



# Improving Ontario's Social Assistance System

Schizophrenia Society of Ontario's Response to: "Discussion Paper 2: Approaches for Reform"

March 16, 2012

## **Executive Summary:**

Individuals with mental health disabilities continue to face considerable barriers to full participation in society and are increasingly becoming the largest group of social assistance recipients in Ontario. As such, current review of social assistance in presents a unique opportunity to transform Ontario's social assistance programs to reduce the poverty in Ontario. In order to achieve this goal, the vision and delivery of social assistance programs should be informed by and aligned with broader policy frameworks such as poverty reduction, social inclusion and human rights.

The Schizophrenia Society of Ontario therefore provides the following recommendations:

### ***Recommendation #1***

- Align final recommendations with broader policy frameworks such as poverty reduction, social inclusion and human rights.

### ***Recommendation #2***

- Incorporate and implement social definition of disability into the social assistance system in Ontario, using the current definition of disability as denoted in the *Ontario Disability Support Program Act*.

### ***Recommendation #3***

- Promote changes to reduce overall poverty levels in Ontario through establishment of a livable income and equitable access to employment, services and support for people with disabilities.

### ***Recommendation #4***

- Promote social inclusion by incorporating designated opportunities and supports into the social assistance system that will enable people to volunteer and engage in other community involvement.

### ***Recommendation #5***

- Avoid mandatory participation requirements and expectations for treatment and rehabilitation, especially in the context of eligibility for income and other supports.

### ***Recommendation #6***

- Implement assessment measures that are focused on employers and the labour market.
- If individual assessment measures are to be used, they should be developed by people with disabilities and should not be tied to continued receipt of income supports nor to the level of assistance that is being provided through social assistance programs.

### ***Recommendation #7***

- Work assessments should never be used to determine eligibility for income and/or employment supports nor to screen some people with disabilities from receiving social assistance and/or reducing their benefits.

***Recommendation #8***

- Implement an opportunities planning approach and ensure that employment services involve a continuum of supports.
- Require mental health and anti-stigma training for potential employers and employment support providers.

***Recommendation #9***

- Develop Employment Policy framework for people with disabilities, using “Making it Work<sup>1</sup>” framework as a potential model.
- Institute employer quotas for hiring persons with mental health disabilities and provide wage subsidies to organizations that participate in social hiring programs.

***Recommendation #10***

- Create a coordinated strategy that focuses on employment support for people with disabilities that is lead by people with disabilities.

***Recommendation #11***

- Create an independent board of experts and people with lived experience to develop criteria for setting rates that are reflective of the real costs of living and the additional costs of living with a disability
- Ensure that no one suffers a loss of income as a result of changes to the current social assistance programs.

***Recommendation #12:***

- Extend all extended medical benefits currently available to people on social assistance to all low-income Ontarians without reducing the current level of coverage for anyone receiving these benefits and with the proviso that the level of coverage will be expanded in the future.

***Recommendation #13***

- Do not implement any directives that are designed to categorize individuals based on their “ability to work”, or estimated length of time on social assistance.

***Recommendation #14:***

- Do not create a separate category of individuals with “severe disabilities”.
- Enhance current income and employment supports for *all* people with disabilities on social assistance.

***Recommendation #15:***

- Maintain the provision of the Special Diet Allowance within the OW and ODSP programs.
- Expand SDA coverage to other medical conditions as determined by a panel of experts in the field and people with lived experience.
- Explore strategies for delivering this benefit to all low-income Ontarians.

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<sup>1</sup> Ministry of Health and Long-Term Care. “Making it Work”. Available from [http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes\\_e.pdf](http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes_e.pdf)

***Recommendation #16***

- Eliminate unnecessary rules that only lead to increased confusion, bureaucracy, and program costs.
- Establish a committee, comprised of individuals on social assistance and experts in the field to study the best approach for reporting and managing audits.

***Recommendation #17***

- Raise current allowable asset levels for OW and ODSP without removing exemptions that recognize special circumstances of individuals with disabilities (e.g. RDSPs, Henson Trusts, pain and suffering awards, etc).
- Exempt RRSPs and TFSAs in income benefit calculations, similar to the exemptions for the RDSPs and RESPs.

