reveal five main themes and recommendations they we have summarized here and put forward in greater detail in the following document for the Commission's consideration:

1. We feel that rates and benefits are deeply inadequate, arbitrarily set and in no way reflect the actual cost of living. As a result, people are forced to live in deep poverty placing them at greater risk of damage to their physical and mental health. In order to balance the negative effects, we recommend dental coverage for adults, prescription drug insurance and an immediate increase of \$100 to the food budget allowance for every individual on social assistance.

2. Individuals on OW and ODSP are stigmatized as 'lazy undeserving people who need to get a job.' Oddly, the cost of welfare in Ontario makes up just 5% of all income security payment paid to people in Ontario. In effort to reshape public opinions and remove the stigma associated with OW and ODSP, the government needs to fund public awareness and education campaigns that help counter these damaging, negative attitudes. The populace needs to understand the root causes of poverty and how it depletes willpower and decision making. It is only through raising critical consciousness that we can hope to dispel these myths and eliminate this undeserving stigma. A collective societal effort is needed.
3. We feel that in order for people receiving OW to participate in employment, treatment or rehabilitation, expectations must also be placed on government to ensure quality, accessible health care, health care treatment or rehabilitation as required by people, as well as a stable labour market with full-time employment opportunities that bring people above the poverty line.
4. OW and ODSP impose rules that effectively pathologize the transition to self-reliance. We would suggest a number of improvements to the rules and processes such as using consistent rules that are equitable and written at appropriate literacy levels. Asset limits need to be re-evaluated and claw backs on earnings eliminated until the total combined income reaches the poverty line. We also need to ensure individuals and families on OW and ODSP have access to quality, affordable housing.
5. If we are to have a sustainable and integrated system, we need an on-going continuous quality improvement system since the insights of those with a lived experience are rich and valuable. Because OW benefits are seriously inadequate, we feel that the province, the country in fact, should adopt a Guaranteed Annual Income (GAI) where every Canadian would be entitled to a GAI. Proponents of the GAI suggest significant savings would result by amalgamating income support programs, improvements in system navigation, in addition to eliminating the stigma attached to our current social assistance system.

On behalf of the health and social service providers participating in the community consultations, clients with lived experience and the staff at Bridges Community Health Centre, we would like to thank the Commission for their commitment and dedication to the Social Assistance Review process and the opportunity to help shape the system for those in need. We look forward to witnessing how changes to the system will benefit our clients as well as our communities.

Why We Are Concerned:

Bridges Community Health Centre services the communities of Fort Erie, Port Colborne and Wainfleet, a catchment area of approximately 55000 people. Many of our clients receive social assistance or are in low paying, unstable employment situations. We see firsthand how living in conditions of prolonged poverty has affected the lives of many of our clients – poor physical and mental health, chronic dental pain, social isolation, stigma, reliance on handouts from food banks and soup kitchens, and much more.

We are very concerned by the lack of attention paid to poverty issues pre-election. By releasing a brief report on your findings to date before the October 6th election, we feel this would encourage more dialogue amongst candidates, as well as the general public, on poverty issues and solutions. We urge you to consider this request.

The Wellesley Institute released a major research report in December of 2008 titled “Poverty is Making Us Sick” (Lightman, Mitchell and Wilson, 2008). They used the most comprehensive health and social data and found that the poorest one-fifth of Canadians, when compared to the richest twenty percent, have:

- more than double the rate of diabetes and heart disease;
- more than three times the rate of bronchitis;
- nearly double the rate of arthritis or rheumatism;
- 358% higher rate of disability;
- 128% more mental and behavioural disorders;
- 95% more ulcers;
- 63% more chronic conditions; and,
- 33% more circulatory conditions.

The fundamental roots of these health disparities lie in social and economic inequality – the effects of inadequate housing, poverty, employment barriers, social exclusion and other broader social determinants of health. “High income does not guarantee good health, but low income almost inevitably ensures poor health and significant health inequity in Canada,” reports Dr. Ernie Lightman, lead researcher for the study. “Poverty is triggering a devastating health crisis among lower-income people, but the research shows that raising incomes leads to better health.” (Lightman, Mitchell and Wilson, 2008, p. 2)

Our Process:

Bridges Community Health Centre staff used several strategies to gather input throughout July and August 2011 for our submission including:

- Interviews with 36 individuals, most of whom receive either Ontario Works or Ontario Disability Support Program, in the past or present
- Two community consultations with local social service and health care providers from south Niagara. The first consultation was held on August 3rd in Fort Erie and had 10 participants, including representation from Literacy Link, Family & Children's Services, and Niagara Region Public Health, among others. The second consultation was held on August 4th in Port Colborne and has 12 participants, including representation from ODSP front-line staff, Port Cares, and Community Living Port Colborne-Wainfleet, among others.
- Position papers and literature reviews from various provincial advocacy groups and institutions, including Wellesley Institute, Metcalf Foundation, Poverty Free Ontario, Income Security Advocacy Centre (ISAC), and Interfaith Social Assistance Review Coalition (ISARC), among others.
- Due to time constraints we were unable to hold further consultations with other sectors. We did invite written submissions from sectors such as business, faith, education, and municipal government, but received no response. Some may have chosen to submit a personal submission directly to the Commission, as we had suggested this as an option in our media release.

Interviews with Ontario Works and Ontario Disability Support Program recipients from Port Colborne and Fort Erie, Ontario

Client 1

Client One is a young man in his early 20's and receives Ontario Works payments. He moved from to Ontario last year after living in British Columbia and has been unsuccessful in his search for work in our area. He is willing to work at just about any job, from fast food to labour and has some experience. He feels there are very limited opportunities in small towns. He has taken resumes to many businesses and just had his first interview at a newly opened Subway Sub Shop, but was not successful.

He pays rent to his parents, which allows him to barely "get by" every month. However, he is unable to afford a car, which hampers his ability to job search. His drug benefit plan doesn't cover certain prescriptions – for example, he needed an \$80 medicine for an ulcer but put off getting it due to the high cost.

He has seen many similarities in the social assistance programs in both provinces, but noted some helpful programs in the British Columbia system: (1) government paid for trades programs training for social assistance recipients and then paid employers to initially hire on the person; if a good match, the employer would then begin paying the employee – very good transition program; (2) social assistance recipients were offered substantial discounts or subsidies for access to local recreation centres and gyms – not all small communities have YMCAs, which provide similar assistance.

In terms of improvements to be made to the current Ontario social assistance system, Client 1 felt the system should develop and would benefit from a more client-centred approach – "I've been playing phone tag with my worker for the past few weeks. I left voicemails, even hand written messages to try and arrange an appointment. The appointment was never scheduled and I just received a letter stating that my cheque has been suspended this month". He understands that workers are busy and have a lot of clients, but would like to have more regular communication with his worker and clarity on his eligibility for additional benefits or assistance.

Client 2

Client 2 is a single mother of four children under the age of 8 and receives Ontario Works payments. She had few positives to say about Ontario Works – she is having a very difficult time making ends meet for her family and has less than \$300 to buy food, toiletries, etc., of which a significant amount goes toward buying diapers and formula. The Ontario Child Benefit is of minimal help due to claw backs. She is unable to access much financial help from family or friends due to having to claim it. At the time of the interview she was picking up a food hamper at the local food bank and says she comes every month.

Once her children are a bit older she would love to work – in the past she has been employed at call centres, a nursing home, and has done maintenance at a local mall. In order to be successful in transitioning back in to the workforce as a single parent with four children, she identified some big supports she would need including affordable, subsidized daycare and housing – there is not enough in our area.

Client 3

Client 3 is a young man who had recently been in rehabilitation for drug addiction; he currently receives Ontario Works payments. He is an ambitious young man who recognizes the need to focus on his health and recovery first before he can become employable. He attends regular support groups and was very grateful for the help he received when seeking treatment for his addiction.

He dreams of opening his own sports gear and clothing retail store someday and has already started looking into the process, recognizing the need for training and financial support.

He budgets his monthly Ontario Works payment wisely, looking for sales at local grocery stores, but also does access the local food bank each month as it is “not quite enough” to get by. His rent is \$400/month including utilities, which is a good deal in our area. He felt a modest increase in monthly payments would go a “long way” to helping him get back on his feet, improve his health and self esteem, and eventually open a small business.

Client 4

Client 4 is a male who has been receiving Ontario Disability Support Benefits for a number of years. He works part-time, seasonally doing lawn care to supplement his ODSP payments. His suggestions for improvements include: eliminate or reduce clawbacks for employment, the monthly rate for a single person receiving social assistance is too low, dispensing fees for medications not covered, frequent changes in workers makes it hard to establish a relationship – “You just get used to the worker and they change”, he said. He also mentioned that many of the “rules” are confusing and that workers do not do a good enough job explaining them to people.

He regularly attends local meal programs (i.e. soup kitchen, Out of the Cold) and the food bank in order to get by. He is fortunate to have a good deal on his rent and has been living at the same place, with no rent increases for the past eight years, a rarity.

