“If it’s Still Broke, Fix It”: Reducing Poverty by Improving the Ontario Disability Support Program

A Submission from the Access Committee of the ODSP Action Coalition
to the Ontario Cabinet Committee on Poverty Reduction July 2008

Introduction and Summary

The ODSP Action Coalition was formed in 2002 and is made up of community activists, community clinic caseworkers, and agency staff. We undertake activities designed to raise awareness of issues affecting persons in receipt of Ontario Disability Support Program (ODSP) benefits. The ODSP Action Coalition is leading the campaign to document and publicize problems with ODSP and engages in advocacy to encourage solutions to these problems.

We are pleased to submit this report for the review of the government’s Cabinet Committee on Poverty Reduction, as we believe that implementation of the recommendations herein would make significant progress toward reducing the poverty of those currently living on ODSP, as well as the many who qualify but, for a variety of reasons, cannot access ODSP benefits.

Since the ODSP was created in 1998, numerous surveys, reports, and investigations have chronicled a variety of barriers faced by people trying to access and/or maintain financial benefits. Most of these barriers are systemic – they are inherent in the ODSP program, whether by design or by practice, and prevent the program from adequately serving the needs of the people who find themselves forced to rely on it. The barriers in ODSP not only impoverish people by preventing them from accessing necessary supports, they also create a sense of despair at ever being able to live life to the fullest.

In the spirit of poverty reduction, the Access Committee of the ODSP Action Coalition has taken the initiative to review many of these reports, with an eye to compiling a list of common barriers and recommendations for change. We hope that these recommendations can be incorporated into the government’s upcoming Poverty Reduction Strategy, and that positive changes can be made to ODSP so that it becomes a program that actively supports people with disabilities to get out of poverty.

Seventeen reports written by service providers, policy analysts, client groups, and academics between 2001 and 2007 were reviewed, from which 261 recommendations were taken. Many of the same problems appeared throughout these reports and many similar recommendations for change were made. The names of these reports, their bibliographic details, and their scope of enquiry are attached in Appendix I.

We have grouped our findings into 48 systemic barriers, affecting six areas of concentration which correspond to specific processes in the ODSP system: the Application Process, Disability Determination, Financial Eligibility and Maintenance of Benefits, Benefit Rates, Service Delivery, and Internal Review and Appeals.

The 48 barriers to benefits are listed in the Table of Contents for easy reference. Throughout this report, each of the barriers is accompanied by a brief summary of the issues involved and followed by specific recommendations for change, arranged in chronological order. Notes have been made where the recommended changes have been implemented, in whole or in part.

It should be noted that this report was explicitly not intended to review and enumerate barriers to those benefits and supports that are intended to help people enter or re-enter the labour market. So, for example, while issues surrounding earnings exemptions are very important to the income levels of people receiving social assistance, they were not included here. This decision was taken because other groups and individuals are addressing employment-related issues; nevertheless, it was felt that identifying and advocating around the barriers identified in this report are important when considering ways in which to approach ODSP reform.

The picture that this report paints is of a system riddled with barriers – a system that remains broken, despite the many recommendations and complaints made over the years. Problems with the provision of information and the complexity of processes or forms prevent many people from entering the program at the outset. Adjudication processes that are seen as neither transparent nor fair result in significant delays and reduced benefits for many who are struggling. Communications that are neither complete nor compassionate degrade, frustrate, and humiliate people whose situations require support and assistance. And the general culture of disentitlement that pervades the entire social assistance system leaves many struggling more to maintain their benefits than to live productive and fulfilling lives.

We strongly believe that a system that has been documented to be broken needs to be fixed. This government's commitment to poverty reduction gives us hope to believe that, finally, ODSP can become the income security system that it was intended to be – one that truly supports people with disabilities and gives them the means to get out of poverty, rather than continuing to condemn them to a life sentence of living in poverty and despair.

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I. Application Processes

Several reports highlighted the need to simplify and speed up the application process, shorten the time for eligibility decisions, and streamline administration by eliminating unnecessary rules (Bernard 2001; Fraser et al 2003; ISAC / SCSA 2004; Matthews 2004). These and other reports note that intake and application are cumbersome, overly bureaucratic, and unnecessarily restrictive and impersonal. A variety of processes and procedures as well as use of particular communication technologies pose specific barriers to access for various groups and individuals.

Barrier 1: Information provided at intake is neither clear nor complete

First contact with ODSP is characterized by unclear information and ineffective communication. In particular, those who wish to apply for ODSP benefits have difficulty accessing the application package and often do not receive complete information about entitlements, supports, and program requirements.

Report	Recommendation
Bernard 2001	All applicants should be given clear written information about: • All entitlements and supports, • All responsibilities, particularly on what is considered "income", • All relevant phone and fax numbers, and • Rights of appeal.
Bernard 2001	Additional means must be established to provide information in a way that accommodates the needs of people who do not have English or French as a first language and people with diverse disabilities, such as people who are visually impaired, people with developmental disabilities, people with head injuries, individuals with cognitive impairment, and individuals who cannot read, including but not limited to: • Written material in languages other than English and French, • Translation services for people with a first language other than English or French.
Bernard 2001	Have application forms easily available, in the community and at government offices.
CAMH 2003	All clients should be given clear and accurate written information that outlines their entitlements and responsibilities under the ODSP system.
ODSP AC 2003	Pamphlets on self-help and where to get assistance with an application should be available at all offices and should be given to all applicants.
ODSP AC 2003	There should be no barriers to obtaining ODSP application forms – applications should be made available at community agencies, institutions and local MPP offices.
ISAC / SCSA 2004	Income security offices should have staff dedicated to assist applicants and recipients in understanding the various programs and associated application procedures.
Street Health 2006	That MCSS make ODSP workers available in person when an applicant first inquires about an ODSP application, on the telephone, in local ODSP offices, and in alternate spaces (e.g., homeless shelters, drop-ins, agencies) on a regular basis.
Street Health 2006	That MCSS create standards of practice and provide appropriate training to ensure workers are proactive in explaining the application process in detail.

Barrier 2: All technologies are assumed to be appropriate for all

The intake system assumes that all applicants have unproblematic access to a telephone, among other technologies.

Report	Recommendation
Fraser et al. 2003	Change the call centre (ISU) process so ODSP applicants can easily by-pass telephone screening and have their application taken in person by ODSP staff. * Note: this has been done, but only in part.
Jamieson 2003	Steps should be taken to improve central intake procedures to address problems associated with the requirement for access to a telephone; long telephone calls; and, long waits on hold and busy signals.
ODSP AC 2003	Telephones in ODSP offices should be answered by human beings, not voice mail.
Matthews 2004	Close Intake Screening Units (ISU's) * Note: This has been done.

Barrier 3: Assistance with the application process is needed but not provided

Problems with the complexity of the ODSP application process are highlighted by repeated suggestions that the ministry provide assistance to those wishing to access benefits, either directly or through funding arrangements with community organizations and/or municipalities.

