

Report to the Social Assistance Review Commission  
*Participant feedback from two community meetings  
in west-end Ottawa*

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## Acknowledgements

West End Legal Services of Ottawa and Western Ottawa Community Resource Centre wish to express our grateful appreciation to the residents, groups, organizations and support services, for your enthusiasm and dedication to joining this important dialogue in review of Ontario's system of Social Assistance.

Your honest, sincere, knowledgeable, and insightful contributions were invaluable in the development of this report and in our ongoing advocacy efforts in the Social Assistance Review Commission process.

Respectfully,

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WEST END LEGAL SERVICES OF OTTAWA/  
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## **Background – Social Assistance Review Commission**

In the 2008 Poverty Reduction Strategy, the Ontario government committed to a review of social assistance and in 2009, an Advisory Council was established to provide advice on how the review should be conducted. In its June 2010 report, the Council called for a broad review and as a result, an independent Social Assistance Review Commission was appointed by the Ministry of Community and Social Services in December 2010.

In June 2010, the Commission released its Discussion Paper, describing a ‘vision of a 21<sup>st</sup> century income security system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy’<sup>1</sup>. The Commission began traveling the province to attend numerous community consultations for feedback and dialogue, particularly with people having lived experience with social assistance as well as with organizations, groups, service providers, and so on, that connect directly with people impacted by social assistance. In addition, the Commission has agreed to consider any input received prior to September 1, 2011.

The Commission plans to release an Options Paper in November 2011, with further community consultations taking place in January/February 2012. The Commission has to prepare a final report that makes recommendations to government by June 2012.

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<sup>1</sup> Retrieved from A Discussion Paper: Issues and Ideas. Commission for the Review of Social Assistance in Ontario, pg. 7 (<http://www.socialassistancereview.ca/commission-publications>)

## **WOCRC involvement in the Social Assistance Review**

Locally, the Western Ottawa Community Resource Centre (WOCRC) participated with the Coalition of Community Health and Resource Centres of Ottawa along with the Income Security Advisory Centre, Campaign 2000, and other local and provincial groups, to bring a workshop to Ottawa in June 2011 for women living on low income. WOCRC further participated in the Commission's downtown Ottawa community consultation in July 2011.

Given the importance of this opportunity for the government to hear from people having lived experience with low incomes, WOCRC went to work to bring another consultation to the west-end of Ottawa in hopes of making it more accessible to people living in the suburban and rural communities. Collaborating with the West End Legal Services of Ottawa (WELS), WOCRC planned and facilitated two community meetings in Kanata in August 2011. This paper is a compilation of responses, feedback, and dialogue recorded during those two community meetings.

## **Western Ottawa Community Resource Centre and West End Legal Services of Ottawa: Who we are**

Western Ottawa Community Resource Centre is a non-profit charitable organization incorporated in 1986, one of fourteen Community Health and Resource Centres in Ottawa. WOCRC provides a vast array of community, health and social services and programs to benefit individuals of all ages in the Goulbourn, Kanata, and West Carleton areas. WOCRC also offers community support services to residents of Nepean. WOCRC envisions a future in which Western Ottawa is comprised of vibrant, safe, healthy communities where everyone has access to the services and resources they require for their health and well-being<sup>2</sup>.

West End Legal Services of Ottawa is a community legal clinic that has been serving low income residents who live in the west end of Ottawa, since 1981. WELS is a non-profit corporation with operations overseen by a community-based board of directors, working with individuals, groups and service providers to make justice more accessible. WELS is part of a network of 79 provincial legal clinics funded by Legal Aid Ontario<sup>3</sup>.

Together, WOCRC and WELS planned and facilitated two community meetings in Ottawa's west end, providing residents, groups and organizations an opportunity to share their views on social assistance, housing, child care and education.

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<sup>2</sup> <http://www.wocrc.ca/en/about-us.aspx>

<sup>3</sup> <http://www.westendlegal.ca/>

## WOCRC Next Steps

WOCRC will submit this paper to the Commission before the feedback deadline of September 1, 2011. WOCRC has committed to sharing this paper with all participants of the two community meetings held in August, 2011, as well as present the paper to its Board of Directors and share it on the website: [www.wocrc.ca](http://www.wocrc.ca). WOCRC is committed to continuing this dialogue and helping to raise awareness of the feedback provided by the west-end community.

