

# Response to the Social Assistance Review Discussion Paper

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***Hospital Collaborative on  
Marginalized and  
Vulnerable Populations***



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**TABLE OF CONTENTS**

Key Messages ..... 1

Introduction ..... 2

Build a Powerful Vision ..... 2

Adequacy, Fairness and Incentives: A Basket of Essential Supports and  
Enhancing Opportunities ..... 4

    Adequacy of Benefits ..... 4

        Basket of Essential Supports to Enable Good Health .....4

    Fairness Between Low-Wage Work and Social Assistance ..... 5

    Work Incentives ..... 5

A System That is Easy to Understand: Build Person-Centred Support ..... 6

    People With Disabilities ..... 7

Other Promising Directions for Building a Health-Enabling Social Assistance System..... 7

    Health and Health Promotion ..... 7

    Building Community Capacities..... 8

    Collaborative Program and Policy Development..... 8

    Measuring Success and Impact ..... 8

Conclusions ..... 9

Appendix - Recommendations from our Initial Submission to the Commission ..... 10

## Key Messages

- We are a collaborative of Toronto-based health institutions, front-line service providers, policy experts, researchers and practitioners who came together to provide health and health equity related input to the Commission.
- In our initial submission to the Commission, we set out how to build a health-enabling social assistance system that addresses the pervasive and damaging health inequities that people on social assistance experience most acutely.
- This response to the Commission’s discussion paper identifies promising proposals and offers feedback on areas that need to be reconsidered in order to build a health-enabling system. We argue that:
  - The Commission must further specify a comprehensive vision of a high-performing social assistance system that is adequate, flexible, person-centred, and health-enabling.
  - The Commission should ensure that social assistance rates are adequate and that people on social assistance have opportunities to participate in employment and training:
    - The Commission’s primary objective should be to ensure adequate social assistance rates, and we set out a basket of essential supports that will enable good health and opportunities for people on social assistance.
    - The social assistance system should be structured to support pathways into good jobs that provide health-enabling conditions.
    - The objective of fairness between people on social assistance and the working poor is best addressed through other policy levers available to government, not through the reduction of health and other essential supports for people on social assistance.
  - The key to an easy-to-understand social assistance system is to make the system person-centred:
    - A person-centred social assistance system should treat people on social assistance with dignity and respect, facilitate the pursuit of goals and ambitions, acknowledge differential needs based on gender and life course stage; and provide culturally and linguistically-appropriate supports.
    - Merging OW and ODSP and creating employment obligations for people with disabilities is inconsistent with the principle of person-centred supports, as people with disabilities have different needs that are changeable over time.
- The Commission must look to other promising directions, including recommending improved access to primary care for people on social assistance, building community capacities, identifying collaborative program and policy development opportunities, and improving measurement and reporting on the social assistance system.

## Introduction

The connections between low income, social inequality and exclusion, and poor health are well-established. These systemic disadvantages are realities for people on social assistance. Relying on social assistance means having low income, limited opportunities, and poorer health.

We are a working group of health institutions, front-line service providers, policy experts, researchers and practitioners who came together to support the Commission in its work by providing specific health and health equity related analysis and advice. Whether in front-line service provision or research and policy development, we are all working to reduce systemic health inequities.

Our initial submission to the Commission set out a framework for a health-enabling social assistance system that leads to good health for all Ontarians. This response to the discussion paper builds on this theme with particular reference to the Commission's proposals. We believe that the Commission has made a good start toward building a health-enabling social assistance system, but that more is required before this can become a reality.

This brief:

- Responds to and builds on the Commission's vision of a modern social assistance system;
- Analyzes the Commission's objectives of adequacy, fairness, and work incentives;
- Connects these objectives to a basket of essential supports to enable good health and to a policy framework that enhances opportunities for people on social assistance to make lasting transitions into the workforce in good, health-enabling jobs;
- Highlights the importance of person-centred supports within that goal of enhancing opportunities; and
- Identifies other promising policy directions that will contribute to building a health-enabling social assistance system.