***Recommendation #18***

- Any changes to the structures of social assistance programs must not involve any loss to current recipients.
- Do not dismantle current social assistance programs until a comprehensive income support program for people with disabilities is fully developed and ensure that in the process of any transition, current recipients will be grand-parented onto the new program and will not experience loss of income or supports as a result.

***Recommendation #19***

- Establish a co-ordinated strategy on poverty reduction that involves all three levels of government
- Ensure that all social assistance and income support programs are informed by the lived experiences of recipients and incorporate recognition of the multitude of barriers that people with disabilities experience.

## **Introduction**

The Schizophrenia Society of Ontario (SSO) is a not-for-profit, charitable, provincial mental health organization committed to making a positive difference in the lives of people, families and communities affected by schizophrenia and psychotic illnesses.

SSO strongly believes the review of social assistance presents a unique opportunity to transform Ontario's social assistance programs to reduce the poverty in Ontario. In August 2011, SSO, in partnership with CMHA Ontario, participated in the first round of consultations and issued a joint response to the discussion paper "Issues and Ideas". In that submission, SSO and CMHA Ontario supported the government's commitment to poverty reduction for people with disabilities, identified specific concerns about the proposed direction for transformation of social assistance in Ontario, and provided recommendations on how the social assistance system can be improved to better respond to the needs of people with mental health disabilities. A copy of this submission is available on our website at: [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca).

SSO is pleased that Commission's second discussion paper, "Approaches to Reform", incorporates feedback provided by the community. Particularly, we strongly support the elimination of mandatory treatment as a condition to receive social assistance and applaud the unequivocal acknowledgement of the multitude of socio-structural and attitudinal barriers that people with disabilities face in the employment and larger social sectors. We are also pleased with Commission's emphasis on ensuring adequacy of income supports and recognition that substantial changes are needed to eliminate complexities and inefficiencies in the current social assistance system to enhance its responsiveness to the needs of the recipients.

SSO acknowledges that the needs of various stakeholders need to be considered and balanced throughout this consultation process. We further recognize that current fiscal constraints and recommendations arising from the Commission on the Reform of Ontario's Public Services are serving as the background to the discussion on transformation of social assistance. SSO would like to emphasize that this review is part of the poverty reduction strategy and hence, its objectives and outcomes should support this goal. Attempts to reduce Ontario's deficit through transformations to the social assistance system, which already provides less than adequate supports to the poorest Ontarians, are inappropriate and will prove to be counterproductive.

With this in mind, this submission will provide general feedback about the reforms being considered and propose recommendations in response to the questions posed by the Commission based on our experience and knowledge of the challenges and concerns that we've heard from people and families affected by mental health disabilities. We urge the Commission to incorporate the proposed recommendations in the interest of improving the social assistance system for people with mental health disabilities and to ensure that any proposed changes will not further increase the poverty of people on social assistance.

## **GENERAL FEEDBACK**

### **Vision for Social Assistance in Ontario:**

Poverty is a reality for people with mental health disabilities who rely on Ontario's social assistance programs, Ontario Works (OW) and Ontario Disability Support Program (ODSP), and who are also increasingly becoming the largest group of social assistance recipients<sup>2</sup>. As such, Ontario's Social Assistance system should have a primary goal of reducing poverty, as described in the *Poverty Reduction Act, 2009*.

In order to ensure that Commission's recommendations will effectively reduce poverty and make the social assistance system more effective and efficient, any discussion of system transformation requires an explicit overarching vision for social assistance. This vision, supported by clear objectives and implementation strategy and workplan, will ensure that Commission's recommendations are adopted in full and will serve to reduce poverty of Ontarians.

Unfortunately, the vision for social assistance is not evident in the "Approaches to Reform" which appears to be generally concerned with reducing program costs rather than lifting people out of poverty. Without a vision, the risk of partial implementation and loss of income and supports for current recipients is very real.

### ***Recommendation #1***

- Align final recommendations with broader policy frameworks such as poverty reduction, social inclusion and human rights.

### **Definition of Disability:**

When discussing reforms to the social assistance programs, providing a definition of disability is of utmost importance. However, definition of disability is not included in the "Approaches to Reform". The lack of designated definition may lead to a narrow understandings of disability informed solely by the medical model.