Client 5

Client 5 and his partner have been receiving ODSP payments for a number of years due to ill health (including multiple sclerosis, loss of vision, obesity, and diabetes). Neither has been employed for a long time and it is highly unlikely either can work again.

They both have experienced many positives with ODSP including access to scooters (and repairs), free transportation to doctor appointments, diabetic stockings, etc, and have found front-line staff to be very helpful.

They have been negatively impacted by some of the rules and limitations including cutbacks to the Special Diet Allowance, limitations on dental, eyewear, and certain prescription coverage.

They pay for rent, gas, phone, and electricity each month, leaving little leftover for food and other necessities. They regularly access local food programs and the monthly food bank to help out. Both stressed that a rate increase is needed to ensure they have more income security and needs met.

Client 6

Client 6 is a middle-aged male who receives CPP, supplanted with ODSP. He worked extremely hard as a young man but suffered a life altering heart attack in his 30's. He is not able to work full-time anymore, does a few odd jobs.

He and his partner are very good at budgeting each month, but run into financial issues when they have unexpected repairs to their vehicle, etc. Both agreed that an additional \$200-\$300 per month would give them some breathing room and make a huge difference.

The high cost of gasoline makes it very challenging to make it to out of town doctor appointments; assistance with this cost would be a big benefit to them.

Client 7

Client 7 is a middle aged female who receives Ontario Works payments. She did not have much to say on what is working well with Ontario Works, but stressed that a local social service agency helps her tremendously with shelter and food costs and she would be on a park bench without their support. "I finally have affordable shelter – but it's only temporary".

Improvements she suggested include the drug card should pay for all prescription meds – "I pay close to \$70 monthly in dispensing fees and for drugs not covered." Food stamps or grocery cards would be a help. She has COPD and is trying to quit smoking – financial support for nicotine replacement therapy would be greatly appreciated.

The amount she receives each month is not at all adequate: \$368 shelter, \$50 phone, \$70 prescriptions – leaves \$100 for the rest of the month to cover food and other necessities. “I go to the food bank for help.”

She would be very interested in working as a health care aide – was employed for a number of years by Niagara Region.

Client 8

Client 8 is a single mother of four boys, ages 10-19; the family receives Ontario Works payments. Three of the boys are special needs – the 12 year old has ADHD, learning disabilities, anxiety; the 14 year old has Aspergers Syndrome, and the 19 year old has schizophrenia, insomnia, and short-term memory loss. They receive \$1200 a month through OW and pay \$950 in rent. In addition, she receives an additional \$1000 a month in various child benefits, with extra allocated for her son with Aspergers.

The client has been pushed to work in the past, but, as the primary caregiver for her children, has been unable to secure anything that could accommodate her schedule. She is never offered much beyond “the basics” when she visits her OW case worker; she has found out about other sources of income supports and social supports from outside social service providers. She has taken over 50 “upgrade” courses and programs, would love a job in criminal justice or child/youth worker. She can’t get just any “babysitter” to help out with her children, their health conditions are very complex and need rigorous management.

Despite having over \$2000 a month from income programs, it is not enough to support the family – they regularly access free meal programs and the local food bank. With four boys, there is constant clothing and footwear wearing out and very expensive to replace. Her sons require special allergy-free diets and personal hygiene products to help with their health conditions. The family has no vehicle and relies on help from friends to get to appointments. The mother is suffering from caregiver burnout and is greatly in need of more secure income, housing, childcare, and support for caring with very special needs dependents.

Client 9

Client 9 is a middle aged woman who lives on a pension and volunteers at the local food bank. She feels social assistance rates are too low and inadequate, given the high numbers of clients accessing the food bank. Transportation is poor in our region, making it extremely difficult to access whatever employment opportunities arise. Affordable housing is not sufficient and there is a lack of affordable recreational opportunities. She feels many clients who access the food bank are not aware of many programs and services that could be available to them.

Client 10

Client 10 is a single man in his 40's who receives Ontario Works payments. He felt very strongly that Ontario Works staff need to pay attention to their clients as they need help. "Ontario Works does not pay enough and they are always putting my cheque on hold for stupid reasons". The client felt the monthly OW rate is too low to survive and needs to be doubled. He is interested in working in the field of camera/video/audio, but has been unable to find employment.

Client 11

Client 11 is a middle aged woman who receives ODSP and widow's pension. She is unable to keep up with the high cost of needed medical supplies and relies on food banks and meal programs as she is unable to afford groceries. "An extra \$200 a month would make a big difference" she says. She has physical limitations that won't allow her to work; she is a loyal community volunteer who helps out with many things. She suggests an increase in drug coverage, along with full coverage for dentures would be very helpful.

Client 12

Client 12 is a married woman in her 30's who receives ODSP payments each month. She is grateful for their monthly payments to cover rent and some groceries, but if unexpected payments for things arise (i.e. vet bills) money is tight. Her suggestions for improvements include more drug card coverage, more dental coverage, and some coverage for pets. She is unable to work due to limitations but has a love of gardening and wishes she could work in this area.

Client 13

Client 13 is a married and has received previously received ODSP and OW payments. Her spouse's work is seasonal and inconsistent, so they live on a very tight budget each month. She recalled some positives from ODSP, including drug coverage, but it did not cover all of their needs, such as eye glasses and dentures. She even recalls being told by her case worker that she could not go on vacation. She felt frustrated by the lack of information she received and had to find out things from outside service agencies. Currently, she volunteers at the local soup kitchen and is grateful for the opportunity to give back. "I get dizzy and can't stand for long periods of time. I also have vision problems and have trouble holding a pen or a mouse. I would love to work, but am not able to" she says. She said she would never try to access Ontario Works again – "I was treated poorly, felt like dirt."

Client 14

Client 14 is a single mother who received ODSP payments. She had no feedback to give on what was working well with the ODSP program, but had plenty of improvements to suggest – don't change my worker so much, I don't hear from my worker enough, how about a newsletter a few times a year to remind us what programs are available, what we could qualify for – and make it in an easy to read/understand way.

The client feels the amount of money she receives each month is very inadequate. "I don't buy clothes for myself, save the money for my child. We buy very basic groceries only".

She would love to work and is interested in sorting/assembly line, lunch monitor, or babysitting. In order to become employed, she feels she needs support to develop life skills and confidence, a mentor.

Client 15

Client 15 is a middle aged woman who receives ODSP support. Overall she is satisfied with how the program runs, but does find it can be limiting to certain things (i.e. drugs, dental services that are not covered). She is not able to work, but does volunteer regularly and finds it a good fit. She can give back a few hours a day in a flexible manner.

Client 16

Client 16 is a single man who receives ODSP each month. He appreciates the travel coverage he receives to and from doctor appointments, but feels dentures should be covered, too expensive. He does not presently work, but would be interested in office work, if he had significant supports.

Client 17

Client 17 is a female in her 30's who receives ODSP payments. She lives with a mental health condition and is grateful for the emotional support she receives from a local social service agency. Some of her suggestions for improvement to the system include more money for transportation and housing. She has a friend who was severely beaten and now has serious long-term health problems. He has been waiting four years to receive ODSP (still on OW) – "people fall through the cracks", she said.

Client 18

Client 18 is a 24 year old married mother of 2 toddlers. She is receiving ODSP because her husband is disabled. She has an interesting perspective because she is relatively new to the area and was never on social assistance. She felt the OW transportation allowance worked well because she received assistance each time anyone in her family needed to see a medical doctor not like ODSP where she has to reach a certain number of trips. However, she found overall, the ODSP system was so much easier to survive on and the program environment was less threatening.

This young woman had numerous examples of ways to improve the OW system. Some of her suggestions included:

- More help with housing issues and dealing with absentee landlords. She pointed out that in some sense government funds (shelter costs on cheques) are continuing to finance crooked landlords
- Give each recipient a package outlining all the information available including social services but also recreation programs and free community events
- Budgeting courses and programs that would help you shop wisely to save money
- Cooking/nutrition classes with emphasis on low-cost, easy to prepare meals
- Help for people with addictions and easy access to help people stop smoking
- More help with childcare, especially accessing subsidized care, not just for employment ready people but for people wanting to volunteer to get work experience and references
- Look at peoples individual circumstances and re-word Hold Notices so they are not so intimidating. *(At the service provider consults we learned that Hold Notices and apparently many of the letters to participants are automatically generated now and workers have no way of constructing their own!)*
- Include and explain dental services and make them easier to access and advertise dentists who will accept OW vouchers

Client 18 felt the amount of assistance she received on OW was not enough. She is able to get by on ODSP but just barely. She states that it is necessary for her to have a car. Her pediatrician is out of town as is the hospital. The bus service has very limited hours and routes and does not run on weekends. Without a vehicle she would have no means to get to doctors or hospitals. Her family members have been hospitalized twice within the year, so this is a reality for her. She states she barely gets by and if there is any emergency she doesn't. *(The interview was conducted on July 15th and the client only had \$5.00 to the end of the month and was praying that she was going to get some extra help from friends.)*

Client 18 would love to work but says currently there is no incentive to do so, especially for someone with young children. She would love to volunteer to get job experience so that when her children are older she would have some references. She would love to go into a helping profession so she could help other women in her position. Ideally, Client 18 wants to go to college so she could get off the system and get a really good paying job to support her whole family. She wishes there would be a way to stay on assistance, have drug coverage for her family and go back to school. In the meantime, she would be interested in getting a loan to start her own mosaic business as there is nothing like this in town.