## Build a Powerful Vision

The Commission's discussion paper begins with a vision on its title page of, "a 21st century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy."<sup>1</sup>

While we are encouraged that the Commission has articulated a vision, we think it could be enhanced. For example, Ontario's Poverty Reduction Act 2009 sets out a vision of, "a province where every person has the opportunity to achieve his or her full potential and contribute to and participate in a prosperous and healthy Ontario."<sup>2</sup> The Commission's vision should be more comprehensive and more deeply integrated into the options proposed. It identifies social assistance as an income security system, but is not explicit that social assistance influences — and is influenced by — other systems, such as labour market policies, other income security policies, and health care.

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1 Commission for the Review of Social Assistance in Ontario, *Discussion Paper 2: Approaches for Reform*, 2011. <http://www.socialassistancereview.ca/uploads/File/Discussion-Paper-2---Approaches-for-Reform--FINAL2.pdf>

2 Government of Ontario, *Poverty Reduction Act 2009*, [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_09p10\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_09p10_e.htm).

One way to implement a comprehensive vision is by delineating the preconditions for a high-performing social assistance system. We argued that such a high-performing system that enables health for clients would be:

- Adequate: so that people on social assistance can maintain a healthy standard of living;
- Flexible: with a range of responsive supports to help people out of poverty — recognizing that there are very different pathways into and out of poverty;
- Person-centred: so services and requirements are responsive to individual and family needs and situations, are delivered in a respectful manner that does not undermine dignity, and are empowering to support people in achieving more control over their lives; and
- Health-enabling: so that people’s opportunities for better health are enhanced, not eroded.<sup>3</sup>

This framing can help to identify the principles, policy, and program recommendations needed to achieve the Commission’s goals. In our initial submission to the Commission we set out a range of principles and policy recommendations. We revisit some of our recommendations here in light of the Commission’s deliberations.

First, however, it is important to address the question of system sustainability raised by the Commission. The discussion paper prepared options to “make the administration of the social assistance system and the delivery of services and people receiving social assistance more effective and efficient.”<sup>4</sup> We agree that the system needs to be effective and efficient. We will be expanding on areas that are particularly promising, emphasizing the need for innovative service models and person-centred care.

System sustainability needs to be viewed in a broader context than immediate cost pressures. Fiscal considerations must also take into account both the costs of inaction across government and society, such as the costs of preventable health damage and the costs of reinforcing generations of poverty, and the benefits of a fairer system, such as benefits of reducing avoidable health care and other costs and benefits of creating wider opportunities for those currently left behind.

Sustainability must look beyond program costs and focus on the system as a whole. This must include ways to improve the health of vulnerable populations through good planning, better integration of services, increased flexibility, adequate financial and non-financial benefits, person-centred supports, and so on.

The Commission will be bound to take into consideration the recommendations made by the Drummond Commission regarding social assistance reform, although we note that the Drummond Commission rightly stated that it would defer to the expert recommendations of the Commission for the Reform of Social Assistance in Ontario.

The Drummond Commission highlighted some important areas of public sector reform such as system innovation and better integrating government services and it emphasized the potential of patient-centred care, quality improvements, and health reform. But it ignored pervasive health inequities and it missed that the real determinants of health lie far beyond the health care system — in people’s employment, living conditions and opportunities. Poverty, economic inequality, deteriorating community infrastructure, lack of access to good public services, racism and social exclusion are the conditions that create and perpetuate health disparities in our province. The Drummond Commis-

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3 Bob Gardner, Steve Barnes and the Social Assistance Review Health Working Group, *Towards a Social Assistance System that Enables Health and Health Equity: Submission to the Commission for the Review of Social Assistance in Ontario*, 2011, pp. 9-10. <http://www.wellesleyinstitute.com/wp-content/uploads/Health-Equity-and-Social-Assistance-Reform.pdf>

4 Commission for the Review of Social Assistance in Ontario, p. 45

sion's analysis lacked an equity lens and we strongly encourage the Commission for the Review of Social Assistance in Ontario to avoid this mistake.

In its discussion paper, the Commission noted how the challenges of intergovernmental coordination make it difficult to address systemic barriers in reforming social assistance. One promising solution that has been implemented in many jurisdictions is to implement a Health in All Policies approach to policy-making across government. This approach, which identifies how many policy spheres shape health and promotes the widest sense of health as overall well-being and reaching one's full potential, is perfectly consistent with a forward-looking social assistance system.