In collaboration with West End Legal Services of Ottawa, WOCRC plans to host another community meeting once the Commission's Options Paper is released, sometime in January or February 2012. Increased outreach and advertising will be done for future meetings, in response to participant's feedback from the August 2011 meetings.

## Participant Feedback and recommendations from Community Meetings

### August 25 and 26, 2011

In total, eleven (11) community residents living on social assistance (e.g. Ontario Works or Ontario Disability Support Program) attended the meetings and shared their valuable time and feedback. In addition, nine (9) service providers participated in the local meetings. Organizations represented include WOCRC (Violence Against Women, Counselling Services, Chrysalis House shelter for women and their children, and Housing staff representatives, along with WOCRC Executive Director), Kanata Food Cupboard, Community Child Care, Ottawa Public Health – Rural, Rotary Club of Nepean-Kanata, and Hironnelle Educational Resources. Numerous others were interested but unavailable; they are included in a network of information-sharing regarding the Social Assistance Review.

Both community meetings were aimed at engaging community dialogue and feedback, using a basic outline for discussion questions. The following is a compilation of responses and overarching **recommendations**, framed within four main themes as adapted from the Commissions' Workbook<sup>4</sup>:

- Visioning (Issue 4: Viable over the Long Term)
- Rules (Issue 3: Easier to Understand)
- Employment Supports, Education, and Training (Issue 1: Reasonable Expectations and Necessary Supports to Employment)
- Money / Rates (Issue 2: Appropriate Benefit Structure)

### Visioning (Issue 4 - Viable Over the Long Term)

*If you could change one thing about OW/ODSP, what would it be?*

- more child care / subsidies for families, especially special needs
- Federal Tax Credit; calculation regarding income deductions needs to consider tax credits at all levels of government and the person's eligibility for the tax credits (e.g. not all ODSP recipients are eligible to the Federal credit for persons with disability)
- not enough money/supports; overburdens other agencies/services
- need to be able to attend higher education with goal of sustainable income – choices / opening doors
- lack of health benefits in low income jobs; need for ongoing health benefits
- more assistance when people are in crisis before in need of OW / ODSP benefits

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<sup>4</sup> Adaptation of materials retrieved from Income Security Advocacy Centre: Facilitator's Guide for a Workshop on the Social Assistance Review (<http://sareview.ca/isac-resources/facilitators-guide/>)



- community awareness about benefits /supports; need to sensitive to specific family circumstances
- amount of money; rate; standard of living
- awareness of actual expenses, e.g. internet, home ownership, insurance
- savings/assets – rules are too punitive; not allowed to have assets
- support starting business
- too many rules
- ODSP processes more transparent; more accountable
- ODSP workers as advocates (e.g. give referrals to programs) vs. adversaries (policing role)
- Caseloads too high
- Many programs specific to kids / families. What about single men or single women? Some groups fall through the cracks.

*What do you think the purpose of social assistance should be?*

- Vision: create policies supportive of all people; make it equitable; increase awareness and reduce stigma
- Include values/beliefs training and philosophy and overarching guiding beliefs that move away from fraud focus (punitive).
- Assume that people are honest as a starting point (people have to get around the need for survival). Start from scratch instead of trying to work within current flawed system
- Support idea of ‘community’ and build public support for community
- Look to successful past stories, e.g. from Aboriginal philosophies of communities and people helping people
- Less view on individuals and fraud
- More advocates, less adversaries
- Ensure a dignified quality of life; fix the elements necessary for quality of life and then focus on the abilities and desires of clients
- Increase flexibility, individualize process for individual scenario and needs (e.g. Family moving in together for support, share costs, and for increased self-care and overall health and wellbeing)
- Integration of services, e.g. housing, social services, etc.
- Recognize importance of participation in community events and leisure, e.g. cultural, linguistic, and in general, sustainable and grassroots community-building that starts from people gathering and being together.
- More integrated system with child care subsidies
- Program that encourages stable, happy families
- Program encourages higher education and long term stability