Client 19

Client B is a sole-support parent of 2 school age children and in receipt of OW. She felt the system could be more helpful and wished that OW would find work for her. She felt the system would be a lot better if the workers were more encouraging. She gets very frustrated because her calls are not returned within 48 hours.

Client B would love to get work but is limited by the lack of transportation and lack of jobs. There was some hope of getting a job in a neighbouring community but the current bus routes were not conducive to the shift work schedule the job required. For instance, with the present routes and time schedule, she would arrive 3 hours early for work and have no way to get home in the evening other than a \$15 cab fare. She also felt that taking 50% of your earnings was not an incentive as she is just getting by as it is. She felt many people are so afraid of losing their benefits, they don't even consider working.

Client B felt her chances of getting work would increase tremendously if she had a license and wished OW would pay the cost of driver training and car insurance. She wished the government would create more local jobs that someone on OW could apply for, so she could at least get some solid working experience to put on a resume.

In summary, Client B says the amount she receives is not enough to live on. She gets by because she shares accommodation with a relative and she goes to the food bank for help.

Client 20

Client C is in his late 40's and is a single man on OW. He felt the school programs at a local community agency and the high-school equivalency programs offered at the college were working well. He felt the biggest way the system could be improved was to have help finding work. He stated there is simply not a lot of work available in our small community. Client C makes ends meet by going to food banks and getting help from friends.

Client 21

Client D is in his early 50's and is a single widowed male on OW with some part-time earnings. He felt the systems were beneficial if you had nothing but felt the allowances needed to be increased to take into account the rising cost of utilities.

His life has been negatively impacted by the rules and regulations. His wife was disabled and when he began working they lost all their benefits even though their worker said they would still qualify for some top-up assistance. His wife lost her medical coverage and it was hard to get by. Client 21 had a seasonal employment on the boats. When his job ended he had to collect EI he and it was only 50% of his earning so he had to go back on the system and reapply all over again. Client 21 felt it was very unfair that ODSP took the gross EI off his cheque, not the net, as he was once again getting behind.

Client 21's spouse has now passed away and so has his parents. (He was renting a portion of their home and things were almost affordable). Now the house is up for sale and he is very concerned he will have

nowhere to live. "At least with 2 people on a cheque, I could afford the rent." He can't find anywhere to live anywhere on \$590/month. Every month he gets further behind in his bills. To get by he has cancelled his phone, cable and gas and uses kerosene heaters for warmth. He does work part-time driving cab but he doesn't really think it is worth it. By the time he pays the gas for the cab and once they take off his earnings, he is barely ahead.

Client 21 would love to do any work. He said he had his name in everywhere and he would take a minimum wage job. When asked what types of things could improve his situation he simply felt that he needed more money to live on and he also commented that he wished "helping agencies" would have more flexible hours so he could get help in the evenings the days he was working.

Client 22

Client 22 is a sole support parent of 3 children. She feels that people are getting poorer and poorer and there is too much emphasis on global poverty. More awareness should be placed on local needs. She wonders if Canadians know that people are starving here in Ontario. She is very worried about her children.

When asked what was working well with the system, Client 22 felt very fortunate because she is able to get assistance through "APTSINWIN". It is a program for non-status natives to go back to school. She is registered for college and is very excited that she will be able to eventually get off the system. She realizes not everyone is so lucky. She also felt the Labour Force Development Program was extremely helpful. Her kids are in part-time subsidized child care and she is given extra money for transportation to assist her with her job search until she can enroll in school. However, she is finding it very difficult to find any work that falls in the hours she has childcare.

Client 22 finds it extremely difficult to get by and wishes the benefit rate was higher - especially for people with children. "Look at me, I budget really well, I garden, but it's only August 5th and I'm here at the food bank." She had the following suggestions for improving the system:

- Have a system like they do in the USA where part of your assistance is a voucher for dairy and baby formula
- Ensure social service workers are empathetic and caring
- Divide our cheques so we get some at the beginning of the month to pay bills and food and then the rest half way through the month to help us get by until the child tax credit arrives
- Increase the allowance and use food stamps so at least kids would be fed

Finally, Client 22 wished that her local food bank would have fresh produce, milk, bread and diapers like ones in bigger cities. She did quietly admit that she uses her Labour Force Transportation money to buy milk for her kids. "Being poor causes health problems but it also causes relationship problems, depression and anxiety. My marriage broke up because we were always arguing about money."

Client 23

Client 23 is a single woman in her late 50's who has worked and was totally self-sufficient until 11 years ago when she suffered a stroke as a result of a brain aneurism. She felt the amount she received on

Ontario Works was ridiculous as she can barely get by on ODSP. She feels very upset because her application for CPP disability was denied. She feels that no one is helping her. "If you don't know what is available, you don't know what to ask for."

Client 23 felt the system could be improved if she was allowed to keep more earnings from employment. She is back to work part-time now but still has to pay gas to get back and forth to work and she just spent \$80 for new comfortable support shoes. *(After the interview, the client was referred to employment support program at the local ODSP office as she was unaware of the Employment Start Up Benefit or the \$100 Employment Supplement Benefit!)*

Client 24

Client 24 is a young woman in her 20's who is on OW pending ODSP. Client 24 suffers from depression. She felt the system could be improved by increasing the monthly allowance to cover the cost of rent. She also felt that there should be more help in the local community for Drug Rehabilitation. Client 24 is currently working under the table waitressing so she can have a little bit of money to get by on. "Keeping 50% of your earning just isn't enough of an incentive especially when the rates of assistance for singles are so low. I never even have enough money to purchase pads and they don't give them out at the food bank. I do what I can to get by."

Client 25

Client 25 is a sole support parent with 3 children. She used to work full time until her son passed away at which time she went into a huge depression and starting using drugs as an escape. She is now currently on a Drug Rehab program and finds her OW worker to be very supportive. She receives an extra \$350 per month on her cheque for medical transportation costs to get to meetings in St. Catharines. She admits that she uses some of this money to pay for food, especially milk for her kids.

She does not find the amount of money she receives enough and wonders why there is no extra allowance for diapers and formula as the food bank does not offer this. Client 25 felt the system could be improved if there was more help for dental. She also wishes that the Drug Benefits could be reviewed. The current medication she has been prescribed for her depression is really working but is not covered under the benefit plan. She is currently waiting for her family doctor to fill out a Section 8 but in the mean time is covering the medication costs herself.

Client 26

Client 26 is currently receiving ODSP. He wished his allowance could be adjusted to the cost of living. "Food and rent goes up every year but not my cheque." The gentlemen also wished there was more help for folks like him to find work. He suffers from anxiety and depression and finds it difficult to work at regular jobs with lots of people. He wished there was more self-employment programs as he does some odd jobs as a way to make ends meet. *(After the interview Client 26 was referred to ODSP Employment Supports and CMHA Real Work Program.)*

Client 27

Client 27 asked the recorder for assistance addressing her issues with the Ontario Works system. Client 27 is a recovering addict on the methadone program. Client 27 has been clean for 2 1/2 years. She states that she was wrongfully accused her cohabitating with her landlord. Her cheque was put on hold and she was forced to find another place to live. The client had no means to access her methadone, because her drug benefit was also suspended. She felt her life was put in jeopardy.

Client 27's cheque has been reinstated because she went to a social service agency for assistance but her living conditions are not ideal. She is living with a friend who is on ODSP and who is very upset her benefits will be affected. For the first time in her life, her rent cheque is now being paid direct and the medical transportation assistance she the money she used to receive for medical transportation benefits no longer included in her cheque. She feels she is being judged and punished because she has addiction issues. In addition, she has been waiting over a year for ODSP.

Client 27 has AVM (arterial venous malformation with tumors on both sides of her brain). Her initial medical form was rejected and she feels her doctor did not fill in the medical correctly as other people with less severe conditions have been accepted. Again she feels she is being judged and is not receiving the help she is entitled to.

Client 27 felt the system could be improved by:

- Hiring workers that actually care about people
- Making the system less punitive
- Making the OW/ODSP systems one
- Having someone help with the doctors forms to reduce the waiting period for ODSP

Client 28

Client 28 is in receipt of ODSP and is the sole support parent of 3 boys, 2 of which have learning disabilities. She felt the system would be better if "the workers would get off their high-horses and come and see what it's like living at her home".

The woman was very frustrated with the system for reasons listed below:

- She never has enough money to pay her bills and has to choose between feeding her boys and covering the rent. She is always behind.
- She waited 3 years for her ODSP application to get approved even though her learning disability made it impossible for her to find work. She was only granted 3 months retroactive payment.
- Her 18 year old son is disabled but he too has been waiting for 2 years for his disability to be diagnosed and approved. He went to OW to receive help with their employment program but was denied help because of his pending disability. Now he is just in limbo.
- Someone told her about the Disability Tax Credit she should be receiving but her doctor wants \$80 to complete the medical. She wondered why no one told her about this benefit before.