SSO views disability as a social pathology, rather than an individual pathology and supports a social disability perspective, which focuses on how social, political, economic and environmental structures can oppress and discriminate against people with mental health disabilities. This approach contends that disability is the result of society's failure to accommodate people with disabilities to ensure their full participation. Social disability perspective does not categorize people based on presumed "severity" of their disability but rather recognizes that every individual has something to contribute, irrespective of their medical conditions.

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<sup>2</sup> Battle, K., Mendelson, M., & Torjman, S. (2006). *Towards a New Architecture for Canada's Adult Benefits*. Ottawa: Caledon Institute of Social Policy.

This is particularly important for people with mental health disabilities, who due to the nature of their conditions often do not meet the eligibility criteria of programs that use “severity” of disability as the threshold. For example, the Alberta’s Assured Income for the Severely Handicapped Program that Commission suggests as a model stipulates that in order to be eligible for this program “there must be no training, rehabilitation or medical treatment that would help you be able to work enough to earn a livelihood”.<sup>3</sup> In addition to being potentially one of the most regressive understandings of disability, this definition is in direct contradiction with notions of mental health recovery. On the contrary, when considering various definitions of disability used in income support programs, the current definition used in the *Ontario Disability Support Program Act* is the only one that incorporates a social disability perspective and recognizes the significance of social barriers.

The Law Commission of Ontario is currently working on developing a framework to assist in evaluating how new or existing laws, policies and practices should take into account the experiences of people with disabilities. The intent of this project is to develop a holistic, coherent, principles-based approach to this area of the law as a whole. SSO encourages the Commissioner’s to contact LCO and incorporate a coherent and principled approach of disability into the review of social assistance.

### ***Recommendation #2***

- Incorporate and implement social definition of disability into the social assistance system in Ontario, using the current definition of disability as denoted in the *Ontario Disability Support Program Act*.

### **Fairness and Equity:**

Ensuring fairness and equity in any program for people with disabilities addresses numerous socio-structural and attitudinal barriers and can significantly improve the quality of life for people with mental health disabilities. In the context of social assistance, fairness means providing income supports that reflect the real cost of living and responding to the needs of people with disabilities with dignity and respect. It further entails making sure that programs are truly accessible and effectively respond to barriers created by society and proactively prevent barriers within social assistance programs.

SSO is concerned about the position taken by the Commission which conceptualizes fairness by comparing people on social assistance with low income people in the workforce. In the context of precarious labour market conditions, it is unreasonable to suggest that people on social assistance are treated more fairly than working poor Ontarians and hence should see their incomes on par with those who are also disproportionately affected by poverty. Pitting these groups against each other

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<sup>3</sup> Government of Alberta. (2012). Assured Income for the Severely Handicapped. Eligibility. Retrieved from <http://www.seniors.alberta.ca/aish/tipsheets/Eligibility.pdf>

will do little to lift either one of them out of poverty but rather create further inequities for people with mental health disabilities and Ontarians living in poverty in general.

### ***Recommendation #3***

- Promote changes to reduce overall poverty levels in Ontario through establishment of a livable income and equitable access to employment, services and support for people with disabilities.

### **Social Inclusion:**

Ability to fully participate in society is instrumental to mental health recovery. Unfortunately, for many people with mental health disabilities, social inclusion remains elusive. SSO believes that Ontario's social assistance system has great potential to support social inclusion of people with mental health disabilities through either work and/or volunteer activities. Instead, the current system tends to limit opportunities for community engagement due to complex rules placed on recipients and lack of recognition of their abilities to contribute outside of the labour market.

We would like to commend Commission's acknowledgement of various barriers to social inclusion that people with disabilities experience when seeking employment. We would like to reiterate that social inclusion goes beyond the labour market and a socially inclusive society is defined as one where all people feel valued, their differences are respected, and their needs are met so they can live in dignity.

### ***Recommendation #4***

- Promote social inclusion by incorporating designated opportunities and supports into the social assistance system that will enable people to volunteer and engage in other community involvement.

## **RESPONSE TO QUESTIONS POSED IN THE DISCUSSION PAPER 2:**

In this section, we focus on questions that raise most concern for people with mental health disabilities and which have not been fully addressed during the first round of consultations. We ask that the Commission refers to our first submission for a detailed discussion on nature of mental health disabilities, employment and employment supports, access to income supports, and system integration.

