



ONTARIO SPINAL CORD INJURY
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An Ontario for All:

Official Response to the Commission for the Review of Social Assistance in Ontario

September 1st, 2011

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Executive Summary

The Ontario Spinal Cord Injury Solutions (SCI) Alliance is a network of key SCI stakeholders from 70+ organizations including people with SCI, researchers, service providers, physicians, and funders from across Ontario that spans the continuum of care from injury onset through to community reintegration. We are pleased to offer this response to the Commission for the Review of Social Assistance in Ontario's June release - *A Discussion Paper: Issues and Ideas*.

For the purposes of our response we will focus primarily on priority areas within the **ODSP** that impact people with SCI the greatest, including:

- Employment
- Income support
- Allowable assets
- The beneficiary unit
- Earnings
- Education

While ODSP does not provide supports to seniors, we also offer our thoughts on the related needs of this population.

Spinal Cord Injuries are chronic, lifelong disabilities that have devastating consequences for the health and well-being of individuals and their surrounding families. Spinal cord injuries cost the government of Ontario over \$1.38 billion annually. Roughly half of this economic burden relates to direct medical costs for acute, rehabilitative, emergency, primary, mental health, and long-term care.¹

Throughout this submission we address the priority areas within ODSP listed above and offer recommendations for improvements to each. It is our sincere hope that the recommendations provided here will be seriously considered and subsequently acted upon.

We appreciate the opportunity to present our views to the commission with respect to possible changes to ODSP. Many Ontarians, people with SCI among them, are greatly impacted by the structure and benefits of the program. For those recipients able to work, customized supports should be implemented. For those recipients unable to work, they too should not be resigned to an existence of poverty and piecemeal improvements over time. Substantive change for the better is ambitious – it requires innovative approaches and a willingness to lead – but is possible.

Introduction

The Ontario Spinal Cord Injury (SCI) Solutions Alliance was established in 2007 through the combined efforts of the Ontario Neurotrauma Foundation, the Canadian Paraplegic Association Ontario, and the Rick Hansen Institute. The Alliance is a network of key SCI stakeholders from 70+ organizations including people with SCI, researchers, service providers, physicians, and funders from across Ontario that spans the continuum of care from injury onset through to community reintegration.

On behalf of our Leadership Team, we are pleased to offer this response to the Commission for the Review of Social Assistance in Ontario's June release - *A Discussion Paper: Issues and Ideas*. As an Alliance our interest centres on the ODSP simply because this program is highly relevant to the thousands of Ontarians living with Spinal Cord Injury who rely on it as their primary – if not sole – basis of income security and extended health support. For the purposes of our response we will focus primarily on priority areas within the ODSP that impact people with SCI the greatest, including employment, income support, allowable assets, the beneficiary unit, earnings and education. While ODSP does not provide supports to seniors, we also offer our thoughts on the related needs of this population.

We address each area and subsequently offer recommendations for improvement below.

Endorsement of ODSP Action Coalition

We have carefully reviewed the ODSP Action Coalition's submission to the commission entitled – *Dignity, Adequacy, Inclusion: Rethinking the Ontario Disability Support Program*. This was an excellent submission that spoke comprehensively to the issues faced by people living with disabilities who rely on ODSP. We fully endorse this submission.

The Impact of SCI

Spinal Cord Injuries are chronic, lifelong disabilities that have devastating consequences for the health and well-being of individuals and their surrounding families. In addition to the personal tragedies caused by SCI it is also an injury that carries with it substantial economic costs shouldered primarily by the government of Ontario. In Ontario there are an estimated 34,000 people living with spinal cord injuries with close to 600 new traumatic injuries occurring each year.¹ Spinal cord injuries cost the government of Ontario over \$1.38 billion annually. Roughly half of this economic burden relates to direct medical costs for acute, rehabilitative, emergency, primary, mental health, and long-term care.¹ Not included in the \$1.38 billion price tag are the massive ODSP expenditures necessary to support people with SCI. It is difficult to determine precisely how much of the \$3.3 billion ODSP cost is directed toward individuals with SCI. It would however represent a sizeable proportion of the 44% or \$1.45 billion spent on ODSP recipients with physical disabilities.

The impact of SCI is devastating on a personal level but as illustrated above so too on a broader societal level.