Report	Recommendation
Bernard 2001	Fund advocates, including other recipients, to assist new applicants.
Bernard 2001	In every OW office there should be dedicated staff specifically to help applicants through the ODSP process. These staff should not have an OW caseload, and a designated percentage of OW resources should go to ODSP liaison work (possibly target 15% of resources).
Bernard 2001	Increase financial support for ODSP liaison workers in the municipal OW offices.
Fraser et al. 2003	Provide support workers to assist applicants in getting through the process. This would include providing ODSP liaison workers in OW offices and funding trained community workers to outreach to disabled individuals in the community, including those living on the street.
ODSP AC 2003	ODSP workers should be more pro-active in assisting clients in completing forms and obtaining information necessary for eligibility determination – arrangements should be made for community volunteers to accompany clients to medical appointments and follow up on paper work.
ODSP AC 2003	OW offices should designate specific workers to handle all ODSP application cases, and the telephone screening process should not apply to ODSP applicants.
ODSP AC 2003	Support workers should be assigned to help with the application process – ODSP offices should ensure that applicants who need special help are matched with appropriate support groups or advocates – consideration should be given to the establishment of a funded advocacy office with a mandate to assist individuals with the ODSP application process

ISAC / SCSA 2004	Income security offices should have “advocacy workers” or an “ombudsman” to assist clients.
Mayson et al 2006	The Ministry must recognize its “duty to accommodate” people with disabilities who apply to ODSP. Accordingly, resources should be provided to assist people with the application process. Assistance should include liaison with appropriate health professionals to ensure the package is not only completed on time, but that it fully and adequately documents all health conditions and restrictions in activities of daily living. Applicants should also be assisted in completing the Self-Report, meeting all deadlines, and dealing with the Internal Review and appeal process if necessary. Because people access help in a variety of places, support to applicants also needs to be available from a variety of sources, including OW and ODSP offices, and especially in the community through street outreach to homeless and mentally ill applicants.
MISWAA 2006	Ontario should make improvements [to ODSP] including revamping the ODSP disability determination process to bring many of the services that are only available on appeal (better medical information, services of legal clinics and advocates) to the first stage of the application process.
Street Health 2006	That MCSS and the City of Toronto provide funding for a two-year Income Support Worker pilot project where two Income Support Workers receiving funding to work out of accessible community sites to outreach to and work with disabled homeless people in familiar places to access and maintain ODSP benefits, and to address their related income, housing and legal needs.
Centre 454 2007	That the ODSP Application Support Worker project be expanded to other regions in the province.

Barrier 4: No flexibility in documentation requirements

Gathering the identification and financial documents required to begin the application process can be very difficult for people applying for social assistance, and in particular for people with disabilities who are applying for ODSP. This problem is particularly acute for those who are currently homeless.

Report	Recommendation
Bernard 2001	Streamline and simplify the application forms, and reduce the documentation required.
Bernard 2001	Affidavits should be satisfactory in lieu of documents which are difficult, expensive, or impossible to obtain, as is the case in court proceedings.
Matthews 2004	Establish a task force to undertake a cost-benefit analysis of existing rules, with the goal of streamlining administration and eliminating unnecessary rules, such as allowing visual verification instead of photocopying and filing paper. * Note: this has been done, but only in part.
Street Health 2006	That MCSS eliminate barriers to proof of identity and income by: • using identification and financial documents already on file at OW; • accepting expired documents to prove identity; • using existing identification to verify identity that would be proven with other identification (e.g., use SIN number to verify citizenship and income).

Barrier 5: Fees are required for some documentation

In addition to the problems associated with having to gather documentation, accessing some documents requires paying an administrative fee, which is a barrier to many.

Report	Recommendation
Bernard 2001	Provide funds for required documents which carry a fee.
Bernard 2001	Cover the cost of information related to qualifying and the Consolidated Verification Process.
ODSP AC 2003	The fees paid to doctors for ODSP applications should be sufficient to cover both completion of the application forms and attachment of consultation reports.
ODSP AC 2003	The Ministry should reimburse successful applicants for the costs of obtaining clarifying medical reports.
Mayson et al 2006	Applicants and/or their advocates who provide additional medical information should be reimbursed for the costs of that information, particularly in cases where a negative decision is overturned.

Barrier 6: No continuity of contact during the application process

The prevailing "business model" requires that applicants conduct all the necessary follow-up to ensure that their application is proceeding properly. This puts an unfair onus on the applicant, particularly when they are struggling financially and dealing with their disabilities.

Report	Recommendation
ODSP AC 2003	There should be a liaison person at ODSP to answer questions and solve problems relating to the ODSP system, status of appeals etc.
ODSP AC 2003	The DAU should be more pro-active in obtaining necessary medical documents and clarification.
Marin 2006	That the Ministry of Community and Social Services establish appropriate service goals for the treatment of pending applications under the Ontario Disability Support Program, including keeping in regular contact with applicants to advise them of the status of their applications on a regular basis and providing useful information by telephone where possible.
Mayson et al 2006	Involve the applicants in the DAU's processes wherever possible.
Street Health 2006	That MCSS assign a specific ODSP worker to each application file once it has been submitted, and ensure that this worker has copies of all forms and attachments to the application.
Street Health 2006	That MCSS ensure that ODSP workers are accessible to applicants who want to inquire on the status of their application.
Street Health 2006	That MCSS ensure that ODSP workers are proactive in notifying applicants of any additional information needed for their application. * Note: this has been done, but only in part.

II. Disability Determination Processes

After financial eligibility has been determined, the Disability Determination process presents another set of barriers for people applying for ODSP.

Barrier 7: Disability Determination forms are too complex

Not only is it difficult to get a Disability Determination package, the forms are so complex that they are often too difficult for many applicants to fill out. This creates a serious barrier for many people with disabilities, particularly those who have cognitive impairments.

Report	Recommendation
Fraser et al. 2003	Simplify and shorten DDP forms. Make the revised forms public and allow for community consultation.
Fraser et al. 2003	Link questions on the DDP forms to the legislated definition of disability, and instruct health practitioners to include their clients' medical/test reports. * Note: The self-help form in DDP has been modified
ODSP AC 2003	The application forms should be revised and simplified to make them more "user friendly", with clearer plain-language explanations of the information required and the tests to be met.
ODSP AC 2003	The forms should address mental health problems more specifically.
ODSP AC 2003	The forms should be made available in different languages.

Barrier 8: No medical practitioner to complete Disability Determination application forms

While many applicants have contact with walk-in clinics, hospital emergency rooms, or other kinds of health care providers, they often don't have their own family doctor or other approved health care provider who can fill out the Disability Determination Package.

Report	Recommendation
ODSP AC 2003	Individuals should have access to an effective doctor-referral service.
ISAC / SCSA 2004	Equal access to physicians across Ontario must be ensured.
Mayson et al 2006	Expand the list of persons who are eligible to complete the DDP. Accept "lay medicals" especially in those cases where the applicant may not have access to someone with the prescribed qualifications, or where the lay medical adds to the application significant value and information that might not otherwise be available. * Note: the list has been somewhat expanded from the original process.
Nipissing 2006	That MCSS meet with representatives from the registered Physicians, Nurses, or Dieticians to discuss improving access to these approved health care providers when recipients apply for other benefits, such as the Special Diet Allowance.

Street Health 2006	That MCSS expand the definition of an approved health care provider (with "prescribed qualifications") to include registered nurses, non-registered qualified social workers, naturopaths, etc.
Street Health 2006	That MCSS provide an information sheet with all ODSP application packages that includes a list of names / contact information for local CHCs and the local College of Physicians office, who can provide a list of doctors currently taking patients.
Centre 454 2007	That layman's assessments be credited with greater value in the disability determination and that these assessments be used if no medical practitioner can be secured.

Barrier 9: Doctors don't fill out medical forms accurately

While many people with disabilities do not have appropriate access to an approved health care provider, those who do – or who have that access negotiated by a worker – can often face a situation wherein that professional is unable to accurately fill out the medical forms. This can result in denial of benefits or significant delay during disability adjudication. While we understand that the DAU has provided some training to physicians, more needs to be done.