### **1. Reasonable Expectations and Necessary Supports to Employment**

**What should be considered appropriate employment-related activity participation requirements for people with disabilities? Should participation requirements for people with disabilities be different from those for other people receiving assistance?**

SSO does not support participation requirements connected to the receipt of social assistance, be it rehabilitation services or employment-related participation requirements. Research shows that workfare approaches do not reduce poverty<sup>4</sup> nor promote transition and long-term attachment to the labour market<sup>5</sup>. Mandatory participation requirements further serve as a disincentive to labor market participation as they often involve additional costs for individuals including transportation, childcare, meals, clothing and other required supplies – the costs that are unaffordable under the current social assistance rates. For individuals with mental health disabilities the emotional strain of enforced work requirements or expectation to participate in treatment can have detrimental impact on their overall health and well being.

Overall, punitive measures that decrease income for people deemed to be “able to work”, or punish those who are unable to cope with the participation actions required of them make programs less responsive to the needs of people with mental health disabilities. They also create additional complexities into a system that is already overburdened with incomprehensible and inconsistent rules and procedures.

SSO contends that any employment-related participation should be entirely voluntary. We further believe that considering the current fiscal realities and general lack of employment opportunities, there should be no discussion of participation agreements until the labour market is improved and employment standards are effectively monitored and reinforced.

#### ***Recommendation #5***

- Avoid mandatory participation requirements and expectations for treatment and rehabilitation, especially in the context of eligibility for income and other supports.

#### **Should standard assessment tools be used to identify people’s needs and match them to appropriate services and supports?**

There are currently no standardized assessment tools that are able to effectively assess individual’s “employability” or “skills/needs”. On the contrary, application of standardized measures as a one-size-fits-all model undermines recognition of the diverse histories, circumstances and needs of individuals with mental health disabilities. By focusing solely on the person with the disability, such assessments fail to identify and address socio-structural obstacles that people with mental health disabilities encounter such as lack of accommodations, precarious labour market conditions and general paucity of employment opportunities. Indeed, assessment tools that assess how well employers are accommodating persons with disabilities and what jobs are available in the current local labour market should be developed and employed before any individual assessment measures.

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<sup>4</sup> Lightman, E., Mitchell, A., & Herd, D. (2005). Welfare to What? After Ontario Works in Toronto. *International Social Security Review*, 58(4), 95-106

<sup>5</sup> Lightman, E., Mitchell, A., & Herd, D. (2010). Cycling on and off welfare in Canada. *Journal of Social Policy*, 39(4), 523-542.

If individual assessment tools are to be implemented, we strongly believe that they should be administered on a voluntary basis with the goal of identifying how to best meet the needs of the individual recipients. These tools should be developed by people with disabilities and allow for flexibility to address the unique circumstances of individual recipients. One example of such an assessment tool is the Ontario Common Assessment of Need (OCAN) which is focused on the assessment being performed by the individual with a mental health disability, rather than a worker or a system<sup>6</sup>.

#### ***Recommendation #6***

- Implement assessment measures that are focused on employers and the labour market.
- If individual assessment measures are to be used, they should be developed by people with disabilities and should not be tied to continued receipt of income supports nor to the level of assistance that is being provided through social assistance programs.

#### **Should a tool be developed to assess the work capacity of people with disabilities? If so, how should the tool be developed and used?**

SSO does not support the creation of a two-tiered system for people with disabilities based on the distinction of whether one “can” and “cannot” work. Examples from UK show that work assessment tools are not only ineffective at determine “work capacity” but also increase financial costs for the system as incurred costs in appeals are estimated to reach over 50 million pounds this year alone.<sup>7</sup>

If people are seeking employment or training, evaluating their abilities, aptitudes, barriers etc. may provide them and their employment workers with useful information and guidance. Such testing must never be used to determine eligibility or label individuals as either capable or incapable of working. Any work-related assessment tools must be designed by people with disabilities and with a considerable understanding of a diverse range of disabilities and socio-structural and attitudinal barriers.

#### ***Recommendation #7***

- Work assessments should never be used to determine eligibility for income and/or employment supports nor to screen some people with disabilities from receiving social assistance and/or reducing their benefits.

