



CANADIAN MENTAL
HEALTH ASSOCIATION, ONTARIO
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POUR LA SANTÉ MENTALE, ONTARIO

Improving Ontario's Social Assistance System

Response to: "Discussion Paper 2: Approaches for Reform"

A submission from
Canadian Mental Health Association, Ontario

March 15, 2012

The Canadian Mental Health Association, Ontario (CMHA Ontario) is a not for profit provincial organization committed to improving services and support for individuals with mental illness and their families, and to the promotion of mental health for all Ontarians. Policy research on employment and income for persons with mental illness and income supports is an active area of our work.

This submission provides our feedback to the Commission for the Review of Social Assistance in Ontario on your second discussion paper, *Approaches for Reform*. We are providing our advice through a health-in-all-policy lens. This approach recognizes that health outcomes are significantly influenced by policies arising from non-health sectors; and therefore, all policy options need to be reviewed with consideration of their impact on health and well-being. This is a prerequisite for transforming social assistance in Ontario, as income and health are intrinsically linked.

CMHA Ontario acknowledges that the policy options presented by the Social Assistance Review Commission are being addressed within the constraints of needing to reduce Ontario's growing deficit. To move toward a more equitable program for recipients already living in poverty, significant improvements in social assistance will be needed. In keeping with the aim of poverty reduction, and in light of current fiscal restraints, CMHA Ontario urges the Commission not to recommend changes that will leave social assistance recipients worse off than they are presently.

Reasonable Expectations and Necessary Supports to Employment

CMHA Ontario recognizes that the Commission listened to community concerns regarding the suggested option that mandatory treatment be a condition to receive social assistance. We are thankful to note that this option is no longer under consideration.

We commend the Commission for their understanding of system complexities and inefficiencies, and applaud their efforts to recommend substantial changes to the Ministry of Community and Social Services regarding social assistance.

While reforms in the labour market are outside the scope of this review, any recommendations regarding employment of people on social assistance must take into account the realities of the labour market and the structural barriers that exist in the employment of persons with mental health disabilities. CMHA Ontario therefore recommends the following measures to facilitate the employment of persons with mental health disabilities currently receiving social assistance into the labour market:

Recommendation #1

Participation requirements should remain voluntary for ODSP recipients.

In the context of a labour market that is unaccommodating, and employment services that are presently insufficient and inaccessible, instituting participation agreements for ODSP recipients who experience fluctuating work capacity is problematic. Recipients' abilities to consistently adhere to rigid participation requirements may jeopardize their income and health. The full implementation of the AODA will not change this reality and should not be tied to work requirements, paid or unpaid.

Recommendation #2

Work assessments should not be used to determine eligibility for income support.

Work assessments can be a valuable tool to use in identifying someone's readiness for work. They have been used with success in Canadian programs to determine what activities need to be undertaken to better prepare for work.¹ However, work assessments are most beneficial as one of a set of tools used to start the vocational process. Furthermore, it is problematic to use work assessment as the only tool to project employment success, especially for persons with mental health disabilities whose ability to work may be episodic. It should be noted that utilizing assessments before placing a client into paid employment is not conducive to best practice in mental health literature.² The limitations of such a tool to predict workforce success is further evidenced in UK work assessment evaluations.³

The best way to guard against assessments that are not accurate and may contribute to lack of success in the workplace is to put in place a system comprised of multiple measures that align with the needs of persons with mental health conditions. More research needs to be conducted on the best tools for use in the Canadian labor market.

Recommendation #3

A broad range of education/training and employment support activities should be created and implemented to ensure long-term job success.

CMHA Ontario is encouraged that the Commission has acknowledged the value of providing a full continuum of supports, with the appropriate funding mechanism. Discussion Paper 2 accurately identified pre-employment training and post-employment services such as job retention supports as essential components of an effective employment program for individuals with barriers to employment. CMHA Ontario supports this proposed change to current programs. With the exception of employment programs funded by the Ministry of Health and Long-Term Care, employment programs accessible to persons with mental health disabilities – acknowledged by the Commissioners as the fastest growing segment of the ODSP caseload – are guided by results-based outcomes that are counterproductive to securing long term employment for this population.

The current ODSP employment program design is founded on the work-first approach, which often leads to job placements that do not match the needs and the skills of program participants. The focus on job placements lead to a stream-lined system that is heavy on job development and light on the supporting activities that are essential to long-term employment success. As stated in our submission to Discussion Paper #1, persons with mental health disabilities who are recipients of ODSP should not be pressured to accept work if it will negatively affect their health status. As your reports indicates, the goal of the program should never be “getting people into temporary or low-paid jobs, even if they are likely to return to social assistance” (p.31, Discussion Paper). When the right supports are in place, both OW and ODSP recipients can and will work.