Report	Recommendation
Bernard 2001	Provide accurate and clear written information to physicians in the Province regarding the program, about the application forms, and clarifying expectations regarding information provided by physicians.
ODSP AC 2003	Doctors should be given clearer instructions on the completion of the application forms – in particular, doctors should be told to attach relevant specialist reports and test results – and they should be provided additional space on the forms to include further information.
ODSP AC 2003	The categories of people who are legally qualified to complete the ODSP application forms should be expanded to include social workers and/or community agency staff.
ODSP AC 2003	Individuals should have access to an effective doctor-referral service.
Mayson et al 2006	The DDP needs to be revised again, to simplify the forms and write them in clearer language, to get closer to the goal of collecting all necessary information at the application stage rather than the appeal stage. The Ministry needs to consult with front line community workers who assist applicants as well as with the medical community in revising the package.
Mayson et al 2006	Provide training on a variety of topics to all persons who have the qualifications to complete the DDP.
Street Health 2006	That MCSS work with health care providers to develop more effective ODSP medical forms by including on the forms: • clear, more easy to understand language; • clear instructions to health care providers on how the forms are to be filled out; • encouragement to health care providers to describe all of an applicant's relevant medical conditions and issues; • sufficient space throughout the forms for narrative descriptions of these issues; • a direct request for information about an applicant's ability to sustain employment without substantial restriction to the forms (e.g., include a question about whether an applicant is unable to sustain work primarily due to health reasons, and for what period of time).
Centre 454 2007	That doctors be given information and training about ODSP and how to complete the ODSP Application package.

Barrier 10: 90-day time limit on ODSP application packages

Gathering and compiling all the information required in the Disability Determination package and submitting it all within 90 days can be impossible for people with disabilities, particularly if the applicant is without a family doctor or other approved health care provider, does not have the appropriate identification or access to financial records, and/or has no assistance with this process.

Report	Recommendation
ODSP AC 2003	The 90-day deadline on the return of applications should be extended.
Street Health 2006	That MCSS eliminate the 90-day time limit for submitting completed ODSP applications.

Barrier 11: Disability adjudication takes too long

The significant amount of time that it takes to have a disability determination made is a major barrier to benefits, and applicants are often subjected to severe hardship – often on OW – while the determination is being made.

Report	Recommendation
Street Health 2006	That MCSS reduce the number of steps and decision-makers involved, and establish a 3-month time limit within which applications will be processed and benefits paid to the applicant (which is the standard time used by the private long-term disability insurance for provincial employees).
Marin 2006	That the Ministry of Community and Social Services review the service standards for the adjudication of Ontario Disability Support Program applications and determine what the optimal processing time should be given the intent and purpose of the program and determine what staffing strategies are required to process Ontario Disability Support Program applications expeditiously.
Marin 2006	That the Ministry of Community and Social Services statistically track cases to determine with greater accuracy those that come within its service standards and those that fall outside of those standards.
Mayson et al. 2006	Commit additional resources to the DAU to ensure that initial decisions on applications are made within three months of receiving the completed applications, and that Internal Reviews are done within one month.

Barrier 12: Lack of transparency and fair process

Concern was raised that the standards used by the DAU to determine disability are not public and do not coincide with the interpretation of disability established by the Courts and the Social Benefits Tribunal. (See also Barrier 15.)

Report	Recommendation
Bernard 2001	Change the process so people who are entitled to ODSP benefits qualify the first time around and do not have to go through an unnecessary appeal process.
Bernard 2001	Give more credibility to the health professionals completing the forms.

Fraser et al. 2003	The DAU decision making process must be made more transparent and accountable. This would include: • Explaining the rating system used by adjudicators; • Ensuring that adjudicators understand and implement Court interpretations of the definition of disability; • Giving more weight to the opinions of applicants' health practitioners; • Guaranteeing that decisions are made within 60 days of submitting complete applications.
ODSP AC 2003	The DAU should consider the opinion of a family doctor as to the degree of impairment and restrictions, regardless of the nature of the condition.
ODSP AC 2003	Disabled persons should not be penalized for attempting work or volunteer activity during the application process.
ODSP AC 2003	DAU adjudicators should be required to have certain minimum qualifications.
ODSP AC 2003	DAU adjudicators should have greater accountability for their decisions.
ODSP AC 2003	The DAU should provide fuller reasons for its denial at first instance – including attaching a copy of its adjudication summary to the denial letter.
ODSP AC 2003	The DAU should apply the ODSP disability test in accordance with the principles established by the courts and the SBT, and should consider the individual's whole picture, including the cumulative effect of all impairments and the compounding effects of socio-economic barriers.
ODSP AC 2003	The DAU should have an opportunity to interview the applicant at a local office to get an appreciation of all the factors involved.
ISAC / SCSA 2004	People making eligibility decisions for disability benefits must be qualified to assess disabilities.
ISAC / SCSA 2004	Medical evidence must be fairly and completely assessed.
Mayson et al. 2006	An analysis of the cases that are initially denied by the DAU but then granted during IR and Appeal should be done to see what kinds of disabilities tend to be involved in such cases. An examination of the type of information used to verify the disability in those cases may lead to a method of gathering such information at the initial application stage.
Mayson et al. 2006	Continue Quality Assurance Initiatives at the DAU.
Mayson et al. 2006	Ensure that the Self Report is seriously considered by the DAU and provide resources to the community to ensure that the Self Report is completed.
Mayson et al. 2006	Provide adequate and effective training to DAU Adjudicators on a wide variety of topics, including how to apply the law.
Mayson et al. 2006	DAU Adjudicators must carefully and fully document the reasons for denying eligibility for ODSP benefits.
Mayson et al. 2006	Make the disability determination process more public and transparent.
Street Health 2006	That DAU adjudicators accept the diagnoses and descriptions of qualified health care providers without requiring unnecessary additional specialist opinions and medical test results to determine eligibility.

Barrier 13: Addiction is specifically excluded as a disability

The exclusion of addiction from the definition of disability has been identified as running contrary to the *Ontario Human Rights Code*. The Ministry continues to appeal decisions based on addiction.

Report	Recommendation
CAMH 2003	Addiction should be recognized as a disability and the statutory ban on eligibility for clients with addictions should be eliminated.
ODSP AC 2003	Substance addiction should be recognized as a disease and the statutory bar on eligibility in addiction cases should be eliminated.
Mayson et al 2006	Remove the discriminatory provision excluding persons with addictions, who otherwise meet the statutory definition of disability, from receipt of benefits.

Barrier 14: A systemic culture of disentitlement

While this barrier can be thought of as applying more generally to the entire social assistance system, disability adjudication is often highlighted as a process more attuned to denying benefits than providing support, contrary to the intent of remedial legislation.

Report	Recommendation
Bernard 2001	Give people an opportunity to clarify any misunderstanding, rumour, or lack of information before punitive action is taken.
ISAC / SCSA response	The rules should explicitly contain a provision that extends the benefit of the doubt to recipients. Recipients, low-income working people, and their advocates should be included in a review of the rules.
ISAC / SCSA 2004	A client-centred focus should inform income security programs – workers should be trained and permitted to think of themselves as advocates for their clients.
Mayson et al 2006	Bring about an attitudinal or culture shift at the DAU, so that the focus is on granting instead of denying ODSP benefits to eligible applicants.
Mayson et al 2006	Ensure that the DAU takes a broad and holistic approach to the determination of eligibility for ODSP benefits, using a social model of disability, looking at the “whole person” and applying the Court of Appeal’s decision in *Gray v. The Director of the Ontario Disability Support Program*.