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<sup>6</sup> Caislyn Consulting Inc. (2008). Common Assessment Evaluation Study. Retrieved from [http://www.ontario.cmha.ca/docs/ehealth/CaislynPilotReport\\_ExecutiveSummary.pdf](http://www.ontario.cmha.ca/docs/ehealth/CaislynPilotReport_ExecutiveSummary.pdf)

<sup>7</sup> <http://www.guardian.co.uk/society/2012/mar/15/third-of-incapacity-benefit-claimants-ineligible>

## **How can employment services be made more effective?**

When considering employment and employment supports for persons with mental health disabilities, SSO commends the Commission for recognizing a need for a continuum of individualized and comprehensive employment supports. That being said, it is also important to ensure that employment supports address the complex and numerous obstacles that people with mental health disabilities face.

The current employment supports for people with mental health disabilities are not effective at supporting recipients in their vocational goals. Due to work-first approach, many recipients are expected to accept first available jobs and training opportunities, which often do not meet their needs and fail to accommodate their conditions. SSO strongly believes that provision of employment supports should never be guided by results-based outcomes.

SSO supports implementation of pre and post employment supports that are flexible and responsive to the various skills and needs of persons with mental health disabilities and that attend to their non-linear routes to employment. Programs that provide a full range of training and supports have been shown to facilitate better access to preferred employment and meaningful, long-term engagement in the labour market<sup>8</sup>. In addition, effective employment supports involve a range of services and training, including job readiness and job coaching, as well as practical supports such as transportation and accommodation.

To further increase effectiveness of employment supports, people with mental health disabilities should be fully involved in determining the level and type of employment support that they require to achieve their goals. In order to effectively address socio-structural and attitudinal barriers that preclude people with mental health disabilities from participating in the labour market, employment service providers and employers should receive designated mental health and anti-stigma training.

### ***Recommendation #8***

- Implement an opportunities planning approach and ensure that employment services involve a continuum of supports.
- Require mental health and anti-stigma training for potential employers and employment support providers.

## **What kinds of engagement strategies and incentives would be most effective in encouraging and supporting employers to hire more social assistance recipients?**

Addressing barriers to employment involves a multi-pronged approach and a comprehensive employment policy for people with mental health and other disabilities. An engagement strategy

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<sup>8</sup> Cook, J. et al. (2005). Results of a Multisite Randomized Trial of Supported Employment Interventions for Individuals with Severe Mental Illness. *Archives of General Psychiatry*, 62, 505-512; Rogers et al. (2006). The Choose-Get-Keep Model of Psychiatric Rehabilitation: A Synopsis of Recent Studies. *Rehabilitation Psychology*, 51(3), 247-256.

should focus on collaboration and partnerships between government ministries, community organizations and local businesses, as well as the education of employers about the contributions of individuals with disability and how to address stigma in the workplace. As noted in our first submission, we recommend developing an employment policy framework for people with disabilities which sets out directions for a system of employment supports that offer accessible, individualized, and collaborative services.

In addition, there is a need for programs which proactively recruit and support the employment of members of marginalized communities through partnerships between employers and community-based employment services<sup>9</sup>. The necessity of employment quotas for ensuring access to employment for individuals with disabilities is increasingly being acknowledged in Canada and internationally. An example of such approach is stipulation under Quebec's *Employment Equity Act* for all public employers and Crown corporations with 100 or more employees to demonstrate that all marginalized groups are represented in their workforce<sup>10</sup>.

### **Recommendation #9**

- Develop Employment Policy framework for people with disabilities, using “Making it Work<sup>11</sup>” framework as a potential model.
- Institute employer quotas for hiring persons with mental health disabilities and provide wage subsidies to organizations that participate in social hiring programs.

### **Which approach would be the most effective in improving the delivery of employment services? (Between Municipalities delivering all services and Employment Ontario)**

Currently neither Employment Ontario nor municipal OW delivery agents have sufficient expertise in delivering employment supports to people with mental health disabilities. In addition, regional variation and inconsistency in quality and delivery of employment supports cannot be easily addressed solely through designation of sole administrator and provider.

While this question requires technical expertise on program delivery and administration which SSO does not have, we encourage the commission to ensure that any proposed solution will provide the greatest accommodation for people with mental health disabilities, and reduce complexity while also being sensitive to regional variation and labour markets. To initiate this process, a panel of people with lived experience, employment service providers and representatives from the non-profit sector should be established to develop an overarching coordinated strategy to increase capacity of

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<sup>9</sup> Social Capital Partners, op. cit.; JOIN (Job Opportunity Information Network), “Opportunities 2009: Informing, Inspiring, Connecting,” presentation at Opportunities Conference, April 2009.

