



To: The Hon. Teresa Piruzza, MPP
Minister Responsible for Poverty Reduction
14th Floor - 56 Wellesley Street West
Toronto, Ontario M5S 2S3

Re: Poverty Reduction Consultation

Date: 11 October 2013

Dear Minister Piruzza –

On behalf of Spinal Cord Injury Ontario (formerly the Canadian Paraplegic Association Ontario), I am pleased to offer our submission, *A Poverty-Free Ontario for People with Physical Disabilities: Strategies for Success*, to the Poverty Reduction Strategy Consultation.

Our organization has been actively involved in consultations to build a more poverty-free Ontario. We have made written submissions to the Hon. Ted McMeekin, Minister of Community and Social Services regarding social assistance reform and I recently met with the Hon. Charles Sousa, Minister of Finance, regarding employment for Ontarians with physical disabilities and the *Plan for Jobs and Growth*.

I look forward to continued discussions with you and your Cabinet colleagues on how we can work together and substantially reduce poverty in Ontario in the years to come.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Athanasopoulos", with a comma at the end.

Spinal Cord Injury Ontario
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A Poverty-Free Ontario for People with Physical Disabilities: Strategies for Success

Submission by Spinal Cord Injury Ontario

to the

Province of Ontario's Poverty Reduction Strategy Consultation

11 October 2013

Spinal Cord Injury Ontario (formerly the Canadian Paraplegic Association Ontario) mission statement is to assist Ontarians with spinal cord injuries to *achieve independence, self-reliance and full community participation*. To this end, we provide a wide range of services: regional services (including service coordination), peer support, employment supports, attendant services, and information resources to name but a few.

Below, we provide an overview of the population we represent as it relates to poverty reduction, as well as some suggestions for reducing poverty among Ontarians with physical disabilities more generally.

Population Profile

Spinal cord injuries are significant in Ontario.

There are 600 new spinal cord injuries every year in Ontario (more than one a day) and current estimates indicate that there are approximately 33,140 Ontarians living with spinal cord injury (Urban Futures Institute Report, 2010).

According to the Public Health Agency of Canada, "[The] estimated lifetime economic burden associated with a [traumatic spinal cord injury] in Canada ranges from \$1.47 million for a person with incomplete paraplegia to \$3.03 million for one with complete tetraplegia" (Vol. 33, No 3. – Chronic Diseases and Injuries in Canada, June 2013).



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Poverty amongst Ontarians with disabilities is also high. Employment for people with spinal cord injuries is particularly low: it averages between 20-50 percent, with 35 percent employed post injury. Least employment alone be seen as a poverty reduction strategy, access to the labour market requires integrated supports. Indicators of success include, but are not limited to (SCIRE Project - Work and Employment, 2009):

- 1) education/training;
- 2) health status (such as reduced secondary health complications);
- 3) functional independence (supported by access to attendant services);
- 4) psychological issues (supported by accessible mental health services); and
- 5) wheelchair skills (supported by access to assistive devices and accessible work environments).

Thus, a successful strategy provides integrated supports.

A Cross-Ministry Policy Approach

In our experience, public policy decisions as they impact people with disabilities benefit substantially from consultations with stakeholders in advance. Minister Sousa's consultation on the *Plan for Jobs and Growth* is an excellent example where such foresight was applied.

When such consultation is not conducted, challenges like the removal of the Community Start-Up and Maintenance Benefit (CSUMB) for those on the Ontario Disability Support Program (ODSP) emerge. Unfortunately, the Community Homelessness Prevention Initiative does not provide the full range of support to people on ODSP as the benefit did.

The Income Security Advocacy Centre notes in its brief to the consultation:

"Municipalities have been put in the very difficult position of responding to the need with, in *many cases, insufficient funds, particularly as the elimination of CSUMB was accompanied by a cap in discretionary non-health benefits. Some municipalities have created CSUMB-like programs to try to meet this need. But others have not, increasing the patchwork nature of benefit provision across the province for people who receive benefits from what are provincially-mandated programs.*"

We agree with this assessment.