## **Adequacy, Fairness and Incentives: A Basket of Essential Supports and Enhancing Opportunities**

The Commission sets out three key objectives of an appropriate benefit structure: adequacy of benefits; fairness between people who are receiving social assistance and low-income people who are working but not receiving social assistance; and work incentives.<sup>5</sup> The Commission argues that a balance must be achieved among these three objectives and that trade-offs must be addressed. We believe providing a comprehensive range of health-enabling supports and enhancing opportunities for people on social assistance to participate in employment or training is also a fundamental objective of the system, and any trade-offs must be measured against that objective.

### **ADEQUACY OF BENEFITS**

Currently, the social assistance system does not provide adequate income or other supports to ensure that people can meet the basic requirements of life, and this underlies the poor health status of people on social assistance. Given that the fundamental problem facing social assistance, and the Commission, is that people on social assistance do not have adequate income to afford housing, food, and other elements of a healthy standard of living, we argue that the Commission's primary objective should be on ensuring adequate social assistance rates.

The Drummond Commission argued that if growth expenditures for social programs are contained below the recommended 0.5 percent annual growth rate, savings should be reinvested into social assistance with particular priority given to increasing asset limits, linking specific benefits to income rather than social assistance status, and, if funds remain, raising basic needs and shelter amounts.<sup>6</sup>

We urge the Commission to reject this recommendation as it implies that important elements of social assistance reform can only occur if savings are found elsewhere in the social programs budget. Building a strong, health-enabling social assistance system will not be possible if progress is conditional on reducing spending in other envelopes. We therefore urge the Commission to be bold and to ensure that its fundamental message to the government is that social assistance reform must improve opportunities and well-being, and cannot depend on budget cutbacks in other areas.

### *BASKET OF ESSENTIAL SUPPORTS TO ENABLE GOOD HEALTH*

While we were encouraged that issues of income and benefit inadequacy were considered, we ask that the Commission assess these issues through a health and health equity lens. In our initial submission, we argued for a basket of essential supports that includes:

- a) An adequate income support level above Statistics Canada's Low Income Measure, which is not reduced by tax benefits like the child tax benefit;

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<sup>5</sup> Commission for the Review of Social Assistance in Ontario, p. 19.

<sup>6</sup> Commission on the Reform of Public Services in Ontario, p. 269.

- b) An increased child tax benefit that accounts for the real cost of raising healthy children in Ontario;
- c) A housing benefit reflective of the real cost of appropriate housing at different life stages, e.g. families with children, people with disabilities, and senior citizens;
- d) A nutritious food allowance that, at minimum, covers the regional cost of the Nutritious Food Basket;
- e) Adequate funding of student nutrition programs that provide healthy food to ensure that school-aged children/youth are well-nourished and ready to learn;
- f) Preventative and emergency dental care for children and adults;
- g) A comprehensive drug, assistive medical device, and eye care benefit that includes over-the-counter medications such as prenatal vitamins and infant vitamin D supplements, prescription drugs and dispensing fees;
- h) Appropriate subsidies to enable people to participate in physical activity and recreation programs, including before and after school programs; and
- i) A transportation allowance for all members of a family so that they may access employment training programs, search for jobs, attend employment and volunteer opportunities, access health and dental care, attend community and recreation programs, and get to grocery stores and other shops and remain engaged with society.

The components of the basket must be adjusted annually for inflation and reflect regional costs of living.<sup>7</sup>

#### **FAIRNESS BETWEEN LOW-WAGE WORK AND SOCIAL ASSISTANCE**

The objective of fairness is best addressed through other policy levers available to government. Labour market policies that raise and enforce legislated minimums are the most cost-effective ways to ensure that the rewards of work are higher than the rewards of social assistance. The development of policy levers that extend benefits — for example, housing, child care, or other extended health benefits across broader populations — have a number of positive outcomes. The Commission raised several models for providing extended benefits, including government provision and pooled insurance programs for employers. Any insurance scheme that spreads risks over a broader population will reduce costs and decrease the costs of administration. This increases efficiency across both the public and private sectors, and both sectors could be expected to participate in and benefit from these efficiencies.