- OW/ODSP/EI – different purposes:
  - OW/ODSP should be one program with more discretionary benefits (OW) and more money (ODSP)
- Special Diet – not cutting programs people need. Need to think long term vs. short term (e.g. people get sick without adequate benefits = get worse and places more burden on other sectors, such as medical sector)
- Lack of awareness. People should be told of programs and resources specific to their needs; system should share information
- Less like a factory, more personalized. Less referrals to other places; make it a one-stop-shop.
- Need to focus on basic personal needs before a person can go out to work
- Glasses/dentures – lists of where to go first, etc.
- Less regional differences regarding medical and dental benefits
- Refer to reports, e.g. CMHA concrete recommendations on Mental Health from Senator Michael Kirby, Poverty reports on housing and employment
- Improve ODSP dealings with mental health more effectively
- Increase worker awareness / mental health sensitivity
- Focus on taking people out of poverty instead of pushing them into poverty / keeping them in poverty.

### **Recommendation**

Assume people are honest. Create equitable policies inclusive of all people. Help move people out of poverty. Be responsive to current economic realities e.g. employment, actual cost of housing, nutritious food. Be transparent and accountable. Ensure a dignified quality of life, supporting people in their abilities. Encourage long-term, sustainable health and wellbeing, including access to leisure and recreation. Recognize and support the integration of systems, e.g. increase public support for ‘community-building’, decrease stigma of poverty and disabilities, and link with child care subsidy system, education, employment and housing sectors.

### **Rules (Issue 3 - Easier to Understand)**

*Tell us about rules that aren't working for you and the impact each rule has had on your life and your family.*

- No deductions from working income until certain amount (50% is disincentive). Should be sliding scale by income/month
- Remove disincentives to working – e.g. claw-back for income earned

- Have a grace period to allow time to do the work, try the work, and stay in the work if that is possible (e.g. especially important for ODSP / Mental Health recipients)
- Remove rule that punishes people for losing their jobs or quitting
- Reduce the number of rules, make it more transparent, make it easier for public to access and understand the rules
- Improve communication – awareness, consistent messaging / workers awareness of rules / simplify rules / make rules available and accessible, e.g. not everyone has internet
- Increase awareness of ODSP requirements in medical community
- Increase consistency province-wide; also need for flexibility, recognition specific needs in area/region
- Lower caseloads for workers – study on caseloads needed to examine number of cases and amount of time required to deal with each recipient's needs with a goal to determining caseload with maximum efficiency and necessary individual supports
- Sustainability should not be about caseloads and cost but about value
- Workers low paid, some work double shifts, leads to illness, impacts recipients when workers turn-over and are off on sick leaves
- There is a fear of dealing with workers – too much paperwork e.g. sometimes nothing has changed but there is a huge list of the same questions asked over and over. Only ask for changes to avoid duplication (e.g. person with low literacy level receives assistance to report to ODSP monthly on her income, although her monthly income has not changed over time, or money is spent on annual file reviews although simply asking if there are any changes would often be more efficient)
- Have workers come to group living homes, e.g. retirement homes, when people need it or there are several recipients there
- Less focus on fraud and punitive rules
- Shorten appeals process and make it less complicated; quicker with responses
- Increase medication coverage; more holistic, more flexible (decrease and simplify rules). Should not be limited to generic or most expensive medications if a doctor prescribes something; allow physician flexibility to add medication that is not on the 'list'
- Need dentures, medical, basic needs consistency – medical supplies, dentures, eyeglasses, etc. Need individualized and responsive system, e.g. if your eyeglass prescription changes, you cannot go back for three years.
- Cover medical supplies (e.g. insulin covered but needles are not)
- Remove the requirement to prove need for medical supplies, e.g. *Depends* undergarments for incontinence

- Need more flexibility with drug card. In emergency, if there is a need for medication and your drug store is not open, you cannot get the medication. People should have their own plastic cards
- Assets – need recognition of role of safe, affordable, quality housing in long-term sustainable health, including increased costs associated with home ownership, which is a lesser cost than rent (e.g. insurance, property taxes, maintenance). Need more than current Community Start Up Benefit in a two-year period as home ownership costs are ongoing.
- Increase flexibility to cost-share, e.g. allow for roommates, sharing groceries, etc.
- Recognize and validate social, community (e.g. cultural and linguistic) and family supports in role of long-term sustainable health
- Remove punitive rules, e.g. travel limits and time limits for travel (what if someone else paid for the out-of-country trip? What if there was a family emergency out of country?)
- Flexibility to review / change ‘dumb’ rules, e.g. take money away from paying system to look into fraud and put it somewhere useful in a system that assumes people are honest.