Ineffective job placements can be avoided by creating programs that provide a full range of training and supports for persons with mental illness, such as job readiness and job coaching, and can help providing better access to preferred employment opportunities. Job readiness activities include soft skills such as time management, social skill development, etc. If these skills are not addressed pre-employment, success in the workplace is tenuous. In addition, supported education and employment models have been shown to result in sustained employment at higher wages⁴. Additionally, persons with mental health disabilities who receive employment supports have a higher rate of job retention than those who do not receive these supports.⁵ For example, job coaching is an essential activity that helps clients maintain employment post placement. Unfortunately, these are the very services that are not funded or not funded for long enough. Evidence from the field indicates that as soon as the supports are lost the ability

to continue employment is compromised. This removal of supports is akin to having to wheelchair ramp for someone with a physical disability. Once they are doing well at work, the ramp isn't taken away. It continues to be there to support them. The amount of support can be flexed but total removal should be a more lengthy process. For individuals served by the Ministry of Health and Long-Term Care, there are time-unlimited supports. Not all individuals with mental health conditions will need ongoing support; but rather, services to support employment should be matched to the unique needs of the individual. Current employment support for recipients of OW and ODSP should be more flexible.

In this age of austerity, the cost of doing nothing is not an option. The cost of not providing these supporting activities will cost the system 5.5 to 6.6 percent of GDP.⁶ By comparison investing in training for low income adults would generate additional revenue of 1 to 1.5 billion dollars increasing the GDP.

Recommendation #4

An integrated employment system should include specialized providers that have a combined mental health and employment support skill set.

With the ODSP caseload increasing by 5%, largely due to mental health disabilities, employment services that respond to a person's mental health needs alongside their employment search should be essential. Specialists skilled in addressing both mental health needs and employment are already in the employment system. These specialized agencies are funded by Employment Ontario, the ODSP employment program, and the Ministry of Health and Long Term Care. Therefore, any integration strategies must include all three Ministries.

Your second discussion paper presents three options for improving collaboration: improved provincial-municipal/First Nations collaboration; municipalities/First Nations deliver all employment services; or consolidate all employment services with Employment Ontario (EO) providers.

- The first option will move employment services forward with the least amount of additional resources, as all three Ministries are already operational. However, improved collaboration must also include the Ministry of Health and Long-Term Care.
- The second option is also feasible if municipalities were mandated to provide benefits consistently across the province. Furthermore, the municipality already has administrative responsibility for services that, if in place, provide for better employment outcomes, such as housing and transportation. This can be achieved by aligning policies of the Ministry of Community and Social Services (MCSS) with those of the Ministry of Municipal Affairs and Housing (MMAH)⁷ and other municipal departments. Municipal delivery should only be considered if the current employment network consisting of community agencies skilled in employment delivery to persons with mental health issues remains intact. Lastly, municipal delivery of employment services would ensure persons with disabilities to have the same access to a range of employment and employment-related supports that are currently available to OW recipients.

While CMHA Ontario supports a single entry point to employment support; in theory, we do not support the transfer of all employment services to EO at this time. Enhancing employment services to persons with disabilities under the EO umbrella has been "on-hold" since the EO implementation process began in 2008. Employment Ontario does not appear ready to lead the development of a disability strategy that will incorporate specialized employment services.

Whichever option the Commissioners chooses, it must include discussions with the Ministry of Health and Long-Term Care. Specialized employment services must be retained as an essential component of a new employment network resulting from social assistance reform.

Recommendation #5

Extend idea of community involvement benefits for First Nations as a step to job readiness.

As the Commission has recognized, persons with a mental health disability comprise over one-third of recipients and is the faster growing group of recipients. Despite these numbers, only 14% of ODSP recipients with a primary diagnosis of mental illness access the ODSP employment program. Evidence from the field indicates that for many people with mental health disabilities, volunteering can be an entry point into paid employment and provides a sense of well-being; therefore, volunteering should be seen as a valid outcome within an employment support program. The discretionary volunteer benefit payment of \$100/month should also be extended to ODSP recipients for those who choose to participate in volunteer activities.

Recommendation #6

Do not separate recipients into categories of “can work” and “cannot work”.