As a result, we support the option raised by the Commission of extending health benefits to all low-income Ontarians; people on social assistance and the working poor both experience poor health outcomes and should therefore have access to the same health benefits. As we set out in our initial submission to the Commission, lower income neighbourhoods in Ontario have higher rates of avoidable hospitalizations for chronic conditions, over half of low-income people had not seen a dentist in the last year, and people on social assistance have significantly higher rates of visits with medical practitioners and nights in medical facilities.<sup>8</sup>

The mechanisms outlined for the extension of health benefits for all low-income Ontarians in the Commission's discussion paper — government provision, a requirement for employers to provide such benefits, or a pooled insurance system — all have merit and further exploration of the costs and benefits of each of these options should be explored.

<sup>7</sup> The Toronto Board of Health recommends that social assistance rates should be increased to reflect the cost of living, including the cost of purchasing nutritious food, and should be indexed annually to inflation. See <http://www.toronto.ca/legdocs/mmis/2009/hl/decisions/2009-11-16-hl26-dd.htm>. The Board of Health also recommends that minimum wage rates should be indexed to reflect the cost of living. See <http://www.toronto.ca/legdocs/mmis/2008/hl/decisions/2008-10-22-hl18-dd.pdf>.

<sup>8</sup> Arlene Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 7.



## **WORK INCENTIVES**

The Commission begins its discussion paper with the statement that work is one of the best ways to help people to move out of poverty. We absolutely agree – extensive research shows that health is improved when people have jobs that are secure, well-paid, and offer decent benefits.

However, we reiterate that one element of solving long-term challenges in the social assistance system is to help people move into good jobs that provide these health-enabling conditions. The Commission notes that about a half of the people who exit OW return to the system within two years.<sup>9</sup> Cycling into and out of OW demonstrates that the system, as it is currently structured, moves clients largely into precarious and low paying work. As the Commission argues, “with the prevalence of low-wage, non-standard work, moving into employment often means an insecure future, relatively low earnings, and the loss of valuable extended health benefits such as prescription drug, dental, and vision care.”<sup>10</sup> To address this ongoing cycle, the Commission must recommend that the social assistance system be structured to support pathways into good jobs. The Commission must also recommend that support services include subsidized, flexible child care that accommodates education and employment training for its full duration; shift, part-time, and full-time work; and volunteerism.

To address the disconnect between labour market needs and the skills that people on social assistance possess or develop through training, the Commission should recommend that the social assistance system include career counselling with in-depth assessment of career goals, ambitions, and labour market analysis to facilitate meaningful employment. The social assistance system should identify industries and jobs that protect and promote good jobs and healthy conditions. It must acknowledge and provide supports that mitigate barriers such as sexism and racism and ensure that people on social assistance have opportunities to access good jobs that are well matched to their skills, offer job satisfaction and security, and enhance health. However, there is a limitation to what social assistance can do to address labour market drivers. Fully addressing the problem of precarious work will require a suite of changes in labour market, macro-economic, and other policies.

We support the Commission’s emphasis that consistent assessment tools are required to determine what kinds of supports people on social assistance may need in order to enter the workforce or training, especially when multiple barriers to employment exist such as mental health or addictions issues. Assessment tools must be flexible enough to identify individual skills, competencies, and needs and must not assume that all people in the same situation require the same supports. We encourage the Commission to think of assessments as opportunities to identify the kinds of supports that different people on social assistance need; assessment tools should not be used solely to determine capacity to work, especially for people with disabilities.

We also encourage the Commission to highlight that employment is about more than moving out of social assistance. Meaningful employment provides opportunities for social mobility and helps to create the foundations for the conditions where people and communities can build and realize their potential. Leading jurisdictions provide training and support to increase employment and educational opportunities, flexibly adapted and centred upon the needs and situations of participants.

### **A System That is Easy to Understand: Build Person-Centred Support**

The Commission’s discussion paper states the need to build a more understandable social assistance system. We agree that the current structure is unnecessarily complex and we argue that the solution is to build person-centred support. The social assistance system can become more efficient by changing its focus from rule compliance to identifying and supporting individual needs.

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9 Commission for the Review of Social Assistance in Ontario, p. 5.

10 Commission for the Review of Social Assistance in Ontario, p. 25.

The Commission should recommend the creation of a person-centred social assistance system that treats people on social assistance with dignity and respect, facilitates the pursuit of goals and ambitions, acknowledges differential needs based on gender and life course stage; and provides culturally- and linguistically-appropriate supports. One crucial way to drive a more person-centred system and style of delivery is to involve clients themselves.