### **Recommendation - Easier to Understand**

Reduce and simplify the rules. Make rules accessible to the public and workers. Increase consistency and transparency in communication. Remove punitive rules and disincentives to work. Examine the impact of the worker-role on clients. Simplify and increase medical and dental coverage. Ensure asset and cost-sharing rules support long-term sustainable health and wellbeing. Improve asset rules to allow people to build assets as a safety net.

### **Employment Supports, Education and Training (Issue 1 - Reasonable Expectations and Necessary Supports to Employment)**

*What employment supports, education and training programs do you need to get the kind of career you want? What other supports do you need to be able to work or be part of your community?*

- Support to start a business, need to allow to hire staff, need deductions for having employees
- Give list of employment supports – give the list but not help making decisions: wastes time and energy. Need to have more than one chance in case first one doesn’t work out.
- Education – need to be able to access; not focused on jobs that are low-income
- Tutoring supports through education
- Individualize system

- Training with co-op (e.g. guaranteed employment) or directed at employment market where the jobs are
- Every business should have a person linked with disability community as a job advocate
- Skills assessment and employment matching needed
- Communication at level accessible by average person e.g. grade six literacy level
- Lots of programs at local colleges – need system to address other barriers to physically get there e.g. child care needs, transportation supports, housing stability needed, or for people who for mental health or other reasons cannot physically get there (e.g. other learning opportunities and approaches)
- Illiteracy – basic literacy programs should be available, for example, for newcomers.
- Programs should be available per the interest and career avenue of the person; plans should be developed for career advancement and training as desired by the individual
- More awareness of economic reality re. difficulty finding jobs with high level of education – contract type jobs are up, etc.
- Ongoing health benefits very important
- Many people told to stay home (especially where there are high child care needs) – need more incentives to pursue employment and education
- More support in changing jobs or moving to a better paid job, etc.
- Recognition and value and incentives for volunteer work – networking and skills obtained are invaluable; increased self-esteem; self-motivated and self-directed. Volunteerism should be supported with clothing and transportation benefits.
- Employers look twice at recipients, especially ODSP, mental illness. Need clothing, attire (e.g. for women living in shelter after fleeing violence in relationship).
- Private sector concern re. hiring ‘disabled’ – need more business partnering, incentives. ODSP/disability labels impact hiring (need affirmative action/accommodation to be enforced, or benefits to employers to hire, need awareness raising re stigma and disability)
- Barriers: right type of attire, even at stage of going to interview (shaming, vulnerability before even getting to the interview); transportation; stable housing, childcare/health (basic needs to be stable first before being able to pursue employment/career)
- Public perception needs to be counteracted – knowledge, information, advocacy (social assistance system plays a role in this)
- Employment supports – fit people into the program vs. programs focused on that individual’s needs, skills and interests; supports to focus on person and what he/she wants

- More supports for seniors so not having to work so long and financially vulnerable (trickle-down effect)
- Evaluation re. numbers decreased. Should be looking at long term numbers instead. Focus on long-term security vs. short term
- Rural accessibility is further barrier. Need awareness re. accessing opportunities. Need car/gas/insurance, etc. ; cannot access these on social assistance
- Para transpo and services for people with disabilities being cut back – difficult to access. Result is cannot make appointments, e.g. medical, employment
- OSAP – have to take student loans vs. ODSP, not fair. Have to pay back student loans and this is disincentive to further education. Don't cut off benefits when have to take loans for school/education
- Cut off 33 months re employment supports – should be ongoing supports (government subsidized employment).

*If people were required to get treatment or rehabilitation in order to be eligible for OW / ODSP and not get cut off, how would this affect you?*

- Mandating activities concerning if person can be punished for lack of resources, e.g. mandated for anger management classes but year long wait list
- There is a lack of mental health services; what does 'treatment' mean; from which philosophy? Don't take away choice of the person in seeking treatment, including if it is not available.
- Avoid taking individual out of the process
- Need to provide all supports to allow to participate
- Client visits can be valuable if the person wants them.