Employment

Employment is a significant social determinant to the health and quality of life for Ontarians living with SCI. Yet adults with SCI are significantly less likely to be employed when compared to their able-bodied peers and are more likely to be underemployed (e.g. involuntary part-time work, an inability to utilize training and skills in one's job, lower job satisfaction, lower earnings and a reduced likelihood of a promotion).^{2 3} Compounding the low rates of employment, the Organization for Economic Co-operation and Development (OECD) finds that in Canada close to 20% of working aged adults living with a disability like SCI are neither employed nor receiving income support.⁴

The impact of low rates of employment and high underemployment and a lack of access to income support can be reflected in income inequality, food insecurity and the inability to meet essential expenses experienced by people living with SCI.

Barriers to employment participation can stem from both an individual's injury and the social, environmental and political context they live in. A 2006 study commissioned by the Canadian Paraplegic Association Ontario (CPAO), which looked at the barriers and facilitators to finding and maintaining employment among a sample of adults living with SCI in Canada found that amongst those not currently working, the fear of losing health benefits and the inability to find employment opportunities were amongst the most cited reasons for unemployment.² Study participants actively looking for work also noted that the absence of educational upgrading and job retraining opportunities and a lack of vocational counselling posed the greatest barriers to finding work. Among study participants who were employed, accessible workspaces, supportive employers and co-workers and flexible work hours influenced their ability to maintain paid work.²

Each individual varies in terms of their capability, motivation, and personal circumstances; therefore, it is difficult to design a benefit structure that universally speaks to the needs of every recipient. Living with SCI is quite expensive and much of the costs derive from medical supplies, medications, assistive devices etc. Opting out of ODSP and its comprehensive medical benefit coverage to enter the workforce quickly loses its appeal when the burden of these expenses is placed solely on the recipient.

The vast majority of entry level jobs do not typically provide health and/or other benefits. Likewise an increasing number of people are being hired on contract or part-time.⁵ Unfortunately the trend toward this type of employment leaves an increasing number of people without health benefits. A recent study in Ontario found the average age at the time of traumatic injury to be 44.⁶ At this age people are commonly trained in a specific job, and in many cases the nature of their work is not compatible with the physical limitations they are left with following an injury. They are therefore, forced to seek employment that is more conducive

to their ability, which often times requires them to start again at entry level positions without health benefits.

This phenomenon coupled with the way ODSP benefits are structured creates real barriers to re-entering the workforce for the SCI population. Changes are necessary to create an environment where re-entering the workforce is a benefit and not a detriment.

Meaningful employment can be operationalized in a number of ways. For our purposes, we identify it as having the following qualities:

- 1) In order to encourage recipients to continue in the workforce, employment should utilize their skills in such manners that they feel valued and integral to the team;
- 2) Compensation should be fair and on par with skill sets; and
- 3) Opportunities for advancement should be evident over time, should the employee's work warrant them.

Thus, while it is understandable to want to have as many people working as possible, the Commission ought to consider a longer view with respect to the likelihood of success. If the three criteria above are not met, it is not likely that the recipient will be active in the workforce for a prolonged period of time.

Recommendations

1. Increased opportunities for vocational and skills-based training should be offered for people living with SCI. Greater incentives should also be provided to access job retraining and educational opportunities, especially for those on ODSP. What is more, employment-training opportunities should be made accessible to all Canadians living with SCI regardless of geography.
2. Stronger partnerships should be forged between the ODSP and community organizations like the CPAO that offer comprehensive vocational counselling to people living with SCI. Organizations like the CPAO are knowledgeable on both the employment needs of people with SCI and existing government policies. These organizations are also important in creating connections between jobseekers, and employers. We do not feel that a "one size fits all" approach to vocational supports is appropriate in providing services to specialized populations such as those with complex health conditions.
3. Increased incentives should be provided to employers to promote the hiring of people living with disabilities. To this end, information should also be made available to employers on the financial and technical resources they may acquire to improve the physical and social work environment for their employees living with disabilities.^{3 4} We

submit that the JOIN (www.joininfo.ca) model in Toronto provides lessons for success in other regions.