<sup>10</sup> Human Resources and Skills Development Canada. (2003). *Employment Equity Act Review: A Report to the Standing Committee on Human Resources Development and the Status of Persons with Disabilities*. Retrieved from <http://www.hrsdc.gc.ca/eng/lp/lo/lsw/we/review/report/main.shtml>

<sup>11</sup> Ministry of Health and Long-Term Care. “Making it Work”. Available from [http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes\\_e.pdf](http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes_e.pdf)

employment service sector and determine the level of government to deliver employment supports. Such strategy will ensure that all stages of employment service development including are responsive to the needs of people with disabilities: the accessibility and location of offices, how services are administered, training for all staff and employers, and the provision of follow up supports.

***Recommendation #10***

- Create a coordinated strategy that focuses on employment support for people with disabilities that is lead by people with disabilities.

**2. Appropriate Benefit Structure**

**Which adequacy and wage benchmarks should be used to set rates? Are there other measures that should be considered?**

SSO strongly believes that social assistance rates, as outlined in our initial response, should be based on the real costs of living measured by objective and transparent criteria. An adequate income that is reflective of the real costs of living is a pre-requisite to full participation and ability to maintain health for people with mental health disabilities. Discussions of rate levels, eligibility requirements, and special programs should take into account the added costs of living with a disability and costs associated with persistent barriers and discrimination that people with mental health disabilities experience.

SSO appreciates Commission’s initiative to develop a rate structure that effectively responds to the unique needs of people with disabilities. However, we strongly believe that the rationale guiding the setting of rates should not be focused on achieving parity with low-income earners. The setting of rates should not be based on balancing adequacy, fairness and incentives as there is nothing fair about making one group as poor as another. As such, earned income supplements will not effectively decrease incentives to work but rather operate as a means to allow “bad” employers to decrease their already inadequate wages and drive individuals further into poverty. Likewise, rolling special needs into a basic rate will not effectively respond to additional costs of disability nor to the regional variation in accessibility and costs of living.

In regards to reducing complexity of the system, the focus should be on countless eligibility rules and not solely on the benefit structure. Eliminating compliance and monitoring rules will inevitably reduce the complexity associated with rate structure and benefit delivery.

***Recommendation #11***

- Create an independent board of experts and people with lived experience to develop criteria for setting rates that are reflective of the real costs of living and the additional costs of living with a disability.

- Ensure that no one suffers a loss of income as a result of changes to the current social assistance programs.

**Should health benefits be provided to all eligible low-income Ontarians? If so, how should the costs be covered?**

Access to health benefits for individuals with mental health disabilities is integral to their health and ability to contribute to their communities. In fact, the increasing costs of poverty bared by the health system<sup>12</sup> can be eliminated through greater access to health benefits for people living in poverty. It is imperative, therefore, that the provision of health benefits to individuals with mental health disabilities on social assistance is accessible and consistent.

SSO further recognizes the importance of providing health benefits to all low-income Ontarians as living in poverty has considerable negative impact on mental and physical health<sup>13</sup>. Extending health benefits to all low-income individuals is consistent with focus on prevention in Ontario's healthcare strategy and has potential to significantly reduce health care costs in the long term. In addition, providing health benefits to all low-income Ontarians can address one of the disincentives to employment for people on social assistance who often lose their health benefits upon securing employment and as a result, can no longer afford the costs associated with managing their conditions, despite their engagement in the labour market.

We are concerned, however, that separating health benefits from social assistance could result in increased eligibility requirements and bureaucracy. We urge that the development of a health benefit program and its administration be sensitive to the needs of individuals with mental health disabilities and that the current level of coverage is not be reduced in the process.

***Recommendation #12:***

- Extend all extended medical benefits currently available to people on social assistance to all low-income Ontarians without reducing the current level of coverage for anyone receiving these benefits and with the proviso that the level of coverage will be expanded in the future.

**Should Ontario use a two-rate approach, based on how long someone requires assistance? If so, should there be exemptions from starting at the lower short-term rate?**

Positioning this discussion as a trade off between adequacy and incentive to work is rooted in misguided understanding of causes of poverty which often ascribe blame to the individual rather than considering the plethora of socio-economic and environmental factors.