Research on the social determinants of health demonstrates different needs and risks for individuals, and different pathways and drivers of health and health inequities. This means that different policy levers and solutions are required. The pathways into poverty, living condition needs, and the kinds of support that enable people to move out of social assistance vary for different populations. The needs of youth, parents, single adults, older people, racialized populations, newcomers and others differ. The social assistance system should recognize that there are many trajectories for people to move into the labour market and caseworkers should function as advocates for people on social assistance to find the trajectory and supports that work best for them.

People on social assistance should be entitled to skills training and retraining aligned with career goals, appropriate training to develop basic workplace skills, support for newcomers to Canada to assist them in getting their foreign credentials recognized, as well as English-language training; and access to grants, bursaries, loans, and loan flexibility and forgiveness for those who would like to attend college or university, in addition to continued access to the full basket of essential supports.

### **PEOPLE WITH DISABILITIES**

We will not be fully addressing the proposal to merge the Ontario Works (OW) and Ontario Disability Support Programs (ODSP), which was also proposed by the Drummond Commission. There are others, such as the Income Security Advocacy Centre, who are better placed to address this.

We do wish to highlight, however, our concern that merging the OW and ODSP programs may not be consistent with the principles of a flexible, client-centred social assistance system. Merging OW and ODSP might not accommodate the different needs for supports and barriers to labour market participation faced by people with disabilities. Moreover, the separation of benefits for people with disabilities into those for people who can work and those who cannot does not acknowledge the episodic nature of many disabilities or the shifting impact of disabilities over time.

We therefore strongly urge the Commission that instead of a single core benefit, it should recommend building a social assistance system that recognizes — and responds to — individual needs and that is flexible enough to accommodate changes to needs over time. Administrative simplicity should not be at the expense of providing better services to people on social assistance.

More generally, the Commission noted that currently, people with disabilities do not have the same access to employment services as other people on social assistance. This theme was also highlighted by the Drummond Commission, which noted that employers must be better engaged to accommodate the needs of people with disabilities.

It is essential that the Commission highlight that disability is not a homogenous category and that different people need different supports. The Commission's discussion paper noted that even with appropriate supports, not all people with disabilities will be able to work full-time or consistently. People with disabilities should not be subjected to punitive and rigid work tests, but should instead be encouraged and supported to participate in the workforce when and if they are able, and they should not be penalized for having short periods of employment followed by further periods of social assistance.

## Other Promising Directions for Building a Health-Enabling Social Assistance System

In our initial submission to the Commission, we made a number of recommendations that addressed areas of overlap between social assistance and other policy domains. We refer the Commission back to our original document for comprehensive analyses of these recommendations, but we highlight some key points below.

### HEALTH AND HEALTH PROMOTION

A consistent finding of health research is that one of the most effective levers to reduce health inequities is to enhance access to primary care for disadvantaged populations. In our initial submission to the Commission we argued that Community Health Centres (CHCs) were a proven model for providing comprehensive and person-centred care to disadvantaged populations, connecting clients into further services, and emphasizing health promotion activities to keep people well. The Drummond Commission also emphasized the importance of primary care to health system efficiency, integration, and improved outcomes. Social assistance offices should link people with CHCs and other primary care when they first enter the system.

### BUILDING COMMUNITY CAPACITIES

The social assistance system should actively work to build community capacities. Extensive research shows that individuals who live in strong, vibrant, and well-resourced communities fare better on many social indicators of health.<sup>11</sup>

Many Local Health Integration Networks, public health units, Local Immigration Partnerships, and healthy community partnerships have developed or supported local cross-sectoral collaborations working with disadvantaged populations. Social assistance offices could be expected to link into these kinds of collaborations. The Commission could also recommend macro level government policies and strategies to invest in community infrastructure and resources and to enable such local health and social service coordination.

### COLLABORATIVE PROGRAM AND POLICY DEVELOPMENT

It is broadly recognized that cross-sectoral collaborations and more integrated policies and programs are crucial to improving population health and reducing health inequities. At a senior government level, more integrated policy development will be vital. Health in All Policies, discussed earlier, is one proven model for taking health and health equity into account in program and policy development. This approach has met success in Quebec and other jurisdictions as a way to consider health and social impacts across many policy spheres — including early child development, education, youth employment, life-long learning, innovation, infrastructure, transportation, and land-use planning, as well as social assistance. Considerable groundwork for a Health in All Policies approach has already been done in Ontario and the Commission could recommend that this work be reinvested.