4. Accessibility standards such as the *Accessibility for Ontarians with Disabilities Act (AODA)* and the federal *Employment Equity Act* require improvements. To this end, current accessibility standards contain few enforcement mechanisms and are applied to only a small proportion of Canadian businesses. Given that accessibility in the workplace remains a major concern for people living with SCI, it is recommended that these standards be enforced to a greater extent to reduce perceived barriers to employment among people living with SCI.
5. Reliance on ODSP is often attributed to the health benefits (e.g. prescription drug coverage, rehabilitation services, assistive devices and medical supplies) that can be accessed while on the social assistance. These items can be extremely costly for people living with SCI and cannot be sustained by those who are working part-time or in jobs which pay lower wages and do not offer comprehensive health insurance. To remove this disincentive to employment, it is recommended that people living with SCI be provided with health benefits regardless of their employment status.

Income Support

ODSP distributes Income support through shelter allowance and basic needs allowance, both of which are not adequate to meet the financial obligations of each month. The cost of living with SCI is significantly higher than that of the general population. Much of this extra cost is derived from medication, medical supplies and medical equipment, which are covered through ODSP benefits; however, additional costs are incurred simply because generally speaking products and services are tailored to the meet needs of the able-bodied population whereas people with SCI often require something that is custom, which inevitably increases prices. An example of this is taxi transportation.

There are limited social housing options where rent is geared to income. Many people have no other option but to pay market prices for rent, which leaves them with little to no money remaining to feed and clothe themselves. Even when living in an income-geared rental unit is an option it is difficult still to cover all remaining costs.

Recommendations

1. We recommend that asset levels be re-examined and subsequently based on real benchmarks that reflect the true cost of living for Ontarians taking into account the consumer price index (CPI) and the average rental rates determined by the Canadian Mortgage & Housing Corporation.

2. Income support levels have fluctuated over the years since ODSP's inception; people relying on ODSP had more purchasing power two decades ago than they do today. At the very least income support levels should be indexed to offset inflation rates.

Allowable Assets

The current policies employed by the ODSP with respect to the amount of allowable monetary assets are ineffective and short sighted. We fully appreciate that this program is intended as a program of last resort. If however tight restrictions continue to be placed on asset levels the recipients are forced to sacrifice the future in order to meet core needs in the present. The current asset restrictions force potential applicants to deplete their savings before they are even considered for the program. Once approved recipients are unable to save for their future, which effectively keeps them in near poverty conditions for the duration that they are on the program. As previously mentioned many people with SCI are simply unable to work; therefore, on top of sustaining an SCI they are also sentenced to a life of poverty.

Given that the income and shelter supports provided by ODSP are not sufficient to “bridge the gap” in day-to-day expenses for many recipients, many rely on gifts from family and others to do so. We applaud the government’s decision to not deem gifts as income. In the same spirit, we submit that loans ought not be considered income either. Currently loans that incur interest – such as lines of credit – are treated as income. As such, recipients are doubly penalized in that they not only have to pay the principle of a loan – which is deducted from benefits at a rate of 50% - but the interest as well. As such, our view is that a loan is not income, but rather, a commitment to pay funds in the future from existing resources. For those unable to work, the current rule is especially prohibitive.

Recommendations

1. The level of allowable assets must be at least doubled from the existing level.
2. Additional savings options should be made available. No registered savings vehicles, including the Registered Retirement Savings Plan, should count toward ones asset levels.
3. Do not treat loans and lines of credit as income for the purposes of receiving income support benefits.

Beneficiary Unit

Where there are financial incentives for the general population to engage in marriage and common law relationships, there are actually disincentives for ODSP recipients to do the same. The laws in Ontario are such that when a couple is married they stand to reap financial benefits. Their combined income increases purchasing power while they are taxed more favourably. Conversely people living with SCI who rely on ODSP are actually punished financially for

engaging in relationships. As noted above, we understand that ODSP is a program of last resort; however, this should not be taken to mean solely for the purposes of providing the essentials of daily living, but also as a means to promote independent living within the community. It is our view that persons with disabilities should be able to have access to financial resources of their own; if they cannot fully participate in the labour force, they and their partners should not be penalized by having to rely on diminished financial resources.