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<sup>12</sup> Laurie, Nate. (2008). *The Costs of Poverty: An Analysis of the Economic Cost of Poverty in Ontario*. Ontario Association of Food Banks.

<sup>13</sup> Early Onset Illness and Mortality Working Group. (2011). *Forty is too Young to Die: A Call to Action*. Mainstay Housing.

Categorizing individuals based on their assumed length of time on assistance does not address poverty but on the contrary, may cause further divide and stigmatization of individuals with mental health disabilities. There are further concerns with how one's length on assistance will be established as there are no valid and reliable tools that can predict this with certainty.

***Recommendation #13***

- Do not implement any directives that are designed to categorize individuals based on their “ability to work”, or estimated length of time on social assistance.

**Should there be a separate basic income program for people with severe disabilities who are unlikely to generate significant earnings?**

As noted already, SSO strongly opposes any directive to assess and define people with mental health disabilities based on their perceived “ability to work” by categorizing people as either “severely disabled” or not. The episodic, and often unpredictable, nature of mental health disabilities is entirely incongruent with assessment measures used to predict how long an individual's impairment will last. In fact, such a prediction is short of impossible.

***Recommendation #14:***

- Do not create a separate category of individuals with “severe disabilities”.
- Enhance current income and employment supports for *all* people with disabilities on social assistance.

**Should the special dietary needs for all low-income people, including those receiving social assistance, be addressed through the Ministry of Health and Long-Term Care?**

The Special Diet Allowance (SDA) was created with recognition that ODSP and OW income levels were not sufficient to afford nutritious food required to maintain good health. The SDA therefore remains an important factor in income adequacy, particularly for recipients with mental health disabilities who have specific dietary requirements resulting from co-occurring physical disabilities and/or medication side-effects.

While the current SDA program requires further enhancements to better meet healthcare needs of social assistance recipients, transferring this program to the Ministry of Health and Long Term Care (MOHLTC) will not achieve this goal. When this was first being considered in 2010, it became evident that MOHLTC lacks the necessary structure and capacity to effectively deliver cash-based supports.

We support extending the SDA program to all low-income Ontarians with special dietary needs, but we advise against its transfer under the jurisdiction of MOHLTC as it could significantly limit access for individuals who are in need of this benefit due to bureaucracy and eligibility criteria. Another concern that we have about transferring the SDA to the MOHLTC is how this assistance

would be provided and in what form, as it may not prove relevant or adequate for individuals living with mental disabilities.

***Recommendation #15:***

- Maintain the provision of the Special Diet Allowance within the OW and ODSP programs.
- Expand SDA coverage to other medical conditions as determined by a panel of experts in the field and people with lived experience.
- Explore strategies for delivering this benefit to all low-income Ontarians.

**3. Easier To Understand**

**Should the social assistance system move from a surveillance approach toward an audit-based system of verification and monitoring?**

The current system of reporting is based on assumptions that social assistance recipients will commit fraud and because of this, employs unnecessary and invasive surveillance measures and cumbersome reporting processes. In reality, most overpayments to recipients are not caused by recipients who are cheating but by administrative rules and procedure inherent to the system.

An audit based system, if done properly, could move away from this invasive approach and allow for increased dignity and respect for recipients with mental health disabilities. There are particular concerns, however, about how individuals with mental health disabilities would manage an auditing system. For instance, transient housing conditions and episodic nature of mental health disabilities may affect one's ability to retain thorough records due to periods of emotional strain and/or hospitalization.

As such, an effective auditing system would recognize the extenuating circumstances of all social assistance recipients and the specific needs of individuals living with a mental health disability. To prevent potential excessive overpayments and mitigate the difficulties of extended record keeping, any proposed auditing system must include: specific time limits for keeping records; exemptions and accommodations for people with mental health and other disabilities; training for staff and administrators about the specific needs of individuals with mental health disabilities; and free and timely support for individuals to go through an audit process.

Any penalties within an audit system would need to reflect an understanding of the complex circumstances of individuals living on social assistance and encompass a philosophy of accommodation, rather than suspiciousness. Penalties must never include life-time bans on social assistance.