III. Financial Eligibility and Maintenance of Benefits

Many of these reports indicate that social assistance eligibility rules are too restrictive, and that these rules contribute to the problem of the length of the application process (see, for example, Mosher et al 2004; ISAC / SCSA 2004). A variety of barriers were identified.

Barrier 15: Asset and income rules unduly impoverish recipients

Asset rules have been singled out as both punitive and counter-productive to the aim of reducing dependency on social assistance. There have been recent changes to RESP rules, but additional changes would better address the issues raised.

Report	Recommendation
ODSP AC 2003	Asset levels should be increased so that recipients can make financially responsible decisions on saving for their family (RRSPs, RESPs etc.).
ISAC / SCSA 2004	Recipients should not be subject to unreasonable income and asset rules.
ISAC / SCSA 2004	Asset exemptions under Ontario Works and ODSP should be increased.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as changing asset rules re: benefits to provide a reasonable cushion for unexpected expenses.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as allowing parents to keep RESPs for children's' education, * Note: RESPs held for related persons are now exempt.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as allowing recipients' children to save money without penalty to the family.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as allowing students receiving OSAP to stay at home without penalty to parents' eligibility.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as exempting scholarships and bursaries as income for parents of students.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as allowing people to keep vehicles, especially where public transit is not available.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as eliminating liens on homes. * Note: Liens on principal residence have been eliminated.
ISAC 2005	The liquid asset level should reflect half the value of Statistics Canada's pre-tax, Low Income Cutoff for each community.
ISAC 2005	The inability to sell a second property should not be a bar to eligibility for social assistance. * Note: Liens against 2nd property are no longer required.
ISAC 2005	RESPs and RRSPs should not be counted as assets. * Note: RESPs held for related persons are now exempt.

ISAC 2005	Personal vehicles of any reasonable value should not be counted as assets.
ISAC 2005	"Tools of the trade" should not be counted as assets.
ISAC 2005	Parents should be able to receive student loans for their living expenses without having them deducted from their social assistance cheque.
Matthews 2004	Revise eligibility rules to facilitate access to transportation by considering an increase in the allowable value of a vehicle.
Mosher et al. 2004	Review the level of allowable assets and the process of asset depletion to ensure that women and children are not being "pauperized" in order to be deemed eligible for welfare (e.g., educational savings, and selling a car worth more than $5000.).
Beatty 2005	Undertake a comprehensive review of assets regulations to create a more consistent approach to assets and income.

Barrier 16: Dependency on parents limits benefits

The Dependent Adult Living with Parent category discriminates against people with disabilities who have not left the parental home. For this and other reasons, the Task Force recommends that government repeal and treat the applicant as an independent adult.

Report	Recommendation
Mosher et al 2004	Eliminate the dependent adult category and treat all adults as independents.
ISAC 2005	The dependent adult category should be eliminated.

Barrier 17: Spouse-in-the-House rules

The legislation as currently enacted defines a spouse / same sex partner in a manner that contradicts the *Family Law Act*. This means that people who would not for any other purposes be defined in this way are expected to provide support to a recipient of social assistance benefits. People receiving benefits can have their benefits inappropriately reduced or cut altogether as a result.

Report	Recommendation
Mosher et al. 2004	The definition of spouse and of same sex partner, for the purposes of OW and ODSP, should track actual legal obligations for support under the *Family Law Act*.

Barrier 18: Income reporting requirements

These requirements can be impossible for many people with disabilities, and are particularly inappropriate for those whose disabilities completely prevent them from ever entering the labour market. A system that requires self-reporting by people with disabilities demonstrates a culture of disentitlement and lack of support.

Report	Recommendation
Jamieson 2003	As self-reporting is very difficult for people with mental health issues, and as the rules stipulate termination of benefits for those who fail to self-report, it is recommended to either set up a flag in SDMT for non-reporters so that caseworkers can follow up; or, send termination letters to an approved support person who can follow up.

Barrier 19: Rules requiring pursuit of child support can pose dangers for women

A variety of recommendations were made related to the requirement for women to pursue child support from non-custodial parents. In particular, changes to regulations should be made so that the difficulty – and potential for danger – that this poses for many women is recognized and adequately addressed.

Report	Recommendation
Mosher et al. 2004	Any pursuit of child support must be voluntary recognizing that there are many reasons, including the possibility of increased violence, that would deter a woman from pursuing support. Thus, receipt of benefits should not be made conditional upon the pursuit of support.
Mosher et al. 2004	Social assistance recipients should receive a financial benefit for pursuing child support; benefits should not be deducted dollar for dollar.
Mosher et al. 2004	When the social assistance recipient wishes to have the child or children supported by the other parent she should always be given the option of having the government pursue this support pursuant to section 33 of the *Family Law Act*.
Mosher et al. 2004	If abuse has been disclosed and a support application is contemplated the safety implications of pursuing support must be considered.

Barrier 20: Rules that treat all recipients as potential committers of fraud

These rules unnecessarily criminalize recipients, and create a culture of suspicion and the sense that recipients are innately immoral for having to rely on benefits. While the lifetime ban on receiving additional supports when found to have committed fraud has been removed, the preoccupation with fraud continues in other guises.

Report	Recommendation
ISAC / SCSA 2004	Fraud committed through ignorance of social assistance rules or desperation should be treated with compassion. Punishment should never make someone destitute or cause undue hardship.
Mosher et al. 2004	The welfare fraud ‘hot line’ should be eliminated.
Mosher et al. 2004	A thorough review of the circumstances in which women are being charged with fraud should be undertaken.

Barrier 21: Loss of benefits while in hospital or incarcerated

The program delivery does not currently reflect the policy design in terms of both the hospitalization policy and rapid reinstatement provisions.

Report	Recommendation
Bernard 2001	Continue the shelter allocation for people in hospital for extended periods of time, if they will be returning to housing after their recovery. * Note: Regulations now allow 3 months with possible extension.
CAMH 2003	Rapid reinstatement policies should be applied to clients already granted ODSP, but whose benefits are temporarily discontinued due to hospitalization or incarceration.

Barrier 22: Insufficient services and supports for medically/socially unemployable people

Very successful pilot projects have been undertaken in Ottawa and Toronto to provide supports for vulnerable applicants from the beginning of the ODSP application process.

Report	Recommendation
Toronto 2002	That the Minister of Community, Family, and Children's Services address current provincial criteria for the Ontario Disability Support Program (ODSP), such that individuals who are medically and socially unemployable have greater access to the program.
ODSP AC 2003	Resources and funding should be made available so that an ODSP applicant can obtain a psychological or functional assessment in appropriate circumstances.
Mayson et al. 2006	The Ministry should develop processes and cost-sharing to allow for psycho-educational assessments to be done upon referral by appropriate OW and ODSP staff.

Barrier 23: Lack of coordination between OW and ODSP offices

The harmonization of documentation requirements and the streamlining of the intake process for applicants to ODSP from OW have resulted in some improvements in coordination between the two programs, but more can be done.

Report	Recommendation
ODSP AC 2003	The transition between OW and ODSP should be streamlined to avoid unnecessary delays, OW referrals to ODSP should be confirmed in writing to the applicant, and communication between OW and ODSP should generally be improved. * Note: Some harmonization and streamlining has occurred.
ODSP AC 2003	Coordination between OW and ODSP should be improved.

IV. Benefit Rates

Barrier 24: Rates are too low

The vast majority of reports highlighted the inadequacy of rates, and made specific recommendations about increasing rates to levels more in line with a variety of targets, including "cost of living", some type of market-basket measure, "adequacy", and those benefits received by seniors. Others focus on increasing the incomes of people receiving social assistance. The government's poverty reduction strategy provides an opportunity to improve access to the ODSP program and to increase benefit rates.