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We believe that the framework of the *Poverty Reduction Strategy* should apply a “disability policy lens”. The Canadian Disability Policy Alliance provides such a framework:

<http://www.disabilitypolicyalliance.ca/wp-content/uploads/2013/10/disability-lens-300913.pdf>

We also support extending the disability lens to policymaking across ministries overall. Particularly as the province embarks upon social assistance reform, it is imperative that ministries work together in a coordinated fashion to ensure better policy outcomes, and that stakeholders continue to provide input with respect to policy design, resourcing, and implementation.

Improving Social Assistance

Spinal Cord Injury Ontario actively participated in the consultations of the Commission for the Reform of Social Assistance in Ontario. Our brief to the second discussion paper is linked below:

<http://alliance.sciontario.org/sites/alliance.sciontario.org/files/attachments/Change%20and%20Consequence.pdf>

We applaud the government for some improvements to social assistance rates, including a one (1) percent increase to Ontario Works and ODSP benefits and enabling recipients to keep \$200 a month of paid employment without reduction to benefits.

Our views on the Ontario 2013 budget are outlined in the following brief:

<http://alliance.sciontario.org/sites/alliance.sciontario.org/files/attachments/Provincial%20Budget%20Brief%20-%202013.pdf>

We wish to emphasize that existing rates for social assistance are too low. Should OW and ODSP be merged, it is crucial that people who would otherwise rely on ODSP are not worse off in terms of income supports and other benefits.

Finally, should the Province move to implement Pathways to Employment, we believe that for people with disabilities in particular, they should be voluntary, not mandatory. As noted above, there are significant, structural barriers to labour market participation: incentives such as increased income support – not threats of reduced or no benefits – should prevail.



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Access to Customized, Disability-Specific Employment Supports

We fully support social assistance for those who need it. However, we have five policy suggestions to facilitate the participation of people with physical disabilities into the labour market, thereby reducing poverty rates overall:

1) Move away from wage subsidies.

Spinal Cord Injury Ontario and other disability-focused employment service providers have found that wage subsidies do not provide value for money. Investments in training help ensure that employers keep new hires on for the longer-term; when subsidies run out, the incentive for longer-term employment is removed.

Wage subsidies also have the perverse outcome of discouraging some businesses from hiring employees without subsidies. This results in distortions to long-term labour market participation.

2) Use funds from wage subsidies for employment supports, training, and accommodations

While new Labour Market Agreements are being negotiated, longer-term funding for essential disability-specific employment supports needs to be assured.

Disability-specific employment services are needed to provide customized supports for success. A “one size fits all” outside of Employment Ontario approach will not work.

Investments in training and accommodations are concrete measures that ensure participation of people with disabilities.



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3) Allow disability-specific services to access more funding sources

Labour Market Supports funding for persons with disabilities need to be increased to correspond with increases in demands for employment services.

As well, disability specific employment supports agencies should not be excluded from initiatives such as the Youth Employment Fund.

4) Facilitate employment opportunities for youth with disabilities while in school

Students with disabilities who have some employment experience while in school are more likely to obtain employment upon or shortly following graduation than those without experience.

The Ministry of Training, Colleges and Universities, the Ministry of Community and Social Services and the Ministry of Economic Development, Trade and Employment should develop a comprehensive strategy to facilitate this, including co-op and mentorship opportunities.

5) Incentivize public and private sector employers to lead by example

It is imperative that businesses be given direct incentives to lead by example: providing flexible hours and scheduling, and “carving” job postings to skill sets are two examples. Funding for training could be contingent on “cultural changes” demonstrated in the workforce.

Access to Attendant Services

We applaud the government’s recent decision to increase funding by \$5 million in the self-administered Direct Funding program, and the decision of the Toronto Central LHIN to put an additional \$1.4 million towards community outreach attendant services. Community Care Access Centre Personal Support Workers provide valuable services to Ontarians with disabilities, but for many people with spinal cord injuries, do not provide as full a range of services as Direct Funding and community outreach.