A switch to an audit based system requires further examination and evaluation. In the interim, the current complexity of the social assistance system can be significantly reduced through elimination

and simplification of the eligibility and reporting rules. We encourage the Commission to refer to the submission by the ODSP Action Coalition: “A Proposal for ODSP Rule Changes: ‘Stupid Rules’ have Dire Consequences,” for direction on necessary rule changes which would make the social assistance system easier to administer and navigate.

### ***Recommendation #16***

- Eliminate unnecessary rules that only lead to increased confusion, bureaucracy, and program costs.
- Establish a committee, comprised of individuals on social assistance and experts in the field to study the best approach for reporting and managing audits.

### **Should asset limits be changed? If so, how?**

Under the current social assistance system, applicants are required to deplete most of their assets in order to qualify for assistance and once on assistance, individuals are unable to save for the future due to a number of restrictive rules and penalties entrenched in both OW and ODSP. As a result, social assistance recipients experience notable challenges in breaking the cycle of poverty.

SSO supports raising asset levels for both OW and ODSP recipients. This would allow increased income security for all social assistance recipients and provide individuals living with mental health disability and their families increased control over their financial future. We advise against adoption of models similar to Quebec that specify set limit for “liquefiable” assets as these measures are not congruent with realities of living with a mental health disability and the unique life circumstances of people affected by poverty.

### ***Recommendation #17***

- Raise current allowable asset levels for OW and ODSP without removing exemptions that recognize special circumstances of individuals with disabilities (e.g. RDSPs, Henson Trusts, pain and suffering awards, etc).
- Exempt RRSPs and TFSAs in income benefit calculations, similar to the exemptions for the RDSPs and RESPs.

## **4. Viable Over the Long Term**

### **What are the strengths and weaknesses of these approaches to the delivery of Ontario Works and ODSP? Are there other approaches that should be considered?**

The Commission proposes three potential options for the delivery of OW and ODSP:

- 1) Maintenance of separate income support programs with integrated employment supports.
- 2) Integrating OW and ODSP at the local level and combine with employment supports.
- 3) Case management provided at municipal level with the province providing administration.

It is unclear from the Commission's discussion how the proposed reforms would be implemented and how the transfer of delivery would be designed and managed. As such, we cannot comment on which of the proposed delivery options will best support people with mental health disabilities. We would like to caution, however, that simply merging OW and ODSP will not attend to the problems within these programs such as eligibility, accessibility, and inconsistent application of rules and regulations.

Considering that our society is still plagued with numerous environmental, attitudinal and societal barriers that people with mental health disabilities face on a daily basis and in the context of the worsening state of the labour market, dismantling current social assistance programs until something better is created will only increase poverty of people with mental health disabilities in Ontario.

***Recommendation #18***

- Any changes to the structures of social assistance programs must not involve any loss to current recipients.
- Do not dismantle current social assistance programs until a comprehensive income support program for people with disabilities is fully developed and ensure that in the process of any transition, current recipients will be grand-parented onto the new program and will not experience loss of income or supports as a result.

**5. An Integrated Ontario Position on Income Security**

**Are there major and problematic program interactions that we have not mentioned here?**

We appreciate and share the concerns about sustainability of social assistance programs and their long-term viability. However, program sustainability can only be achieved when people have predictable and stable benefits that they can count on and accessible, as well as individualized supports to help them reintegrate into the larger society and, when appropriate, the labour market.

Transformation of Ontario's social assistance system should incorporate an equity lens and attend to the various barriers and intersecting oppressions that people with mental health disabilities experience. As such, individuals with lived experience must be meaningfully involved in all aspects of program design, development, implementation and review.

***Recommendation #19***

- Establish a co-ordinated strategy on poverty reduction that involves all three levels of government
- Ensure that all social assistance and income support programs are informed by the lived experiences of recipients and incorporate recognition of the multitude of barriers that people with disabilities experience.

SSO appreciates this opportunity to participate in the Review of Social Assistance. We encourage the Commission to incorporate the proposed recommendations into the final report to the government in the interest of reducing poverty for all Ontarians, including those with mental health disabilities.

For further discussion, please contact Irina Sytcheva, Manager of Policy and Community Relations at [isytcheva@schizophrenia.on.ca](mailto:isytcheva@schizophrenia.on.ca) or 1-800-449-6367 ext. 225.