Client 28 feels strongly the benefits should be increased. She currently makes due, waiting for the Child Tax Benefit on the 20th and stealing her kid's newspaper money. She states that if she gets the Disability Tax Benefit, she's going to pay it all back!

Client 29

Client 29 is a young man in his early 30's. Eight years ago he fell off a roof and broke both his arms. It was a very serious fall and he is in receipt of ODSP with further operations scheduled. He felt the system was working very well and he is pleased with the medical coverage he receives. When asked how the system could be improved he did not have any suggestions. He felt the fact that his wife and four children could be covered under the plan was wonderful. He felt the amount of money he receives is adequate, especially because they receive the baby bonus mid month. He did say that when he separated from his wife for a short time, he found it very difficult to get by and feels that the assistance levels for singles should be improved. Client L is very thankful for the support he receives.

Client 30

Client 30 is a sole support parent in her early twenties in receipt of OW. She would like to see the rates increased as she doesn't receive enough money to cover her accommodation costs. Her hydro has currently been cut off and because she has already used her Community Start Up she has no other help available. She would like to find office work but has chronic back pain and is limited to the amount of work she can do. She wished the system could be more lenient and there was more help for disabled clients.

Client 31

Client 31 is a single woman on ODSP. She felt very fortunate because she has low income housing and her rent is geared to income - \$93 per month. She hoped the rates could be increased because at times she has difficulty paying her electric bills. She has been diagnosed with schizophrenia and wished there was more help in the community for folks with mental health issues.

Client 32

Client 32 is a volunteer at a food bank. She feels that the social assistance rates should be increased as people are struggling, however she wishes the system could have some checks and balances. She made the following suggestions:

- Individualized programming to help generational welfare recipients
- Easily accessible birth control
- Cooking and nutrition programs

- More instruction for people with children

Client 32 felt that the current employment programs being offered at the local non-profit were excellent but she hopes more people would take advantage of them. Overall, Client O felt that the Welfare Programs in Canada was much better than what is offered in other countries.

Client 33

Client 33 was in Motor Vehicle Accident and has not been able to work since then. She agreed to a settlement that specified how much was for living expenses and how much was for her treatment. Because this was her only source of income she applied to ODSP and waited about 10 months for a reply, with no income at all during that time. OW/ODSP had refused her because she still had money in the bank from her settlement, even though she had used up the portion for living expenses. After she was refused, lawyer from Community Legal Services sent letter to OW with documentation from the insurance company confirming that the money left in the bank was for her treatment. She was then refused assistance on the basis that she would need to provide receipts for where the money had gone over the past couple years, even though the insurance company documentation clearly outlined that the \$400 per month she got to live on each month for x number of months was long past, and that the other money still in the bank was to be for her treatment, not in order for her to survive. She made a serious suicide attempt when she was denied ODSP and since she was refused OW on 5 visits, refuses to even go back to that office again. Her money for treatment (which she greatly needs in order to function at all) will soon be totally used up, and her ODSP appeal hearing is not until November.

Client 33 and her social worker strongly feel that eligibility should be based on income, and not assets that are in existence only for the purpose of paying for necessary treatment.

Client 34

Client 34 was a business owner. When she became physically unable to work, she employed others to help with the operations. When she could no longer adequately oversee her business, and could not work, she felt she had no choice but to dip into the savings that her parents had given as an inheritance for her son. When she had used up \$70,000 of her son's \$100,000 inheritance, she couldn't tolerate the thought of using it all up, and put the money in her son's name. She continued to support herself by selling off possessions she had inherited from her parents, in spite of the sentimental value.

Since she no longer has anything to sell, she is now asking to apply for ODSP, as she has not been able to work for the past 20 years, and she is just now turning 60. She can't apply for CPP Disability because she was self-employed and did not make contributions. She has a cashable life insurance policy that she refuses to cash-in. She is adamant that the \$100,000 her son would get upon her death is the only way she will ever have to reimburse him for the money of his that she used. It is not reasonable for her to cash in the policy and buy term insurance (as suggested by OW and ODSP), as it will cost more than what she will be able to afford on an on-going basis as she ages and has limited income.

Both Client 34 and her social worker feel that her mental health problems are in a large part due to her lack of income. She has nothing else she can sell and she has cancelled all her services (like phone, cable). Client 34 feels she is being punished for being financially responsible. She feels the RRSP and life insurance she has purchased should not be considered assets she must liquidate. The investments are just as important as a home and disposing of them is causing undue hardship.

Client 35

Client 35 is in his early 30's living on OW. He is currently unable to work as he very ill with suspected lime disease. He is awaiting diagnosis.

Over the years, Client 35 has been on and off the system. Overall, he is happy with the help he has received – his workers have always been supportive and he feels there are good employment programs available to those who choose to access them. However, he does not feel the rates are adequate. He could have used more help with food and wished there was some assistance available for non-custodial parents. His ex-wife has custody of their child but he often ends up caring for his now 6 year old son, because she was always working. Even while his son was in his care, Client 35 went without gas in his apartment. He could not cover the bills. He had no warm water and used a toaster oven to cook on, boiled water to bathe with, and used electric heaters over the winter months.

Client 35 was very eager to share his success story. Even though he is ill, he feels very fortunate. He has kicked his addiction issues and has been clean for 4 years. His housing situation has greatly improved and he is very grateful that was able to purchase a home while on assistance. His mother acted as a co-signer and now he has a small home. His mortgage and bills are much lower than what his was paying on the rental market and now he is able to offer a stable environment for his son.

Client 36

Client 36 is in her early 50's and she receives Ontario Works income. She supplements her income with a newspaper route. When asked how the Ontario Works system could be improved she provided the following list:

Increase our monthly allowance; provide a monthly transit pass; offer a discount card for the Salvation Army store; expand the drug plan to include more prescription items and some over the counter medicines like Reactine.

Client 36 states firmly that she does not receive enough money to cover living expenses. She accesses the food bank once per month but only receives a few items because it is a small centre (about a \$10 value). Her paper route allows her a few extra dollars a month (\$50) and she collects beer bottles to return for deposit (\$10-\$20), which she does not claim on the OW income statement. She also provided some excellent recommendation about increasing the rates:

- Due to the high food inflation rates, add a temporary food supplement to our basic cheques that can be adjusted as required or removed if prices return to former levels. Tie the cheques to the cost of the Nutritious Food Basket published by Public Health or the Federal Governments Monthly Food Basket Index
- Allow people to earn more money per month and not claw it back at 50%

Client 36 would love to work in an office environment and her ideal job would be as a stock analyst for the metal and mining industry. In order to find work she would need to receive income for a specialized one year course and/or \$1000 to attend the Canadian Securities Course. She would need to receive enough money for room and board and a computer for homework purposes. "If I could get all of this you'd never see me again. My hopes of securing any meaningful employment without re-education are low. I don't want to be a lifer."

Fort Erie Social Assistance Review Consultation – August 3rd, 2011

(10 social service/health care provider participants)

Roundtable Discussion Questions

Purpose/Visioning

What do you think the purpose of social assistance should be? What vision should the government create and why?

- Providing life needs: A lot of people have mental health issues – if all we talk about is getting a job we will not be able to help people succeed
- Help and support people in daily life
- Address global needs
- Prepare for next step (either work or address mental health needs)
- Outreach support for everything – many of these needs are not being met
- Get rid of stereotypes - dispel myths
- Help maintain dignity (food, accommodations & basic needs met)
- Help through barriers to quality of life + continue to help
- Pro-active not reactive
- Individual or multi level approach, not a blanket approach (education, addiction, mental health - meet individual needs)
- Emergency vs. temporary vs. long term? - Multi layered approach - someone with no high school education may not be ready for employment
- Attention paid to children - Hopes/dreams/models, ensure they have opportunities for enrichment, growth

Issue 1: Adequacy (Please note: We felt the adequacy of the rates should be the first point addressed in our consultation, not reasonable expectations to employment. The rates are far too low to live a dignified or adequate life and violate human rights as they force people to live in poverty)

a) Are the rates adequate? Yes or No

- This is a stupid question – it is not an honest question – the rates are so far from being adequate.
- If rates indexed properly rates would have been \$900+/month not \$598/month for OW single
- Over 40 Ontario MPP's who did "the math" through Put Food in the Budget agreed rates too low; only 2 thought the rates were just fine
- Low rates gives the impression that "people don't matter; current structure covers basics but doesn't help raise above
- Some politicians said we are going to cut back the rates because it's "just beer money" anyways
- The rates are contradictory to vision
- No help to get off system - just enough to get by
- No as evidenced by the huge increase in food bank usage and mental illness
- Welfare wall – if you set the rates to high people will not want to work – not true for most
- The public is afraid of raising rates as it will increase dependency and encourage the "generational" – this is not fair –Canada has one of the lowest rates (less than 20%) of intergenerational poverty
- Needs to be extra assistance for dental coverage – huge tie to health and employment
- Huge amount of people live with fear – live with a constant fear that this little perch that they are standing upon will be removed
- Include full dental not just emergency dental coverage
- Rates don't cover transportation issues and day care needs
- Minimum wage jobs just don't make sense
- 1/3 recipients are children – rates are so low – children are suffering

b) How can rates be determined?