### **Recommendation - Reasonable Expectations and Necessary Supports to Employment**

Tailor education programs to the person's abilities and interests, including access to existing higher education by removing disincentives to education and continuing benefits when people have student loans. Validate that employment is not accessible for some people. Partner with businesses. Support training and employment co-operatives. Support starting a business and hiring employees. Ensure integration of basic needs systems to participate in opportunities, e.g. housing, child care, transportation (Para-transpo), health benefits, alternative training needs, volunteerism, etc. Address unique barriers faced by rural residents. Provide support to people who want to engage in treatment but do not mandate it.

## Money/Rates (Issue 2 - Appropriate Benefit Structure)

*What basic needs do you have that you cannot afford right now?*

- Household costs, repairs (timely), e.g. insurance, flexibility to meet those needs
- Cost of living increase – indexing (cost of food, gas, etc). Need realistic picture of the costs
- Be responsive and quick in emergency situations
- Issue where months have five weeks; fifth week is very hard. Benefits should be based on number of days per month.
- Child's salary (e.g. McDonald's) should not be counted as family income
- Need better respect for the individual and understanding of people living in poverty in the rural community, e.g. we have to spend more of our income on gas, car maintenance, property maintenance, and travel far distances to purchase groceries and access services – 20km for food, 35km to Royal Ottawa Mental Health Centre, General Hospital)
- Inequality because various rates in different municipalities, need standard rates with some adjustment for northern regions, etc.
- Increased integration of services, housing, social services
- Food – need to afford, Put Food in the Budget – nutritious food, cultural food, supplemental needs, dietary needs (e.g. gluten-free diets). Nutritionists, family physicians and oncologist have all commented that ODSP food allowance is inadequate.
- Need poverty line in Canada; need rates to bring people above it
- Meet cost of rent – actual costs and mortgage/homeowner costs
- Cable, internet, phone should be added to basic needs – e.g. CRTC digital conversions = no television for people on low incomes
- Special diet – healthy food.
- Joint custody needs supports to better support full family/ both parents
- Forcing women to pursue child support, etc. is a pride/safety issue if the separation is related to violence in the relationship. Needs to be accessible. Discrepancy re. legal support of low income vs. 'have' spouse – need better legal access in multiple languages
- Too 'nice', too much owned to be eligible – forced to look the part, valuing re. 'not worth it', assumptions
- Increase rates (still not at pre-1990's rates)
- Rates – shelter portion needs to reflect reality of rent in region – subsidized spaces not available
- Look at costs of shelters - \$80 - \$100 per day. Need integrated system!
- Special diet – change language to basic needs for food
- Cover medical supplies

- Leisure, recreation. Social, mental, emotional needs = long term health and wellbeing. Need to be recognized.
- Costs for physical therapy and swimming for back problems need to be covered
- School fees – supplies
- Education supplies all ages, children and families
- Acknowledge need for balance: work and play
- Integration of services – quality child care a basic need but providers paid poorly (below minimum wage)
- Need a minimum safety net.

### **Recommendation - Appropriate Benefit Structure**

Increase rates to reflect actual cost of living, e.g. multiple-year wait list for subsidized housing. Recognize role of changing technology as basic need, e.g. cable, telephone, internet (high speed). Advocate for standard poverty line in Canada and set rates to bring people above it. Remove 'special diet' label and provide nutritious, cultural, dietary, and supplemental food needs as basic need. Address barriers faced by women fleeing violence in relationships. Acknowledge integrated social, mental and emotional needs for long-term health and wellbeing.



## **Participant Evaluation of community meetings**

Seventy-five (75) percent of participants completed an evaluation form:

- 100% of participants reported the session was worth their time and they would recommend it to others
- 93% of participants reported learning new information.

### **Comments**

- 'more determined to encourage appropriate change'
- 'still believe a lot can be done'
- 'too bad coworkers didn't take advantage of this'
- 'very VALID discussion'
- 'Enlightening and interesting. This is a long-time concern of mine and I appreciate the opportunity to contribute and learn'
- 'it gave me the opportunity to safely express my opinions'
- 'need to be more inclusive of different ethnic groups; recommend the session to those who don't have language ability to understand this topic'
- 'continued contact should be a priority re. WOCRC clients attending sessions and better-advertised meetings before the elections'
- Other - participants expressed importance of better advertising for future meetings.