Report	Recommendation
Bernard 2001	Increase the benefit levels to reflect the real cost of living.
CAMH 2003	First and foremost ODSP rates should be increased.
ODSP AC 2003	ODSP income support rates should be increased to reflect real current market rents and costs.
ISAC / SCSA 2004	Raise social assistance benefits to a livable level; everyone should be able to have an income that meets their basic needs including housing, utilities, food, telephone, cable, clothing, toiletries, and recreation.
Mosher et al. 2004	Increase benefit levels to reflect the actual costs of living, including realistic amounts for rent, nutritional food, utilities, telephone and transportation. Levels should not only meet basic sustenance needs but should allow for equitable participation in society.
Beatty 2005	The improvement required to ensure that all ODSP clients have their basic needs met is a full review of the adequacy (or inadequacy) or the ODSP benefit levels, and of the health and disability-related supports package.
MISWAA 2006	The Ontario government should reinstate earlier provincial policies to set disability benefits at the same levels received by senior citizens who have no other source of income.
Nipissing 2006	Increase ODSP incomes, based upon an index of average household expenditures (LICO or market basket measure).

Barrier 25: Basic Needs benefits are too low

A significant barrier to appropriate support is the extremely low rate of basic needs benefits, which are not sufficient to provide adequately for the daily needs of individuals and families on ODSP.

Report	Recommendation
Bernard 2001	Adjust the basic needs allocation to reflect the real current market costs of normal expenditures including food, clothing, transportation, heat, utilities, phone, childcare (if applicable), health related expenses, education.
ISAC / SCSA 2004	Ensure adequate benefits to cover telephone expenses.

Nipissing 2006	Increase the basic needs benefit by an amount that will decrease the clients' food-to-income ratios to that of the District's median, or approximately 10% of income. Calculations would probably show that this approaches the Low Income Cutoff Levels; OR, Create a food allowance which would be added to the basic needs and shelter allowance. This allowance would be indexed to the local nutritious food basket (published annually by Ontario's public health Units) and would change as the family moves through its life cycle. The food allowance could be calculated through a weighted index, and could either be administered as a separate benefit or added into basic needs.

Barrier 26: Shelter benefits are too low

Another significant barrier is the amount of support provided for shelter. Shelter amounts are insufficient to provide for both housing costs and utilities – often dangerously so.

Report	Recommendation
Bernard 2001	Adjust the maximum shelter allocation to reflect real current market rents.
ODSP AC 2003	Financial help should be available for recipients facing utility cost increases. * Note: The Emergency Energy Fund has been implemented, but only covers arrears.
ISAC / SCSA 2004	Raise the OW and ODSP shelter allowances and tie them to average rents in different communities.
Matthews 2004	Establish a task force to undertake a cost-benefit analysis of existing rules, with the goal of streamlining administration and eliminating unnecessary rules, such as considering a flat-rate shelter allowance or eliminating the separate allowance altogether.
Nipissing 2006	Review the current ODSP Shelter Maximums: • With the view of making the shelter maximums more reflective of the local housing markets. Also, to align the shelter maximums to the national components of core housing need (affordability, suitability and adequacy); • With the view of considering a different scale for clients who are not able to access social housing or any affordable housing programs, and who are paying market rent. The initial focus should be on single clients as this is where the largest affordability gaps are.

Barrier 27: Rules that limit recipients' ability to find and maintain housing

A variety of inflexible rules beyond shelter rates often make it difficult for people to find and maintain appropriate housing.

Report	Recommendation
Bernard 2001	Allow rent-direct when requested by client or advocate of client.
Bernard 2001	Provide first and last month's rent to clients seeking new accommodations.
Bernard 2001	Create flexibility so that homeless individuals are able to find a place in the middle of the month, and can receive a shelter allocation before the end of the month to enable them to secure the housing.

Bernard 2001	Implement more flexibility in allocating the Community Start-up Benefit.
ODSP AC 2003	ODSP recipients should be permitted to set up rent-direct or utility-direct payment on request - local ODSP offices should have links to community trustees for recipients who have difficulty handling money.
ODSP AC 2003	Community Start-Up Benefit requests should be processed in a more timely manner and there should be more flexibility in CSUB allocation.

Barrier 28: Insufficiency of transportation allowances

Transportation was widely recognized as a basic need. Insufficient provision for the costs of transportation in basic benefits was identified as a significant barrier to dignity and opportunity.

Report	Recommendation
Bernard 2001	Provide transportation costs to all ODSP recipients (bus pass or equivalent).
CAMH 2003	Extend eligibility for transportation allowance to more than just medical appointments to reflect the need for a multidisciplinary approach to recovery.
CAMH 2003	Automatically increase the transportation allowance when transit fares increase rather than having the client apply for an increase.
ODSP AC 2003	All recipients should be provided with transportation costs, including transportation to social recreation programs where medically recommended.
ODSP AC 2003	Access to transportation funds should be improved.
ODSP AC 2003	Recipients should be provided with bus passes.

Barrier 29: No regular review and/or increase of rates.

The lack of regular increases to rates is identified as a major source of deepening poverty, as well as a significant contributor to the stigmatization and indignity faced by people relying on ODSP.

Report	Recommendation
Bernard 2001	Provide cost-of-living increases
CAMH 2003	Rates should be adjusted annually to reflect cost of living increases.
ODSP AC 2003	ODSP income support rates should be adjusted regularly for cost of living.
Mosher et al. 2004	Implement a regular mechanism for reviewing the adequacy of social assistance rates, drawing upon data on nutritional food baskets from public health officials and indexing the rate to reflect the cost of living.
Beatty 2005	Increase ODSP rates at a fixed amount above inflation each year, until parity with OAS / GIS levels is restored.

Barrier 30: Phantom income becomes deemed income

Instances were identified in which monies that recipients are entitled to are counted as received income, even when those funds are not actually received by the recipient.

Report	Recommendation
Mosher et al. 2004	Eliminate benefit reductions caused by income that is deemed, but not actually received.
Matthews 2004	Consider reforms with respect to asset levels and limits, such as encouraging debt consolidation loans at lower rates of interest and exempting them as income.
ISAC 2005	Loans of any kind should not be considered income.

Barrier 31: No special benefits for individualised needs

The ODSP system as currently configured is not sufficiently configured to respond to the individual needs of people with disabilities. These needs are not discretionary but rather are day-to-day realities for many people. The program needs to provide better supports to respond.

Report	Recommendation
Bernard 2001	Make the drug plan and the Mandatory and Special Necessities program more responsive to the real needs of people with disabilities, and cover drugs prescribed by the client's doctor.
ODSP AC 2003	The drug plan and mandatory necessities program should be more responsive to the real needs of persons with disabilities - dental coverage should be expanded to cover actual costs. * Note: Special Care / Enhanced Care has been implemented, but it should be more widely promoted.
Mosher et al. 2004	Provide for a wider range of individual needs. These include costs of cultural interpretation and additional expenses associated with immigration/refugee status. New mothers and pregnant women require infant formula, special diets and clothing. Rural women, in particular, require special consideration in the treatment of their cars as assets and expenses related to the use of their cars. Dental and eye care are urgently required.
ISAC / SCSA 2004	Programs should cover all health and medical needs in a way that allows recipients to live with dignity.
ISAC / SCSA 2004	Programs should accept a wider range of treatment options so that recipients can choose the treatment that most suits their needs.
ISAC / SCSA 2004	All fees associated with treatments should be covered.
ISAC / SCSA 2004	Special diet benefits should be increased.
ISAC / SCSA 2004	All assistive devices should have 100% coverage which is paid at the time of purchase.