- How can rates be based same re: geography – i.e. Toronto has more expensive rent, but also more options...
- Rate of assistance should be on a sliding scale because economy is changing and the cost of living varies depending on where you live in the province
- Use a guaranteed income supplement – this idea has been talked about for years
- Based on rent / municipality
- LICO - use as base? - No consistency on income & access to benefits
- However LICO only as a base for determining rates will neglect geographical disparities

c) What about the trade- off between rates and ensuring people are better off working?

- Working poor – government doesn't want people to be encouraged to stay on assistance so they keep the rates far low so there will be a financial incentive to get off system
- How can we make the recommendation so it has legs?

d) What new benefits could be provided to support all low-income individuals and families, whether or not they are receiving assistance?

- Childcare is a national issue. Provide for all social assistance recipients and low –income earners
- Seems people on assistance are sometimes better off – have some dental and drug benefits, don't need as much childcare help - working poor need these supports
- Give benefits working poor as well – dental, optical, childcare and drug coverage
- OW discretionary fund – dollars for Nicotine Replacement Therapy easily accessible to OW/ODSP clients and working poor.

e) How should benefits for people with disabilities be designed and delivered?

- Stop the claw backs and allow people to keep more of their earned income
- Benefits for folks with disabilities – better than OW

Issue 2: Reasonable Expectations and Necessary Supports to Employment

a) What are the barriers to employment?

- Lack of grade 12
- Lack of good paying jobs
- Lack of job preparation/interview skills
- Lack of education - Lack of employment - lack of viable employment
- Addiction issues
- Employer bias - When an employer looks at a resume they get a picture of the candidate they may not serve them well (i.e. disability, gaps in employment years, OW, etc) – black mark
- Transportation not affordable nor available in all area
- I.e. Job opportunities in Welland for someone living in Port Colborne – there’s a bus there but not bus back. \$15 dollars daily for a cab fare adds up and OW won’t pay it on an ongoing basis.
- Child care – costly, availability
- LACK OF JOBS !!!(2nd highest unemployment rate in Canada)
- Expectation of Grade 12 - employers use this to weed people out
- Many of our clients 40 + have had successful unskilled labour jobs in past but have huge undiagnosed learning disabilities. Obtaining a Grade 12 now would be so difficult and they can’t find work because of this.
- Assess literacy level – idea can be frightening for people in fear of outcome, being identified
- Woman worked in a bridal shop – the bridal shop closed down – she became unemployed. She was illiterate and could not admit to it – shame
- Poverty depletes will power, decision making ability

b) What would make employment supports more effective and easier to access?

- Someone to hook up OW clients with training to get "career jobs"
- How much assessment goes on with someone receiving assistance? Perfect time to do an assessment; say you've never had a job... why? What's going on? Is there a need for counseling? Delve into the problem. First build a rapport, support
- Network with employers
- Incentive to employers to hire
- Confident way to show employers that clients will be a good match
- Offer employers and client ongoing support through employment supports when they hire our clients
- Access to funding for higher education other than OSAP
- Services but folk don't show up - No shows - many reasons + staff don't understand why, hold it against the person - need greater 1-1 support in some cases
- address barrier (transport) before booking an appointment – ask person if this is a barrier
- Investigate what other countries doing - look at the best practice
- Get community to help - see folks as people not addicts, single women
- Respect people
- Identify skill sets and match them with employment opportunities
- Sensitivity training to service providers
- Appearance – no money for clothes or hair
- Education opportunities for service providers outside “the system” to understand what employment services are available
- Team approach
- More mock interview opportunities so clients can gain confidence for interviews
- Don't see person as an addiction see as a whole person

c) How can we better connect to employers? What help do employers need?

- Employers understand essential skills – can educate employer
- Make it a culture experience to hire + help accommodate
- What is the incentive for the employer?
- Offer gov't subsidies to hire folks on OW/ODSP

d) How can supports for people with disabilities be improved?

- Need to improve employment supports for people on ODSP. Many can work or will eventually be able to work with support – may need accommodation. Woman with multiple certificates but no work – 3 children 2 of which have disabilities therefore needs flexibility in a job, not possible, so stays on OW

e) What role does government play in transitioning people from SA → employment

- Individualized approach, meeting clients where they are at, focusing on assets and skills not deficit approach
- Colleges / universities should have free spots for OW/ODSP - course fees should be lower for lower paying occupation - sliding scale for tuition
- More work with different ministries to help -Ministries need to work together to support people transition from OW to employment
- Gov't subsidies to hire folks on OW/ODSP
- Develop career opportunities for clients, people would move for a career not for a call center

Issue 3: Easier to Understand

a) Do you think clients are aware of all the rules and benefits within social assistance?

- Clients don't know rules, confusing
- Educate people on rules - service providers, clients, Staff OW
- People don't often know about opportunities (i.e.: medical transportation costs, employment benefits, etc.)
- There's gaps in information and communication

b) Can you give specific examples of rules that aren't working and how they can be improved?

- Hold notices – very intimidating – scare clients
- Claw Back – i.e. Ontario child tax benefit should not be clawed back
- Employment – too many claw backs, let clients keep more of their earnings
- Many clients do not understand the employment deductions and there is a great misconception that if you work you will lose benefits
- Definitions of spouses, confusing, contradictory

c) Do you have any experience and can you give any recommendations on the Special Purpose and Discretionary Fund benefit?

- Discretionary funds – i.e. dentures not a very equitable system. Need to make better decisions
- One location for information
- Create 211 for social assistance – someone to guide and inform – someone who knows the rules
- Try different intake and follow-up method – i.e.: Haldimand literacy assessment done over phone – better follow up – no shows down to 25% compared to 50% with face to face
- Talk to One– good program in Niagara – allows people to receive voicemails, use phone, should be handed out automatically
- I program - 1 level of government
- Inter-Ministry work - make it work
- Literacy Link – PAL developing a manual that explains rules regulations in plain language

Issue 4&5: Viable & Integrated

a) How can we integrate service? Government – social service providers

b) Evaluation?

- Ran out of time for an in depth discussion in this area, but all participants felt much more checks and balances needed by on-going evaluation of the system, not infrequent. Too much at stake!! Need continuous quality improvement, expected of other gov't programs such as health, why not social assistance?

Other Issues and Concerns

- Access to counselling for young moms + kids
- Teen pregnancy – how does that play out with OW when living with parents? What happens to these women when they age out? Empty nester
- ODSP – legal help – person on disability very disadvantaged. What happens to them? People making rules don't know.
- More families' default into child protection on OW/ODSP – no money for programs or services. Invest into comm. Resources. Poorly structured, poorly funded system. Child needs treatment.
- Cases sky rocketed since March in child protection. If you have no resources most people call asking for help. Then child protective services looks for people. Services only come into play when they are crisis driven.
- Psycho educational assessment for child - 2 year wait for free assessment vs. \$2000.00 to pay for immediate assessment, years lost and opportunities lost.
- Prevention is worth it – invest now, avoid problems done the road
- Invest in positive opportunities for kids (camp, sports, mentor...)
- High case worker turnover rates – too busy and maybe not linking clients and doing the outreach piece. How much do they know about in the way of programs and services that OW clients are entitled to?

- There needs to be more than a caseworker – outreach worker, health nurse. Case team approach. Social worker, mental health, dental, etc. – collaborative, inter professional/multi disciplinary approach
- Educate people on 40 developmental assets - Resiliency – need to build resiliency in children. They know boundaries they feel loved, they value education, and these things don't cost anything. Everyone plays a role
- Maslow's hierarchy of needs – satisfy the immediate need – no thought to prevention
- We are a capitalistic society highly productive and often not willing to accommodate
- European models – take these things into consideration
- Subsidized wait list for housing too long – we need more available subsidized housing

Port Colborne Social Assistance Review Consultation – August 4th, 2011

12 social service/health care provider participants

Roundtable Discussion Questions

Purpose/Visioning

What do you think the purpose of social assistance should be? What vision should the government create and why?