### MEASURING SUCCESS AND IMPACT

In our submission to the Commission, we argued that reform strategies must be linked to concrete objectives and targets, indicators to measure progress towards these targets, incentives to achieve them, and data to measure impact. All of this requires systematic performance measurement and management strategies.

Social assistance data should:

- Include ethno-racial, linguistic, newcomer status, years of residency, and other demographic information

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<sup>11</sup>Audrey Danaher, *Reducing Disparities and Improving Population Health: The Role of a Vibrant Community Sector* (Toronto: The Wellesley Institute, 2011). <http://www.wellesleyinstitute.com/blog/affordable-housing-blog/vibrant-effective-innovative-community-sector-and-population-health-exploring-the-links/>

- to enable analyses of differential access, outcomes, and service patterns;
- Be linked with health status data to understand and address differential health outcomes;
- Be used to analyze long-term employment outcomes to ensure that where employment is the goal, people on social assistance achieve and sustain full-time, well-paid employment; and
- Be made publicly available.

As part of building equity into its deliberations, we recommended that the Commission apply a Health Equity Impact Assessment to its work plan as well as specific policy directions and proposals, both as they are being developed and to final recommendations, as part of a check to ensure that the reform proposals will enable better health for all.

To the same end of building health and health equity into social assistance reform, the Commission should also recommend the creation of expert advisory groups of health and other leaders to inform the government on key areas of reform and to ensure that negative unintended consequences of reform are identified and avoided.

## **Conclusions**

Reforming the social assistance system must be based on sound values and be guided by a clear vision. While we were encouraged by the Commission's setting of a vision of a modern 21st Century income security system, we argue that this is only the beginning of a comprehensive health-enabling system. Building health and health equity into its recommendations will enable the Commission to create a social assistance system that does more than just act as a safety net in times of extreme hardship; a health-enabling social assistance system can provide the social and economic supports to ensure that all Ontarians can enjoy good health and have opportunities to reach their full potential.

We ended our initial submission to the Commission by arguing that the true test of the impact of social assistance reform will be whether the inequitable health outcomes faced by people on social assistance will be reduced and eliminated. We reiterate this point to end this paper, and are happy to continue to work with the Commission toward that goal of building health and health equity into the social assistance system.

## Appendix – Recommendations from our Initial Submission to the Commission

### RECOMMENDATION 1

The Commission should develop a clear and powerful vision of how a high-performing social assistance system for Ontario will enable good health. This vision should articulate equity in health and well-being as a basic value of Ontario society and recognize the provision of adequate supports for people who lose their income or employment, or who are injured, sick, or disabled.

### RECOMMENDATION 2

The Commission should recommend the creation of a basket of essential supports to enable good health for all, including income and associated supports, adjusted annually for inflation and reflective of regional costs of living.

The basket of essential supports should include:

- a) An adequate income support level above Statistics Canada’s Low Income Measure, which is not reduced by tax benefits like the child tax benefit;
- b) An increased child tax benefit that accounts for the real cost of raising healthy children in Ontario;
- c) A housing benefit reflective of the real cost of appropriate housing at different life stages, e.g. families with children, people with disabilities, and senior citizens;
- d) A nutritious food allowance that, at minimum, covers the regional cost of the Nutritious Food Basket;
- e) Adequate funding of student nutrition programs that provide healthy food to ensure that school-aged children/youth are well-nourished and ready to learn;
- f) Preventative and emergency dental care for children and adults;
- g) A comprehensive drug, assistive medical device, and eye care benefit that includes over-the-counter medications such as prenatal vitamins and infant vitamin D supplements, prescription drugs and dispensing fees; and
- h) Appropriate subsidies to enable people to participate in physical activity and recreation programs, including before and after school programs.