Barrier 32: Inappropriate rules around retroactivity of benefit payments

Retroactivity of benefit payments has long been an issue in ODSP, and while changes have been made, the issue of retroactivity should be re-examined.

Report	Recommendation
Marin 2006	That the Government of Ontario immediately amend section 17 of Ontario Regulation 222/98 under the *Ontario Disability Support Program Act, 1997* to eliminate the four-month restriction on retroactive benefit payment. * Note: This has been done.
Marin 2006	That the Ministry of Community and Social Services pay retroactive benefits to all applicants to the Ontario Disability Support Program who were disentitled to benefits as a result of Ministry delays and the impact of section 17 of Ontario Regulation 222/98 under the *Ontario Disability Support Program Act, 1997* limiting retroactive benefits to four months. * Note: This has been done.
Marin 2006	That retroactive payments made for benefits lost as a result of Ontario Disability Support Program delays not be considered in determining future eligibility for benefits of those affected. * Note: Retroactive payments exceeding allowable asset levels no longer disqualify recipients if brought to allowable level within 6 months.

V. Service Delivery

Barrier 33: System resourcing is insufficient

The long delays in several steps of the process – whether disability determination, appeals, contact with workers, etc. – were identified as a serious barrier to benefits, and increased system resourcing was noted as one of the ways to resolve these delays.

Report	Recommendation
Bernard 2001	Increase staffing levels in the ODSP offices in order to permit quality, in-person services.
ODSP AC 2003	Staffing at ODSP offices should be increased.
ODSP AC 2003	The number of local ODSP offices in each region should be increased, and both ODSP offices and the DAU should be given adequate resources so that applications can be processed in a timely fashion.
ODSP AC 2003	The number of SBT members and resources should be increased, in order to reduce the wait time for appeal hearings, extend the time allocated to hearings and arrange for better hearing locations.
Fraser et al. 2003	Provide more resources to the Social Benefits Tribunal for faster hearings and decisions.
ISAC / SCSA 2004	Ensure that programs have adequate funding and resources to provide timely processing of applications.
ISAC / SCSA 2004	Adequately resource the Social Benefits Tribunal in order that appeals can be heard in a timely manner.
ISAC / SCSA 2004	Adequate resources must be provided for appeal tribunals so that they can process appeals in a timely manner.

Barrier 34: Inadequate access to program staff

A significant barrier is the inability of recipients to reach staff at ODSP offices rather than through voicemail systems, and the delays that recipients experience in having their telephone calls returned. However, the service delivery model has been changed. The effectiveness of these changes should be subject to ongoing review.

Report	Recommendation
Bernard 2001	Modify the team approach so recipients can access an individual worker who has specific knowledge of their case. * Note: This has been partially done. More work is necessary.
Jamieson 2003	Address the problem of access to workers via telephone – significant frustration results from being unable to access a worker after an applicant has negotiated the impersonal intake system. * Note: This has been partially done. More work is necessary.

ODSP AC 2003	Bring back the human element to ODSP delivery – each client should have a dedicated ODSP caseworker who is held accountable for actions and decisions taken on his or her file – drop-in visits to ODSP offices should be encouraged. * Note: This has been partially done - although at least one office insists on appointments only. More work is necessary and the gains that have been made must be protected.
ISAC / SCSA 2004	Remove the 'team approach' for ODSP; each recipient should have a dedicated caseworker. * Note: This has been partially done. More work is necessary.
ISAC / SCSA 2004	Improve working conditions for caseworkers (e.g. reduce caseworker-to-client ratios).
Matthews 2004	Consider ways to make the offices more client-friendly, including longer hours of service.
Mosher et al. 2004	That the Minister review approaches to ensure that necessary information is available to individuals in a timely manner. Two options that should be considered for achieving this objective are a toll-free and dedicated 'help' line, and time limits by which workers must respond to client information requests.
Lewchuk 2007	The study indicates that staff felt that while some positive changes occurred due to the shift to the "New Service Delivery Model", understaffing in ODSP offices (i.e., caseloads too big) remains an issue – can't give clients good information.

Barrier 35: Impersonal and/or non-respectful communication between staff and recipients

Building good communications between staff and recipients is an integral part of supporting recipients with their day-to-day needs. A system that privileges impersonal and non-respectful communications – whether due to understaffing or to a general culture of disrespect – cannot be said to be supportive.

Report	Recommendation
Bernard 2001	Ensure that the ODSP administrative structure treats its clients fairly, respectfully, and with consideration.
CAMH 2003	Individual ODSP case workers should be assigned to clients in order to improve access to information and increase accountability. * Note: This has been implemented in part. More work is necessary
CAMH 2003	Service standards should generally be improved and clients should be treated with basic courtesies and respect.
CAMH 2003	Provide clear information regarding start-up allowance benefits and process requests in a timely fashion.
CAMH 2003	Any written information sent to clients should be checked for accuracy, be clear regarding the purpose, and include a contact name and number that clients can easily access to receive clarification.
ISAC / SCSA 2004	Recipients must be treated with dignity and humanity when they access or attempt to access income security programs.

Barrier 36: Information is not provided clearly and completely

Not knowing what benefits and supports are available and not being given the information necessary to understand program requirements, in appropriate formats, means that many recipients are effectively barred from accessing benefits and supports that could make their lives easier.

Report	Recommendation
Bernard 2001	Use friendlier, more accessible language in communications.
Fraser et al. 2003	Provide clear language information and training on the application process for applicants, community agencies and health practitioners.
ODSP AC 2003	All clients should be given clear and accurate written information as to their ODSP entitlements and any other available benefits and programs, their responsibilities, relevant telephone and fax numbers, and their rights of appeal – decision notices and all correspondence from ODSP should be clear and case-specific, and should include a contact name and number for any necessary follow-up.
ODSP AC 2003	Brochures and/or videos with overview information about how ODSP works and specific information about ODSP benefits should be made available to community agencies, and there should be regular venues for information-sharing about changes to ODSP services – ODSP should take steps to increase community presence and awareness – by holding information workshops, sending representatives to employment resource centres, and establishing liaison workers in community agencies, institutions, hostels and shelters.
ISAC / SCSA 2004	The provincial and federal governments should provide more public education on income security programs, their application procedures, eligibility rules, and entitlements.
ISAC / SCSA 2004	Programs should provide user friendly, comprehensive manuals explaining application processes, eligibility rules, and entitlements.
Matthews 2004	Produce brochures that clearly and simply outline rules, services and responsibilities in various languages.
Matthews 2004	Facilitate the communication of information to clients through newsletters, posters, etc.
Matthews 2004	Rewrite form letters to be more positive in tone and more informative in content.
Lewchuk 2007	The study indicates that community stakeholders felt that ODSP staff “were not always informing clients of their entitlements” (p.59).

Barrier 37: Inconsistency of information

Confusion and frustration arise when information provided is inconsistent from worker to worker and office to office.

Report	Recommendation
Jamieson 2003	Address the problem of inconsistent information being provided by different caseworkers, even within the same office.
Mosher et al. 2004	When language is a barrier to establishing or maintaining eligibility, OW and ODSP should only use trained interpreters.

Mosher et al. 2004	Give Ministerial direction to establish principles and guidelines regarding the provision of information to individuals on OW and ODSP. At a minimum these principles and guidelines must include: • full disclosure to the public, claimants, and recipients, of available benefits and conditions of eligibility; • the delivery of accurate information in a comprehensive, user-friendly and widely distributed form; • a recognition that at the point in time when women access the welfare system they are often in crisis • information that is accessible in a variety of languages and formats, reflective of the diversity of languages and literacy levels among OW and ODSP claimants and recipients.