- Respect for people who have a disability
- Program should allow people to live with dignity and respect but current income levels prevent this
- ability to participate in inclusive society
- help for people who fall through the cracks
- individualized plan or vision to help people move along
- Streamlined processes set by government – 1 entry point – 1 level of government
- ODSP/OW programs should be visible in communities
- More multi-service sites when lots of service providers are working under one work in a hub-style fashion (ie: Port Cares)
- Purpose is to provide safety net – vision is one of hope, would like to see more opportunities for consumers to have hope
- Long term clients need more opportunities. See a lot of people who don't know about the services available to them. Need to help them along.
- Walk along side clients - need to make personal connection, personal rapport. Doesn't often happen due to busy schedules
- Vision needs to respect individual
- We need to look at upstream prevention efforts - prevent folks from getting to the point of needing social assistance in the first place

- System needs to be more supportive and less punitive
- (ex : daughter PT employed, pressure to FT despite health issues)
- Every door should be the right door

Issue 1: Adequacy (Please note: We felt the adequacy of the rates should be the first point addressed in our consultation, not reasonable expectations to employment. The rates are far too low to live a dignified or adequate life, violate human rights as they force people to live in poverty)

a) Are the rates adequate? Yes or No

- Rates are inadequate – general consensus
- Rate increase only 1% every year doesn't meet inflation – is an “inflation index” not a true increase as government states...
- \$368 allotted for rent for single adult on OW – only getting \$598 but rent is \$600 on average – provide shared accommodations but this is not appropriate; sometimes the living arrangements are toxic, complete strangers living together
- No CHT benefit after 18 but no CTB even though costs are still the same - Single mom, son in school but over 18 - losing child tax benefit. Receives no child support.
- Relief to trustees when clients get ODSP – seen high in clients overall
- System needs to be more supportive, less punitive

b) How should rates be determined?

- At minimum use LICO when setting the rates, as well as minimum wage – health affected because Maslow basic needs not being met, if you can't access decent food you won't be healthy, no stability, unlike to access programs/services – hit the poverty line; rates should change across the province based on cost of living
- OW/ODSP need to be the same or closer in style – one adequate rate

c) What about the tradeoff between rates and ensuring people are better off working

- Increase minimum wage so people are better off working
- Provide health benefits to those the working poor – link it with our income tax system

d) What new benefits could be provided to support all low-income individuals and families, whether or not they are receiving assistance

- Benefits + OHIP – link with Canadian Revenue Agency
- Dental program - need full preventative and restorative coverage for all low income adults (not only social assistance). Some clients need dentures - can't eat properly, poor appearance - all plays into health + well being, ability to get a decent job
- Provide childcare benefits to working poor
- Make other mandatory special necessities like incontinence supplies and diabetic supplies available to the working poor as well as OW/ODSP recipients
- Put physiotherapy back in the coverage – folks receiving OW and ODSP can never get the help they need to return to work.

e) How should benefits for people with disabilities be designed and delivered

- ODSP has become far more client centered, improved. Old program was dictated, not set up to provide good service to client
- ODSP should have education fund – work link – money runs out – not everyone gets approved
- Share data base to allow clients to keep working (ex: ODSP recipient with working spouse)

Issue 2: Reasonable Expectations and Necessary Supports to Employment

a) What are the barriers to employment?

- Maslow's hierarchy of needs – we have to meeting clients basic needs before we can expect them to consider employment, education or training
- Must look at health – it's a basic need too – many of our clients are not in good health – need support

- Clients need dental care and access to funds to cover dentures – lack of teeth a huge barrier to employment but OW only covers half the cost – it shouldn't be a discretionary benefit
- Transportation within communities and throughout region barrier to employment and training services - \$5.00 regional travel one-way
- Lack of childcare
- Medical benefits now excluded that used to help people get better and back to work – i.e. – access to physio, braces, orthotics, etc.
- Sometimes women have been abused beaten so much they don't feel worthy, hard to try and make change – may take a long time for healing to occur in order to obtain employment
- Client started working PT – could only work PT; pressure from OW to work FT – Crashed, now has mental illness - now on ODSP – all services must be client centered, not outcome driven

b) What would make employment supports more effective and easier to access?

- Make OW participation an opportunity not a punishment
- Use realistic approach – develop programs with job market – the PSW program is a good example – there were lots of applicants and people saw opportunities to move forward
- For OW / ODSP make volunteering viable work experience – allow ODSP applicants to accessing employment support dollars when volunteering as long as relevant to work
- Maybe different pool of money for employment supports
- Now the current Employment Programs don't address pre- employment – lots of clients are not job ready
- Create Jobs Niagara program for folks on OW not just ODSP
- More support and “kind” help for people not ready for employment (ex: abused women)
- Need to set minimum standards of support ie resume writing – has been covered before, not now, Port Cares staff help people anyway – not consistent
- Opportunity planning through Transitions

- Need to match the amount/cost of training with potential pay – for example the training for Personal Support Worker is expensive and even though there is a job market, going into the field is low paying.
- More opportunities for job shadowing / mentoring
- If we can move a consumer from here to here = success – not just employment
- But from the others idea of the table that may not look like success.
- Focus is an employment wall affect on clients. Jobs Ontario for example, will see some client as “less employable” (more work, less chance of getting employed) than others so may not assist them as it will affect their stats, funding \$
- You can't put a strict timeline on someone's progression. Programs have been cut, but not down to take if success, but how the success of the program is being measured

c) How can we better connect to employers? What help do employers need?

- Employers: they are in business to make money – they need job ready people – need incentives – wages split – but only up to 12 weeks
- Create employment programs by giving \$ to non-profits to hire clients for entry level positions – reception, cleaning, meal prep, etc - most are proven to be sensitive to consumer needs – government can more easily track outcomes

d) How can supports for people with disabilities be improved?

- Good shift at ODSP – more client friendly and consumer focused
- Change funding structure of Job Niagara (funded through MCSS for ODSP). Program is great. There is an 1-1 worker and good rapport has been established with employers but there is a huge drawback. Payment is only made to employment service if a person is placed and placement must occur within first 13 weeks – this puts huge pressure and agencies and clients. Folks falling through cracks as only the very most job ready recipients get service.
- Now Jobs Ontario cancelled similar programs

- ODSP has no funding for childcare for volunteers, only employment, barrier to getting experience, transitioning back to workforce
- Make childcare available for people who volunteer

e) What role does government play in transitioning people from SA → employment

- Need to invest in client centered employment programs and work experience that meets people where they are. Quality employment service shouldn't be dependent on the government of the day.

Issue 3: Easier to Understand

a) Do you think clients are aware of all the rules and benefits within social assistance?

- Over 800 rules – big need to streamline and simplify
- Rules not consistent within the system – different rules for different people and different caseworkers
- Rules so complicated –workers have different interpretations for each regulation
- Programs themselves are not accessible – hard to find info on social assistance in phonebook – need to be visible in the community
- Rules booklet only mailed out and many clients can't read, interpret
- Rules must be written at grade level that general public can understand – Grade 5 reading level
- There could be a 211 for social assistance - q and a – each communities could use an advisor who helps clients understand rules – help with application
- Should be opportunity for Social Service providers outside the OW/ODSP system to be educated on benefits and regulations

b) Can you give specific examples of rules that aren't working and how they can be improved?

- The application process, not even the rules and regulations need to be improved. For example, at local ODSP office – staff will not assist clients with the application, they just point to a kiosk.
- Also, on-line applications not great for rural community, lower access to internet
- Crazy rules around employment - must allow individual to keep more of earnings up to the poverty line
- Example: Person had disability but not on ODSP: couldn't access employment supports – poor rule
- Local OW office does not want client names used in e-mail due to security of net – however, makes communication challenging between OW and other social service agencies trying to help clients in timely manner
- Not user friendly forms – wording now generated by system – workers can't even make them so they are sent out with sometimes very harsh, punitive wording
- Hold notice rule – very punitive – clients are petrified when they receive them but they are generated automatically in computer and workers have no way of changing them
- Cheques are put on hold if person is not meeting participation agreement for instance if they don't get resume done, if they don't attend life skills course; probably many personal struggles and cheques shouldn't automatically be suspended without first attempting to speak with client – a bad rule
- Some workers use hold notices as a way to get client's attention
- Some rules are unwritten, vary between staff – i.e. once person get last month's rent thru C.S.U never get it again – “pay direct if you get cut off for rest of life”
- Example: 15 year old who is homeless, abusive family; but can't help her until she is 16. FACS won't intervene as she is almost 16. OW has ensure/verify that level cannot live at home in order to be entitled to OW. Call will be made to parents, parents say they can return and therefore teen has to return to an abusive home – this is a very bad rule.
- Asset limits for people on OW/ODSP, esp. OW far too low

c) Do you have any experience and can you give any recommendations on the Special Purpose and Discretionary Fund benefit?

- ODSP workers don't understand rationale on special diets
- ODSP opportunities – doctors report essential; Clients at mercy of doctors reports and sometimes they are filled out incorrectly
- Why does Discretionary Fund item have to cost a minimum \$100 – what about \$80
- Discretionary Fund - Why cost share rule? – obviously people on fixed income, can't afford
- Shouldn't be "discretionary" – shouldn't depend on time of year, should always be available

Issue 4&5: Viable & Integrated

c) How can we integrate service? Government – social service providers

- Better linkage 1x1 doctors ODSP report
- Make subsidized childcare easier to access
- Make ODSP/OW one system
- Case team approach
- Streamline employment services but make them community responsive
- Community advisor in each community to help navigate all the systems
- Service in community – EI – hard to do all over the phone
- Why can't ODSP/OW share court worker?
- Guaranteed in case for people to who are disabled
- Government – Liaison 1x1 frontline (workers and government programs)

b) Evaluation Quality Improvement

- OW should have customer satisfaction survey like ODSP
- Evaluation must be client centered – can't just be - did they get a job

- Can't just be # driven – affects quality of service those we are intending to help
- Maintain autonomy over how money is used in programs that have same for fee service to assistance can be provided when needed, as needed.