### RECOMMENDATION 3

The Commission should recommend a continuum of support services designed to enhance opportunities for education, training and support:

- a) Career counselling that includes in-depth assessment of career goals, ambitions and labour market analysis to facilitate meaningful employment;
- b) Skills training and retraining aligned with career goals;
- c) Appropriate training for people on social assistance to develop basic workplace skills, particularly those on ODSP who would like to enter the workforce for the first time or after a significant period of unemployment;
- d) Support for newcomers to Canada to assist them in getting their foreign credentials recognized or pursue retraining, as well as English-language training;
- e) Access to grants, bursaries, loans, and loan flexibility and forgiveness for those who would like to attend college or university, in addition to continued access to the full basket of essential supports;
- f) Subsidized, flexible child care that accommodates education and employment training; shift, part-time, and full-time work; and volunteerism;
- g) Subsidized early learning programs for preschool children from birth to four years of age;
- h) A transportation allowance for all members of a family so that they may access employment training programs, search for jobs, attend employment and volunteer opportunities, access health and dental care, attend community and recreation programs, and get to grocery stores and other shops and remain engaged

with society; and

- i) Respite care so that parents and caregivers may attend medical and dental appointments; community and recreation programs; and attend to household needs.

#### **RECOMMENDATION 4**

The Commission should recommend that the social assistance system enhance the flexibility and portability of the basket of essential supports so that needing these supports does not prevent people on social assistance and their dependants from seeking and retaining employment, training or other opportunities, specifically:

- a) Continued provision of benefits until people on social assistance are firmly established in the labour market and training, then gradual reduction; and
- b) Greater allowable income before instituting income support claw-backs.

#### **RECOMMENDATION 5**

The Commission should recommend the creation of a person-centred social assistance system that will:

- a) Treat people on social assistance with dignity and respect;
- b) Facilitate the pursuit of goals and ambitions for people on social assistance;
- c) Acknowledge differential needs based on gender and life course stage; and
- d) Provide culturally- and linguistically-appropriate support for people on social assistance.

#### **RECOMMENDATION 6**

The Commission should recommend that the social assistance system develop a transparent accountability processes including:

- a) Feedback from people on social assistance on service provision and benefits;
- b) A clear and accessible complaint and appeal service; and
- c) Provision of advocates, representatives, and an ombudsperson for people on social assistance.

#### **RECOMMENDATION 7**

The Commission should recommend that the social assistance system address the complex and episodic nature of illness and disability by:

- a) Ensuring flexible and portable benefits so people can move in and out of employment/training as they are able; and
- b) Streamlining transitions between periods when people on social assistance can work and when they are unable to work.

#### **RECOMMENDATION 8**

The Commission should recommend the creation of a streamlined social assistance system that is designed to ensure people on social assistance can access and navigate the supports they need, and is integrated with other social, health, and community services. It will:

- a) Be transparent to enable awareness of and access to available benefits and services;
- b) Provide case management to help people on social assistance navigate the system, receive the benefits they are entitled to, and access programs and services; and
- c) Provide services in community-based locations that coordinate intake and promote a more seamless provision of social, primary health, and community programs, services, supports, and resources to improve

cohesion of the health and social services systems.

**RECOMMENDATION 9**

The Commission should:

1. Advocate for improved access to primary care and health promotion services for people on social assistance and for the expansion of the Community Health Centre network as one proven way to ensure this; and
2. Recommend that the mandate of social assistance providers include partnering with appropriate local community initiatives from across sectors.

**RECOMMENDATION 10**

The Commission should advocate that the province implement a Health in All Policies framework across Ministries and work with other levels of government to develop systematic approaches to improve health, reduce poverty, and decrease joblessness by working across sectors to address affordable housing, access to child care, labour market security, and employment conditions.

**RECOMMENDATION 11**

The Commission should recommend a comprehensive monitoring system to track and report on outcomes and progress toward an equitable and health-enabling social assistance system, including:

- a) Consent-based collection of ethno-racial, linguistic, newcomer status, years of residency, and other demographic information to enable analyses of differential access, outcome, and service patterns;
- b) Collection and linkage of social assistance data with health status data to understand and address differential health outcomes; and
- c) Collection and analysis of long-term employment outcomes to ensure that where employment is the goal, people on social assistance achieve and sustain full-time, well-paid employment.

**RECOMMENDATION 12**

The Commission should:

1. Undertake a Health Equity Impact Assessment of all of its recommendations to evaluate their impact on health equity; and
2. Recommend that the social assistance system complete Health Equity Impact Assessments whenever policies are created or revised. In all cases, final policies should be selected and formulated to reduce health and other inequities.