The Commission has categorized people with disabilities into those that can work and those that cannot work. For those deemed unable to work, a new system design is presented as an option that would classify them as severely disabled. This is an artificial divide. Such distinct categories do not exist in practice, especially for persons with mental health disabilities. Due to the episodic nature of their disability, work may be punctuated by periods of work absence. However, restricting them to a category that may not permit work (an issue that the paper does not address) would be as a huge step backwards in policy development. An approach which separates people into disability categories based on severity of illness also does not account for systemic, structural and attitudinal barriers which often preclude individuals with mental health disabilities from reaching their full potential. We therefore do not see the feasibility of separating the delivery of benefits in this manner. An alternative solution would be to create a comprehensive range of services that can be individualized based on need at the time.

Recommendation #7

Update and adopt the “Making it Work” employment framework for persons with disabilities.⁸

Approaches for Reform acknowledges the need to develop a comprehensive, responsive, appropriately funded system of employment supports for persons with disabilities. This does not need to be a resource intensive process, as Ontario already has a template for an employment framework that is well suited to the longer-term supports required by persons with disabilities. *Making It Work, the 2001* employment framework developed by the Ministry of Health and Long-Term Care, sets out directions for a system of accessible, individualized, and collaborative employment supports for persons with mental health disabilities. This approach could be applicable to other populations with disabilities. The approach described in *Making It Work* identifies access to pre and post employment support activities as key program activities. This approach aligns more closely to the needs of job seekers with disabilities and speaks to the concerns raised in your paper. Utilizing this framework would require a partnership between the Ministry of Community and Social Services, Ministry of Health and Long-Term Care and the Ministry of Training Colleges and Universities, to bridge training and employment opportunities for the most marginalized job seekers. This collaboration should also include the business community and the training and education sectors.⁹

We also recommend that the Ministry of Health and Long-Term Care's specialized employment support programs for people with mental illnesses be integrated into a comprehensive network of employment services future employment support, in order for Ontario to develop an inclusive system.

Recommendation #8

Develop and implement a range of employer requirements to ensure an increased supply of workers with mental health disabilities in the labor market.

Stigma is a significant attitudinal barrier that restricts opportunities for people with mental health disabilities to fully participate in society. Because of stigma, people with mental health disabilities are often excluded from the larger social sphere and denied adequate housing, education and employment opportunities.

There is much evidence to indicate that employer misconceptions and attitudes toward job seekers with mental health disabilities act as a greater barrier to securing employment than the disability itself. In response, there has been much work done to educate employers and address discrimination. However, these measures are long-term strategies and will take many years and a major cultural shift to achieve. Persons with disabilities cannot wait years for this to happen. More proactive measures need to be set in place now to ensure the untapped labor of persons with disabilities is realized.

Employer incentives in the form of wage subsidies have been the most popular strategy to encourage employers to hire persons with disabilities. However, wage subsidies have achieved a mixed success and do not ensure long-term retention. By contrast, government actions such as employer quotas have shown positive results. A 2010 employment discussion paper recommended that mental health, social service and other public sector systems must become "exemplary employers." These practices should be extended to Canadian private sector businesses as well.

Quebec has taken a positive step regarding employment equity by implementing *An Act respecting equal access to employment in public bodies and amending the Charter of human rights and freedoms* as of April 1, 2001. This Act applies to all public bodies with 100 or more employees in the municipal sector and in the education, health and social service systems. It also applies to other organizations, such as Crown corporations, and the *Sûreté du Québec* with regard to its police force.

The US Department's Office of Federal Contract Compliance Programs, on December 9, 2011, proposed a rule that would require federal contractors to establish a hiring goal of 7 percent of the employer's workforce for persons with disabilities. The proposal represents a change from over forty years of OFCCP policy requiring contractors to make a "good faith effort" to recruit and hire people with disabilities.¹⁰

"In 2003, Serbia recognized for the first time that people with disabilities are a vulnerable group requiring extra assistance, and in 2010, an employment quota system was brought into effect. This system required employers to hire at least one person with disabilities for every 20-50 employees, and to hire another person with disabilities for every 50 additional employees. Almost 3,700 people with disabilities found employment, up from only 600 in 2009."¹¹

Appropriate Benefit Structure

Recommendation #9

Establish an independent rate review board to develop criteria for setting social assistance rates.

Approaches for Reform recognizes the “trade-offs” needed to balance fairness between social assistance recipients, and those low-income Ontarians that work and do not have access to the extra benefits provided to social assistance recipients. CMHA Ontario appreciates the struggle the Commissioners have to recommend a reform that does not disadvantage working age adults. However, we contend that this debate pits two groups of Ontarians against each other and further detracts from setting appropriate rate structures for social assistance recipients based on real market costs for shelter and other living expenses. CMHA Ontario supports establishing an independent board of experts and people with lived experience to develop criteria for setting rates that are based on the market basket measure. To address the fairness issue, we would echo Poverty Free Ontario’s recommendation and call on the government to set a decent floor for living conditions for all low income people in Ontario.¹² This can be done by raising the minimum wage to \$12.50 by 2014 so that all full-time, full-year workers earn income that would bring them 10% above the poverty line.