Other Issues Raised...

- Need for financial assistance with ID is huge – no help for this – some workers try to get it covered thru employment others are S.O.L
- Huge reliance on non-profits to help with all aspects of accessing and understanding OW/ODSP but this is not available everywhere and the funding for this type of work is always precarious.
- People can't find family doctors to fill in ODSP forms and once doctors are found, new doctors are reluctant to fill forms out
- Often doctors fill forms out incorrectly and client denied because of practitioner error
- Single non-custodial recipients suffer – can't get kids because can't afford second bedroom – should be some assistance so familial unit is not totally destroyed
- Housing is a huge issue
- People are forced to live in inadequate housing due to lack of affordable housing. Some people opt to pay more so has to have decent living conditions; then less \$ for food and other needs
- Only 11 supportive housing units in Port Colborne, not meeting needs.
- Slum landlords are not under the same scrutiny as our OW clients
- If funds from OW/ODSP are paying the rent, why isn't their more help from the system to address sub-standard housing
- Slum landlords? – A housing subsidy will just help slum landlords
- Invest in social housing not housing subsidy but govern correctly

Themes and Recommendations For Your Consideration

Rate/Benefit Inadequacy:

There is no question that Ontario Works rates are deeply inadequate. People who are forced to turn to Ontario Works must become completely destitute by liquidating their assets. This process is contradictory to the purpose of being temporary help and makes moving back into employment very difficult. The longer a person lives in forced deep poverty the greater risk of damage to physical and mental health, which ends up costing the health care system – doesn't make sense.

Rate amounts are set and raised arbitrarily, not by evidence or actual need/cost of living. It can be difficult to determine exactly what basic needs are and how to set amounts based on geography, access to/availability of resources, but it is critical that rates do not remain at current levels. Significant increases are needed, and understandably, we should not expect this to happen overnight; however, an immediate, emergency \$100 increase to “put food in the budget” would be a short-term starting point. Every client we interviewed had accessed a food bank or meal program in the past month. They are hungry and they do not have enough money to purchase food with dignity. \$100 would provide some initial relief until further changes to the radically overhaul the system can take effect. We cannot judge what people do with their money. We should not revert to food stamps or cards to “track” their purchases. We take buying a bottle of wine or a bag of potato chips for granted and we would be insulted if someone were to point out a fault in our purchase. A food stamp system will only further marginalize people and deepen the existing punitive, judgment based system. Supports to help people get back on track can connect people to programs that can help with lifestyle changes.

Many benefits received by people receiving social assistance are not all as they appear. “Dental coverage” consists of emergency teeth pulling, not preventative or restorative care, which is essential for health, self esteem, employment. We strongly recommend the government extend its recent “Healthy Smiles” program for low income children 17 and under to all low income adults, as well. Avoid the bureaucracy and confusion by having one dental coverage system for all low income, whether or not they are receiving social assistance or are working, but still living in poverty. Simplify the process and reinvest the savings into much needed dental coverage.

Many drugs are not covered under the prescription drug plan. We have had clients tell us they simply do not make the purchase if it is not covered (“don't have an extra \$80 this month”) and are risking further health complications and costs to the health care system. Many working

poor do not have prescription drug insurance – we recommend extending coverage to cover all low income and to consider barriers of cost for drugs not covered and how to address.

Attitudes/Stigma:

“The cost of welfare in Ontario makes up just 5% of the costs of all the income security payments paid to people in Ontario. It seems odd that we reserve our most negative attitudes for such a small portion of our income security budget.” (Stapleton, 2007 – 7)

It only takes a few scans of the comments section or letters to the editor posted on a news article related to poverty and social assistance to see deep-seeded negative stereotypes and discrimination by the public against people who receive social assistance. Government has done little to change these stereotypes by basing social assistance on punitive rules and “policing” of the system. Public opinion is that welfare fraud is rampant, while it has been shown to be less than 3% of all cases. Judgments also vary between the “deserving” (i.e. adults who could be working) and “un-deserving” (i.e. children, disabled) poor.

In a 2011 presentation created by Poverty Free Ontario’s Marvyn Novick entitled “Dignity for All: Working for a Poverty Free Ontario” (Novick, 2010 – 14) states there’s “an urgent need to restore public respect for adults and children who rely on social assistance as their primary source of basic income”, which should include:

- End the use of demeaning language such as “welfare wall”, “dependent”, “passive”, “cycles of poverty”, “disincentives for independence.”
- Stop referring to social assistance as “a social and economic ghetto”, “a broken system”, “begging for handouts”, or talk about the “futility” of increasing rates.
- Rescind Ontario Works rules that reflect a degraded view of parents and adults on social assistance

We have heard the phrase “just get a job” countless times – unfortunately, a sudden leap into self-sufficiency is an unrealistic expectation for many. Government funded public awareness and education campaigns around understanding the many root causes of poverty, that poverty is not an individual deficit, how poverty depletes willpower/decision making, along with solutions for change would be very helpful in re-shaping public opinions and attitudes towards people who live in poverty, and, in particular, the so-called “deserving poor” working-age adults who receive Ontario Works.

This chart contrasts the way most members of the public view welfare with the way they view mainstream income security programs. It illustrates the negative “lens” through which Canadians view the receipt of welfare benefits and, by extension, the way they view the recipients themselves.

When we talk about...	And Welfare, we mean:	And Income Security Programs, we mean:
Receipt of Benefits	Dependency	Entitlement
Failure	Continued receipt	Non-receipt
Success	Getting off	Staying on
Program Spending	Waste, a drain	Entitlement and citizenship
Cost	Unaffordable, unsustainable, unnecessary	Affordable – what makes Canada what it is
Self-sufficiency	Off welfare	Include income security benefits
Reform	Open doors of opportunity or a push through a door – supports mandatory requirements	Redesign to reach more – extend benefits – support choice

Stapleton (2007: 25) in a Metcalf Foundation report, states that “Welfare programs are extremely unpopular with the public at large. They are equally unpopular with welfare recipients. People who receive welfare are generally in agreement with the rest of the public that self-reliance is better than welfare. But faced with the real-life machinations of our current poverty model of welfare, the consensus breaks down. The very actions that welfare recipients view as attempts to become more self-reliant are often viewed by their fellow citizens as “cheating.”

One of the best ways to illustrate this is to look at what callers to so-called welfare “snitch lines” see as potentially fraudulent behaviour. In the chart below, these perceptions are contrasted with the ideas that Metcalf Foundation’s focus group participants came up with as good strategies for achieving greater self-sufficiency. It is as though each group is viewing the same behavior through a dramatically different “lens.”

Behaviour	“Welfare cheat” lens	Achieving self-sufficiency lens
Acquiring a spouse or partner	“She’s got a boyfriend”	Forming a viable economic and family unit to escape poverty
Help from family	“Getting illicit money”	Reinforces roles of families helping their own members – helping build a base to escape poverty
Having a bank account/being seen in a bank	“Hiding money from the system”	Returning to normalcy – building assets – demonstrating money management skills – building a base to escape poverty

Getting a job	“Working and not reporting it – working under the table”	The first major building block in becoming self sufficient and returning to normalcy and self-sufficiency
Spending on “non-necessities”	“How can they afford that if they are supposed to be poor?”	Returning to normalcy – taking responsibility for a household budget – making choices for better or worse – weighing risk and responsibility consistent with adult behaviour

Reasonable Expectations... For ALL:

The Commission’s terms of reference suggest placing reasonable expectations on people receiving social assistance to participate in employment, treatment, or rehabilitation and to provide them with supports to do so. In order for this to be a reality for many clients who have struggled, for various reasons, to secure employment, expectations must also be placed on government to ensure a quality, accessible health care for treatment or rehabilitation required by people, as well as quality, stable labour market is available and that a full-time job that pays minimum wage is enough to place a person above the “unofficial” poverty LICO line.

Health care in Ontario is often not equitable. In addition to a shortage of physicians and other primary care staff in certain parts of the province, there is also a shortage of mental health and addiction treatment facilities and programs.

The Community Health Centre (CHC) model of inter-professional care that focuses on the social determinants of health is an excellent model to improve health equity in Ontario, thus improving the health of many of our most vulnerable citizens. For example, Ontario’s 73 current CHCs have established priority populations we serve, including people living on a low income. Many clients tell us they are so grateful to feel welcomed at the door to receive health care and health promotion services in a non-judgmental atmosphere. One client who has multiple sclerosis and depression was turned down by physicians who advertised as “accepting new patients” because her health needs were complex. This client has since joined a Community Health Centre and was accepted immediately. Unfortunately, there are many communities in Ontario that do not have Community Health Centres and there are thousands of Ontarians who would greatly benefit from health care at one, and in turn, improve their health and hopefully, be able to seek employment.