Barrier 38: Intrusive requests for personal information

Confidentiality and respect are as important in terms of support as receiving a cheque. The maintenance of privacy for recipients and the prevention of unreasonable requests for information should be paramount in the system.

Report	Recommendation
ODSP AC 2003	Steps should be taken to ensure privacy and confidentiality at all ODSP offices.
ISAC / SCSA 2004	Individuals needing to access income security programs should not have to give up their privacy rights in order to obtain benefits.
ISAC / SCSA 2004	Governments should ensure that the personal information requirements associated with the programs are reasonable and are related to fair eligibility requirements.

Barrier 39: SDMT requirements drive the system

The Service Delivery Management Tool (or SDMT) is the system that applies the existing 800 rules. In the words of the ISAC review of the 2004 Matthews report: “It is clear that the SDMT was developed to frustrate rather than support a caseworker system based on client support and advocacy. Computer systems that are inflexible, e.g., the purported computer “glitch” that for months prevented the government from processing the 3% increase to social assistance rates, should be replaced.”

Report	Recommendation
Bernard 2001	Modify computer programs so that they benefit the clients first, the workload second.
ISAC / SCSA 2004	Overhaul the Ontario Works and ODSP computer system.
Matthews 2004	Reconsider the value of SDMT in the employment assistance process. SDMT should serve caseworkers as a support to administer, not drive, programs. Upon a review of rules, consider retiring SDMT.
ISAC / SCSA response	The SDMT should be retired.

Barrier 40: Insufficient multi-lingual services

Appropriate provision of services in the context of an increasingly multicultural population requires that services be provided in a variety of languages.

Report	Recommendation
ISAC / SCSA 2004	Programs must be designed to better accommodate the needs of persons whose first language is not English.
ISAC / SCSA 2004	Interpreter service must be provided.
ISAC / SCSA 2004	Information materials must be published in a variety of different languages.
Matthews 2004	Consider implementing more tools and services in French and other languages.

Barrier 41: Insufficient provision for service needs of people with disabilities

People who have disabilities have specific challenges that must be accommodated by a system purported to be serving their needs. The program should be redesigned in order to ensure that system requirements are responsive to the particular challenges faced by people with disabilities.

Report	Recommendation
Bernard 2001	Ensure that workers give assistance to clients on ODSP who, due to different types of disabilities, may not be able to fully participate in a typical “client-directed” system.
Bernard 2001	Improve service delivery by accommodating disabilities, ensuring accountability, and requiring respectful treatment of clients.
Bernard 2001	Make offices and means of communication accessible to people with diverse disabilities.
ODSP AC 2003	ODSP offices and communications should be fully accessible to clients with diverse disabilities.
ISAC / SCSA 2004	Programs need to be designed to better accommodate the needs of persons with disabilities generally, and persons with mental health needs and cognitive impairments particularly.
Lewchuk 2007	This study indicates that community stakeholders felt that the design of the program was unwieldy for many clients – that “the system is not sufficiently designed with [people with disabilities] in mind”.

Barrier 42: Insufficient understanding of impacts of disability

Training issues were raised consistently in many reports, with a particular emphasis on the need for staff to be trained on the impacts of disability in order to provide a system more sympathetic to the needs of people with disabilities.

Report	Recommendation
Bernard 2001	Implement sensitivity training with respect to accommodating different disabilities.

Jamieson 2003	Address the problem of insufficient knowledge and sensitivity on the part of caseworkers toward issues around mental health – specifically, set up specialized mental health teams in all OW offices.
ODSP AC 2003	ODSP workers should receive additional training and ongoing retraining on customer service standards, client relations, mental health issues and sensitivity (accommodating disabilities, anti-racism, cultural issues).
Lewchuk 2007	The study indicates that community stakeholders thought that ODSP staff's "limited knowledge…of a client's actual disability may … limit their ability to advise clients" (59) because "the balance had tilted too far towards privacy and as a result staff were unable to perform their tasks".

Barrier 43: Insufficient understanding of other issues / conditions

Staff training was highlighted as an issue in these reports, including the need for staff to be trained in a variety of areas that have a direct impact on service provision but which are outside the strict boundaries of the program.

Report	Recommendation
ISAC / SCSA 2004	Increase training for caseworkers on human rights, poverty, and the realities of life for people relying on social assistance and other income security programs.
ISAC / SCSA 2004	Increase training for caseworkers on the legislation relevant to their income security program.
Matthews 2004	Enhance caseworker awareness of mental health issues and referral capabilities.

Barrier 44: Insufficient provision for needs of women fleeing abuse

Women who leave abusive situations with little income and personal supports have particular needs to which the ODSP system should be more responsive.

Report	Recommendation
Mosher et al. 2004	Welfare offices should have readily available and accessible to women information about resources for abused women and staff should be trained to able to make appropriate referrals.
Mosher et al. 2004	Social assistance workers should be trained in anti-oppression practices/approaches to their work and receive significant and on-going training in issues related to woman abuse. There needs to be on-going monitoring of the impact of the training and supports in the work environment to implement the training.
Mosher et al. 2004	That the woman be assumed to be the 'head' of the household in heterosexual couples and families (and thus the person who receives the benefit cheque), unless otherwise requested; in other words reverse the present presumption.
Mosher et al. 2004	Adequate funding for community based information and advocacy services must be provided.

Barrier 45: Insufficient training for staff

Many reports highlighted the need to ensure that staff are well-trained to be able to perform the tasks required of them, and to ensure that training is comprehensive and accurate.

Report	Recommendation
Bernard 2001	Ensure the workers on the phones are trained to answer questions accurately.
ODSP AC 2003	Telephone staff should be trained to be able to accurately answer questions.
Matthews 2004	Offer intensive case management to more frontline staff including Customer Service training.
Matthews 2004	Train front-line staff to be helpful and to treat clients with respect.
Matthews 2004	Ensure caseworkers are aware of programs available to clients.
ISAC 2005	There should be improved training for caseworkers and other staff associated with income security programs.
Lewchuk 2007	The study indicates that staff felt that while some positive changes occurred due to the shift to the “New Service Delivery Model”, lack of training for ODSP staff remains an issue – especially training around new policy, and understanding and interpreting directives.

Barrier 46: Insufficient provision for oversight on quality assurance

Quality assurance issues – and in particular the ability of clients to have direct oversight into system quality – was raised by many reports as an area which requires attention.

Report	Recommendation
Bernard 2001	Establish concrete mechanisms by which recipients can ensure accountability with respect to their case.
ODSP AC 2003	ODSP should consider establishing a standing committee of ODSP clients to advise on client service issues as they arise.
ISAC / SCSA 2004	Establish advisory councils for income security programs, such as the former Social Assistance Advisory Council, which would oversee the programs and be composed of a variety of community members including recipients.

VI. Internal Review and Appeals

Barrier 47: Internal review process

The internal review process raised several recommendations for improvement.

Report	Recommendation
Fraser et al. 2003	Eliminate the *mandatory* Internal Review step. Internal Reviews should be completed upon the request of the applicant, should allow new medical reports to be submitted, and should be reviewed promptly by the DAU. * Note: This has been partially done. Additional medical information is now accepted up to thirty (30) days before a hearing with the SBT.
ODSP AC 2003	The internal review process should either be eliminated altogether, made optional or overhauled - in particular, an internal review request form should be attached to all initial denial letters, the timelines for internal review should be relaxed, the DAU should be able to consider new medical information at the internal review stage. * Note: This has been partially done. Additional medical information is now accepted up to thirty (30) days before a hearing with the SBT.
ODSP AC 2003	The DAU should not delay in reviewing medical reports or other supporting evidence sent in while an SBT appeal is pending - some suggested that the DAU should review all new medical evidence as soon as it has been notified by the appellant that no new reports are expected and the matter is ready for hearing.