Attendant services enable people with spinal cord injuries to better participate in their communities and receive paid employment. It also reduces visits to emergency rooms due to secondary complications



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such as pressure sores; this saves money for the system as a whole – cost savings that can be used to support poverty reduction initiatives.

Other Considerations

Here are some other considerations:

Accessible Transportation

Access to accessible transportation facilitates paid employment. We are in full support of municipalities moving towards 100 percent accessible public transit in a timely manner to reach the goal of a barrier-free province by 2025. We note that many municipalities have para transportation services that are lacking in funding to meet demand.

It is worth noting that the City of Toronto is conducting a Taxi Industry Review; our submission is linked below:

http://alliance.sciontario.org/sites/alliance.sciontario.org/files/background/SCIO%20Taxi%20Industry%20Review%20Submission%20-%20FINAL_2.pdf

Affordable, Accessible Housing

Affordable housing is a challenge for many people in poverty – and particularly so for people with physical disabilities. While there are extensive waitlists for affordable housing across the province, much of this housing stock is not accessible.

Even where people with disabilities rent or own in the private market, assistance for home modifications are limited. SCI Ontario and other disability organizations identify challenges and possible solutions in the brief linked below:

<http://alliance.sciontario.org/sites/alliance.sciontario.org/files/attachments/SCIO%20Home%20Modification%20Report%20-%20March%202013.pdf>



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Our suggestions on improvements to the Ontario Building Code – which applies to new, private residences – is in the document linked below:

<http://alliance.sciontario.org/sites/alliance.sciontario.org/files/attachments/SCIO%20Building%20Code%20Consultation%20-%20March%202013.pdf>

Assistive Devices

Assistive devices such as wheelchairs (both manual and power-operated) enable people with spinal cord injuries to participate in the community and within the labour force. We are currently working with the Ministry of Health and Long-Term Care to address barriers. We note that the 25 percent co-pay for many devices is challenging for many people who are not on social assistance (and therefore have the cost covered) but are nonetheless low income. We note that the Commission for the Review of Social Assistance recommends extending support for assistive devices outside of social assistance; how this may be implemented is not clear at this time.

Our submission to the Minister of Health and Long Term Care, the Hon. Deb Matthews, on recommendations to improve the Assistive Devices Program, is linked below:

<http://alliance.sciontario.org/sites/alliance.sciontario.org/files/attachments/ADP%20Brief%20-%20January%202013.pdf>

We have been in ongoing discussions with Ministry staff on this important file.

Primary Care

Health is essential to living well – and out of poverty. However, many people with spinal cord injuries do not have access to a family physician. Those that do may have physicians that do not know how to work with people with spinal cord injuries (such as identifying secondary complications). The Actionable Nuggets initiative (www.actionablenuggets.ca) has been working with the Canadian Medical Association to address this gap in knowledge translation.

Nonetheless, physical barriers to access remain. Many physician's offices are not physically accessible; we support, in principle, incentives to encourage increased accessibility of said offices. The Ministry of



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Health and Long-Term Care was also helpful in working with Family Health Teams to increase the availability of accessible examining tables and ceiling track lifts. Such supports should continue.

Conclusion

The suggestions contained in this brief only touch on the issues at play in successfully reducing poverty amongst Ontarians with spinal cord injuries and other physical disabilities.

I note that the survey asked respondents to prioritize populations the strategy should focus on. We suggest that a *comprehensive* approach should be taken: we do not want Ontarians with disabilities to miss out on important initiatives to address poverty vis-à-vis other groups. Poverty affects us all, and we all have a stake in addressing it.

Should you have any questions, I may be reached at the following address:

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Thank you again for your consideration

CC:

Hon. Linda Jeffrey
Minister of Municipal Affairs and Housing

Hon. Deb Matthews
Minister of Health and Long-Term Care

Hon. Charles Sousa
Minister of Finance

Tracey Cook
Executive Director, Municipal Licensing and Standards
City of Toronto



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