According to a report from Poverty Free Ontario (Novick, 2010) people receiving social assistance and low income working people have consistently met their personal responsibilities with respect to taking employment:

- In 2004, 60% of parents and single adults living in poverty were employed but with insufficient earnings to live above poverty.
- One-third of all Ontario children living in poverty in 2008 were in families with full-time, full-year hours of work (LICO-Before Tax).
- In terms of education, 80% of low income parents in Canada had completed high school, 50% had some post-secondary education (2004) and 45% of the unemployed in Canada had completed post-secondary education studies (2010).

Their main problem is a low wage job market where a single earner working full-time, full-year still falls \$1,064 below the poverty line.

Poverty Free Ontario (Novick, 2010) recommends that the Ontario Government build on its previous positive action of raising the minimum wage in 75 cent increments over three years to reach \$10.25/hour in 2010 by a second set of three annual 75 cent increases starting in March 2012. This would bring the basic minimum wage to \$12.15/hour in 2014 and, indexed annually thereafter, would ensure that an earner working full-year, full-time would have an income 10% above poverty.

Responsibility for employment hiring practices lies within businesses of all sizes. We heard that many people are turned down for jobs, despite having a suitable skill set, because their past history on social assistance (for whatever reason) makes them somehow less “reliable” or “responsible”. Others are resigned to not even looking for work because accommodation does not seem to be an option. This can be a difficult area to change, unless government policy required a change in hiring practices. Businesses are required to provide reasonable accommodations for employees returning to work after an illness or injury – i.e. work half days for a period of time; this should be considered as an option for social assistance clients who are seeking work and facing hiring biases and barriers.

The Commission requested that we discuss Employment Supports during our consultations. While service providers had some recommendations to improve employment services, the overwhelming response from individuals with lived experience was the need for more work opportunities and viable jobs in their local communities. After Windsor, the Niagara Region has the second highest unemployment rate in Canada. Social assistance recipients that we interviewed wished the system offered more help finding work and wished more employment opportunities were made available to them.

With this in mind, we would like to suggest that the province investigate expanding the current Job Creation Partnership Programs. Currently employers can apply for grants to hire individuals on Employment Insurance. We feel strongly that these job creation programs should be

expanded to include people on Social Assistance. It would be an effective way to ensure individuals who are traditionally excluded from the mainstream job market, have a chance to have viable job experience.

In a similar vein, Bridges Community Health Centre would like to suggest that more investments be made in Social Enterprises. Social entrepreneurs can create viable business opportunities that address both the economic needs of communities and the employment needs of individuals. Whereas a business entrepreneur typically measures performance in profit and return, a social entrepreneur focuses on creating social capital, once again providing solid job experience and employment to individuals who often struggle obtaining positions in our traditional employment sectors.

Rules – Too Many, Too Confusing, Too Punitive:

All of our social benefit programs have understandable rules when looked at in isolation. It is through their interaction that they reduce or eliminate incentives to becoming more self-reliant. For example, when a person receiving social assistance starts to work, each of the programs from which they receive benefits begins to take some money back.” (Stapleton, 2007: 8) We have identified some key areas where improvements to the rules and processes could be made including:

- Write the rules and other correspondence in plain language and have ways for clients to access timely and clear information to questions or concerns
- Ensure consistency in rules – for example definitions of a spouse, adult, resident, child, etc – many inconsistencies in current set of rules leads to many problems in correctly applying the rules
- Asset limits, particularly for Ontario Works, are punitive and force a person or family to face an uphill climb to get back on their feet. Stripping people of their assets needed to find and maintain work makes no sense at all.
- Claw-backs related to employment earnings greatly affect clients who are making strides with employment. We strongly recommend the government consider no claw-backs on earnings until after the amount earned between wages and social assistance reaches the poverty line.
- Claw-backs with other benefits such as the Ontario Child Tax benefits means that, while all eligible families initially receive the same amount per child, after claw-backs, there is an unequal amount of money available to help the family get ahead. For example, a single parent receiving Ontario Works who has one child aged 13 or over and receives the Ontario Child Tax Benefit only sees a net gain of \$16 for the child after claw-backs and adjustments. A couple who receive Ontario Works and have one child aged 13 or over and receive the

Ontario Child Benefit see a net gain of \$88 after claw-backs and adjustments. This is not equitable.

- Housing – In our consultations, service providers felt strongly about the need to address inadequate and high costs of housing for both social assistance clients and people living on a low work income, but were not completely sure of the best way. One thing we do want to ensure is that slum landlords do not benefit from any housing benefit increases – the quality of living conditions for renters needs to improve and their basic needs must be met. If a housing benefit is brought forward as a recommendation it must be equitable – that is, not pit families against individuals. It is generally accepted in Rent-Geared-to-Income provisions that households paying more than 30% of their gross incomes for housing require subsidy in order to meet all their costs for basic living necessities. There has been mention made of a 40% threshold being considered for individuals, yet 30% for families – this is not equitable. There must also be no claw backs to social assistance clients if a housing benefit of some kind is recommended as this would leave people only marginally better off.
- Poverty Free Ontario (Novick, 2010) suggests that a full housing benefit is a complement to the core income of a low income individual or family, not a substitute for the basic income required to meet daily living requirements. It should be designed as a protection for household money for food and other necessities of life.

Sustainability and Integration:

The lack of an overall review in many years, nor regular, on-going continuous quality improvement has been a detriment to the social assistance system and the hundreds of thousands of Ontarians who have accessed it. Moving forward, we suggest more frequent and accessible ways of providing feedback and evaluation to such a large system. For example, ODSP clients are sent customer service feedback surveys. What is the return rate and what is done with feedback received? At minimum, Ontario Works clients should have this same process. Beyond that, could feedback be sent by phone, e-mail, or letter? We found with interviewing clients face to face we got a surprising amount of insights and people were happy to have their voices and opinions heard and included. This process can take more time but yield richer results and more engaged clients who feel valued.

During our interviews it became very apparent that income levels for people on social assistance were woefully inadequate. Frustrations with accessing assistance, understanding legislation, knowledge of various benefits, and even contacting workers within the various systems, were also common complaints. We feel many of the issues with benefit levels and

system navigation could be addressed if the province/country adopted a Guaranteed Annual Income.

Guaranteed Annual Incomes were first discussed over 40 years ago and the poverty reduction strategy is just as relevant today. The idea of a GAI is quite simple. Every Canadian would receive be entitled to the GAI and receive a transfer from the government.. This transfer would then be taxed at each person's individual rate based on the income her/she receives. People on low/no incomes would receive the full GAI and well-off Canadians would only be entitled to a portion of it.

Advocates suggest huge administrative cost savings would be incurred by amalgamating the large assortment of income support programs currently in place (OW, ODSP, EI, GAINS, CTB, etc.). As well, the system navigation frustrations would be minimized if individuals only had to deal with one main program. Finally and perhaps most importantly the GAI would eliminate the stigma attached to our current social assistance system as it would be universal, every Canadian would be entitled to the grant.

Multi-ministry collaboration is needed to find ways of resolving duplication and removing barriers, such as housing, access to health services, childcare, and much more – this should include *Ministries of Housing, Community and Social Services, Children and Youth Services, and Training and Colleges & Universities, Health and Long Term Care, and Health Promotion and Sport*. The purpose would be to create a set of integrated program policies and procedures. Nothing works or runs in isolation, they interact – that is how we must think and move forward.

Particular attention needs to be paid to changing the orientation of welfare programs from simply “helping the poorest of the poor” to a system that supports transition to self-reliance, with the sustained, full funded supports needed to do so. Stapleton (2007) sums this up well by saying that “Given that our welfare system pathologizes transition, it is not hard to understand the erosion in welfare benefits... and the public indifference to increasing or restoring them. Why should the public support programs that fundamentally violate its most deeply held values? No matter how great the human need, welfare will continue to erode to inflation, because the system we have rejects most of our most fundamental values about getting ahead.

One of the reasons that we tend to dislike welfare (as a public) is that the recipients who remain on it are assumed to be motivated differently than the rest of society. Welfare is thought to be the repository of people with suspect values who don't want to work or take responsibility, don't want to build their assets, don't want to live a normal life and would rather get help from the state than from their families. But whether or not welfare recipients adhere to any of these aberrant values, welfare rules enforce them. This leads many of us to think that people on welfare are bad people because they have accepted the value system that welfare rules impose. It is hard for most of us to live with this contradiction. To resolve it, both recipients and the rest of the public come to the conclusion that welfare is in itself illegitimate and contrary to our values as noted in the chart above. As such, one should make the leap to

“get off of it.” We become comfortable with saying that welfare is a privilege and not a right, that it should be a “hand up and not a hand-out,” and that it’s not an entitlement. This thinking does not resolve the contradiction, however. Clearly it is not helpful to retain a welfare paradigm based on values that the public does not accept and which forces recipients to behave in ways that do not support their own transition. We need a welfare system that supports our values related to self-reliance and encourages those who can to live with greater self-reliance and to make the transition.”(Stapleton, 2007)

Until the many barriers to transition to self reliance are fully addressed, not merely tweaked, we will not see significant changes to the dignity of Ontarians receiving social assistance.

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