Recommendation

1. Recipients should be treated as individual entities when basic needs and shelter allowances are calculated. Recipients should not have their benefits reduced if they enter into domestic partnerships for the purposes. Should the recipient not be eligible for benefits comparable to the Extended Health Benefit under his or her partner's private insurance plan, the Extended Health Benefit should also apply.

Earnings

The Commission notes that, "There is a difficult trade-off between providing adequate social assistance benefits and ensuring that people are better off working." However, as the Commission recognizes, there are many within the existing labour market that are not able to sufficiently address core needs such as housing and food. Nonetheless, when one considers the policy intent of social assistance, it is to ensure that citizens do not have to do without such core essentials.

As our recommendations above indicate, the current system does not, as designed, truly reward those who – often against the odds – apply themselves to the workforce. A major challenge is the rate of deduction of wages from income support benefits: 50%. While we can appreciate that the STEP exemption of 75% after the first \$160 was prohibitive and proved difficult to administer over the calendar of reporting requirements, the revised policy of deduction from wages remains, in our view, excessive.

While we approve of the \$100 monthly benefit for those who are working on ODSP, we feel that this amount is limited in its ability to be an incentive. One option may be to increase the benefit for those who remain in the workforce over a longer period of time. Given that recipients may question the cost-benefit of work in the short-term, the promise of a substantive benefit increased incrementally (every three months) may prove beneficial. With this expanded work history, recipients will be better situated to explore a wider range of better paying jobs over time.

Recommendations

1. Increase the \$100 work benefit incrementally to encourage short and longer-term participation in the labour force.

2. Remove the 50% reduction in benefits, thereby enabling the recipient to build savings, increase income security, and move more rapidly out of poverty.

Education

We applaud the Government's decision in 2009 to permit some post-secondary students the means to work while in school with no reduction to their income support benefits. This is the kind of forward thinking that, in our view, will permit more people with disabilities to participate in the workforce. Here, recipients saw the rewards of employment (wages) while increasing the likelihood of further employment in the future (education).

Despite other programs such as the Bursary for Students with Disabilities, the costs of higher education remains out of reach for many recipients of ODSP. Loans from the Ontario Student Assistance Plan (OSAP) are treated income. This unnecessarily penalizes recipients, as income from the Basic Needs Supplement is reduced, when it could be used to pay down the principle of the loan itself. Furthermore, interest on OSAP loans is also prohibitive for those who rely on ODSP, insofar as there are multiple barriers for many to sustainable employment, post-graduation.

Recommendations

1. There needs to be more effective collaboration among government programs. There is a multitude of ways that ODSP and OSAP could be better integrated; result being, less cost to administer and highly beneficial for the recipient.
2. Tuition and books portion of loans from OSAP should not be considered income for the purposes of calculating monthly benefits for ODSP.
3. Interest should not be charged on OSAP loans for those recipients on ODSP, thereby enabling them to better pay down the principle of said loans.

Support for Seniors

Seniors are a particularly vulnerable subset of our population, insofar as they are not eligible for ODSP after they turn 65 years of age. While they may obtain some income security via CPP Disability, they are not provided with the range of medical supports (medications and the remaining 25% portion of the Assistive Devices Program) offered by ODSP.

For example, it has been our experience that clients living in the community often have to pay for a range of day-to-day necessities such as catheters out of pocket. Given that they are relatively financially vulnerable, we have come across clients who re-use catheters at great risk to themselves, and at greater cost to the health care system. While some municipalities do provide one-time funding in similar instances, the lack of such supports is distressing for this population.

As the government has made wise investments in seniors community-based strategies, it nonetheless remains that seniors with complex health conditions face a wider range of challenges should they choose to reside in the community.

Recommendation

1. Engage in dialogue with the federal government and work towards providing comprehensive extended health supports to those clients on CPP disability.

Conclusion

We appreciate the opportunity to present our views to the commission with respect to possible changes to ODSP. Many Ontarians, people with SCI among them, are greatly impacted by the structure and benefits of the program. For those recipients able to work, customized supports should be implemented. For those recipients unable to work, they too should not be resigned to an existence of poverty and piecemeal improvements over time. Substantive change for the better is ambitious – it requires innovative approaches and a willingness to lead – but is possible.

We look forward to further opportunities to consult with the Commission as we move forward to revise ODSP in such a manner that is inclusive of all.

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