Recommendation #10

Closing income gap in the rate structure should not disadvantage ODSP recipients.

We are unclear what the Commissioners mean by “the rate differential with Ontario Works could be removed from the current ODSP rate.” CMHA Ontario does not support reducing ODSP rates to be more in line with OW rates; rather, we support a more equitable rate between programs that reflect the real costs of living. Community advocacy groups have long called for a closing of the gap between current income benefits and what is needed to provide for a decent level of income. It is not only the right thing to do, but it has been shown to benefit the economy.¹³

Recommendation #11

A new income supplement must not disadvantage persons with mental health issues.

In theory, a new income supplement is a good idea to provide the extra cost of support that persons with disabilities require; and to make up for decreased earning power persons with disabilities may experience. However, this would only be a positive improvement if it complemented – not replaced – with existing benefits. Due to the lack of information regarding the extra supports required by persons with mental health disabilities, we would agree with the Commissioners that some analysis and design work should be undertaken before a new benefit is introduced.

Easier to Understand

Recommendation #12

Replace current system of surveillance with an audits-based approach.

CMHA Ontario commends the Commission for recommending reform to this part of the system. The current social assistance programs operate within a surveillance process that is administratively heavy and lends a culture of suspicion. Every overpayment and missed reporting period is dealt with by automatic benefit suspension notices. This method of operating creates extreme anxiety and stress in recipients, who may be unaware that a problem exists.

CMHA Ontario supports moving to this process with one caveat. System helpers need to be put in place to provide support to persons with mental health disabilities who go through an audit. People with mental health disabilities often experience poor memory, lack of concentration, cognitive difficulties. This may make it challenging to keep and present a myriad of receipts at year's end in a timely fashion. Assistance in this regard will prevent penalties for non-compliance. System helpers also provide personal contact that is lacking in the current system. This contact will be advantageous as it will reassure recipients that their concerns are being addressed.

Recommendation #13

Asset levels should be raised for social assistant recipients.

CMHA Ontario supports the raising of asset levels as a poverty reduction measure in a reformed social assistance system. It has long been known that asset-stripping forces people to subsist on rates that are well below established poverty lines.¹⁴ Asset levels should be more equitable between OW and ODSP. We support raising levels in addition to expanding current exempt savings. This should not be an either 'or' proposal. You suggest introducing an Individual Savings Account. While this has proven effective in building additional resources for education or moving, it cannot be sustained without an increase in the basic income rates. Without sufficient income, there is no additional money for savings.

Viable over the Long-Term

To help achieve viability, *Approaches for Reform* recommends three options for integration and delivery of social assistance. CMHA Ontario supports the first option: to continue the current model of separate delivery of Ontario Works and Ontario Disability Support income programs; with administration of employment supports downloaded to the municipal level. This approach is also consistent with recommendation #4 that recommends combining employment and employment-related services at the municipal level.

Delivery of ODSP should remain with the province until such a time as the existing issues with municipal delivery of Ontario Works is resolved. At present there is inconsistent application of policies across the province. This results in different and unequal treatment of recipients depending on where they live. Receipt of ODSP is already laden with a myriad of complex rules, downloading to the system may well introduce more inconsistency and difficulty navigating the system resulting in increased stress and anxiety for recipients.

CMHA Ontario supports eventual downloading administration and funding of employment supports to the municipalities. The municipalities are uniquely positioned to create or maintain linkages to the local labor market. Additionally, integrating employment services at the municipal level will provide recipients with access to the same level and range of employment service and supports as OW recipients are provided, with one caveat: employment services for persons with disabilities must retain a flexible job search process, a hallmark of specialized supports. The municipality does not necessarily possess disability specific expertise. For this reason, delivery of employment services should remain with the existing employment network(s), who have the disability expertise and understanding of local labor market needs. This restructuring will take planning and consultation. CMHA Ontario echoes the ODSP Action Coalition in calling for a series of representative advisory groups made up of people with lived experience of OW / ODSP and service providers to be established to assist in the development of a new integrated employment system.

The overriding objectives of social assistance should be to reduce poverty, treat people with dignity, and provide positive, personalized supports to employment rather than negative penalties and disincentives.

The government's current focus on cutting costs should not be done at the expense of Ontarians on the bottom rung of the income ladder. CMHA Ontario appreciates the need to ensure sustainability of social assistance programs and whenever possible, effectively support Ontarians to move beyond into the work force.

We would be pleased to discuss our recommendations with you further.

Please contact

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