Barrier 48: Lack of fair medical re-assessment rules

While the ministry has dealt with the re-assessment backlog effectively, ongoing reassessment issues remain. And, while it is recognized that the Ministry has removed many conservative reassessment dates, it remains that a re-assessment should only require comment on whether the medical condition has deteriorated, is unchanged, or has improved so much that that the person in no longer a person with a disability. The impact of poverty on health must be considered with any medical re-assessment.

Report	Recommendation
CAMH 2003	Lengthen the reassessment period from the current two years for clients whose condition essentially remains unchanged.
CAMH 2003	Simplify the reassessment process to include only a medical summary of the current condition.
Fraser et al. 2003	Reviews of medical status should have simplified forms geared to whether there has been an improvement in the medical conditions, not a complete reassessment of them.
ODSP AC 2003	Eligibility reassessment periods should be longer, and the reassessment process should be simplified – a recipient who is being reassessed should not have to provide as much information as on his or her original application – reassessments should not be scheduled for persons with chronic, long-term illnesses or other disabilities of a clearly permanent nature (e.g. learning disabilities).
Mayson et al. 2006	Review the process of assigning medical reassessment dates to ensure that only those recipients whose condition may improve are subject to a review.
Mayson et al. 2006	Revise the medical reassessment process and rely on an update from the applicant's health care practitioner that speaks to whether there has been an improvement or deterioration in the condition, and whether there should be another medical review in the future.

Appendix I: Reports reviewed

1) Anglican Social Services - Centre 454. (2007). *ODSP Application Support Worker Pilot Project: Outcomes and Recommendations: September 2005-April 2007*. Anglican Social Services - Centre 454 in partnership with Canadian Mental Health Association, Ottawa Branch.

   This report examines the benefits of the Ottawa application support worker pilot project, and provides recommendations around the provision of assistance for applicants.

2) Beatty, H. (2005). *Possible Improvements to the Ontario Disability Support Program: A Scoping Exercise: Paper for the Task Force on MISWAA*. Toronto: Harry Beatty Consulting. April.

   This report reviews ODSP from its inception and improvements made before 2005, and makes recommendations for further enhancement of the system.

3) Bernard, G. (2001). *The Experience of People with Disabilities in Ottawa and the Ontario Disability Support Program (ODSP): Report of the Public Forum Held November 29, 2000*. Ottawa: Social Planning Council of Ottawa. October.

   A very early review of ODSP, this report compiles the experiences of ODSP recipients and provides recommendations on how to make the system more responsive.

4) Centre for Addiction and Mental Health. (2003). *Barriers to ODSP: Experiences of People with Mental Illness and Addictions*. Toronto: CAMH. June.

   This report gives important information on the negative impact of ODSP processes on people with mental health problems and addictions, and the barriers this group faces in the ODSP system.

5) District of Nipissing Society Services Administration Board. (2006). *Community Services Review, Based on the Ontario Disability Support Program (ODSP) Client Population*. DNSSAB. October.

   The report outlines the results of a study undertaken in order to better understand the needs of ODSP recipients in the District of Nipissing. The intent was to study gaps, barriers, and best practices in service, and to recommend improvements.

6) Fraser, J., C. Wilkey, and J. Frenschkowski. (2003). *Denial by Design: The Ontario Disability Support Program*. Toronto: Income Security Advocacy Centre.

   A very influential report, *Denial by Design* comprehensively reviews each of the steps in the ODSP system and provides important recommendations for improvements.

7) Income Security Advocacy Centre. (2005). *The Matthews Report: Moving Towards Real Income Security*. May.

   This is a review of the *Report to the Honourable Sandra Pupatello* produced by Deb Matthews in 2004. The relevance and appropriateness of Matthews' recommendations were commented on, and indication was made as to whether government had taken steps to enact them in its reforms.

8) Income Security Advocacy Centre and Steering Committee on Social Assistance. (2004). *First steps: Recommendations for social assistance reform*. April.

   This response from ISAC and the SCSA to indications from then-newly elected Premier McGuinty that social assistance reform was one of the new government's priorities calls for a fundamental review of the social assistance system, and significant change to existing rules and procedures.

9) Lewchuk, W. and S. Vrankulj. (2007). *The New Framework for Service Delivery and its Impact on Working Conditions and Client Services: Report for the Ontario Disability Support Program*. June.

   This report was commissioned by the Ministry of Community and Social Services. The researchers conducted interviews with OPSEU members and reviewed their responses to changes to ODSP delivery. Recommendations included here are those that have a direct bearing on client service.

10) Marin, A. (2006). *Losing the Waiting Game: Investigation into Unreasonable Delay at the Ministry of Community and Social Services' Ontario Disability Support Program's Disability Adjudication Unit*. Toronto: Ombudsman of Ontario. May.

The Ontario Ombudsman's review of the delays in the DAU provides strong recommendations for change in the Ministry's processes.

11) Matthews, Deb. (2004). *Report to the Honourable Sandra Pupatello, Minister of Community and Social Services: Review of Employment Assistance Programs in Ontario Works and Ontario Disability Support Program*. Toronto.

This report is based on a series of cross-provincial consultations undertaken by Matthews when she was Parliamentary Assistant to the Minister of Community and Social Services. The intent of the consultations was to gather information that would help government undertake reforms to social assistance programs.

12) Mayson, M., N. Vander Plaats and D. Wintermute. (2006). *ODSP Disability Determination and Appeals to the Social Benefits Tribunal: Paper for the Task Force on MISWAA*. Toronto: MISWAA. April 2005, updated January 2006.

This report examines the factors that contribute to the initial failure of applications for ODSP benefits and the subsequent large number of successful appeals to the Social Benefits Tribunal.

13) MISWAA. (2006). *Time for a Fair Deal: Report of the Task Force on Modernizing Income Security for Working-Age Adults (MISWAA)*. Toronto: St. Christopher House and Toronto City Summit Alliance.

This is a report of a multi-sectoral group of community and business leaders on recommendations to improve the entire income security system in Canada, including but not limited to ODSP.

14) Mosher, J. et al. (2004). *Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System*. Toronto: Woman and Abuse Welfare Research Project.

A three-year SSHRC-funded research project resulted in this lengthy report, which compiles and analyzes the results of several interview processes.

15) ODSP Action Coalition. (2003). *Access to ODSP Campaign: Summary of Forum Reports*. Don Mills: ODSP Action Coalition. January.

This is a compilation of information gathered in a public forum and focus group sessions held throughout Ontario by the Social Planning Council of Ottawa and the Ottawa-Carleton CMHA. Participants were asked to comment specifically on problems they had experienced (or had assisted others who had experienced) with various aspects of the ODSP.

16) Street Health. (2006). *Failing the Homeless: Barriers in the Ontario Disability Support Program for Homeless People with Disabilities*. Toronto: Street Health. June.

This report outlines the results of a participatory research study conducted by homeless people about the problems that homeless people who have disabilities encounter with the ODSP.

17) Jamieson, L. (2003). *Barriers to Ontario Works for Individuals with Serious Mental Illnesses: Results of a Community Agency Survey, August 2002*. Ottawa: Canadian Metal Health Association.

This report identifies barriers experienced by people with mental illness. The report does not make recommendations to remove barriers, so information from this report has been framed as such.