

# Women Living with Long-Term Disabilities in Ontario:

Income Support Policy Brief

The Wellesley Institute engages in research, policy and community mobilization to advance population health.

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Women Living with Long-Term Disabilities in Ontario | Policy Brief

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## Introduction

Having adequate income to meet the basic costs of living is critical to good health. People whose prospects of earning a liveable income from employment are limited by disability are particularly vulnerable to having incomes that cannot meet their basic needs. Within this group women may be especially vulnerable due to their precarious attachment to the labour market and greater experiences of some chronic conditions.<sup>1</sup> There are a range of public and private programs that provide income, employment and health support to people living with long-term disabilities in Ontario.

While there are numerous programs for people living with long-term disabilities, there is large variation in their comprehensiveness and adequacy and the programs are poorly coordinated with one another. The result is a disconnected system that can be difficult to navigate and does not properly support people with long-term disabilities. This report outlines the barriers that women face when accessing long-term disability supports in Ontario and proposes policy solutions to improve access to these supports and to improve income security.

This policy review is linked to the findings of the companion report, *Women Living with Long-Term Disabilities in Ontario*, on our pilot study of 15 women across the Greater Toronto Area who were receiving disability income supports from a government program or private long-term disability provider. The review briefly outlines the public and private programs that provide supports to people with long-term disabilities, with particular attention paid to the disability supports that women in our study received: Ontario Disability Support Program (ODSP), Canada Pension Plan – Disability (CPP-D) and private long-term disability (LTD) insurance. The policy landscape is reviewed drawing on existing literature and the experiences of women in our study to demonstrate the benefits and challenges of Ontario’s current system of supporting people with long term disabilities. Finally, we make recommendations about how support for women with long-term disabilities can be improved.

## Income Support Programs for People with Long-Term Disabilities in Ontario

There is a large mix of public and private programs that provide support to people with long-term disabilities in Ontario. There are five key programs that operate in Ontario: Canada Pension Plan Disability benefit (CPP-D), Workers’ Compensation, Ontario Disability Support Program (ODSP), Veterans disability benefits, and private LTD plans.<sup>2</sup> The five programs are shown in Table 1.

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1 M. Meena, R. Cho & M. DesMeules, “Chronic pain: The extra burden on Canadian women,” *BMC Women’s Health*, 4(1) 2004.

2 Employment Insurance Sickness Benefits were excluded from analysis due to the short maximum length of time (15 weeks) that recipients can receive this support.

Table 1: Income support programs available to people with long-term disabilities in Ontario

Program	Eligibility	Length of support	Level of income support	Other information
<b>Canada Pension Plan Disability Benefit (Federal, Service Canada)</b>	<p>People who:</p> <p>a) made contributions to the CPP and who are unable to work due to a disability</p> <p>b) have a disability that is 'severe and prolonged'<sup>3</sup></p> <p>c) are under the age of 65<sup>4</sup></p>	<p>Ongoing, or until the recipient turns 65.</p> <p>Cases are subject to review and medical information may be requested.</p>	<p>Payment levels depend on how much and how long the recipient has paid into CPP through their insurable earnings.</p> <p>Monthly disability payments are calculated at a rate of 75 percent of CPP retirement benefits, plus a flat amount of \$465.84. The maximum monthly CPP-D benefit is \$1,264.59.<sup>5</sup></p>	<p>Most other income support programs for people with long-term disabilities, such as ODSP and Workers' Compensation, consider CPP-D to be a "first-payer" program, which means that these benefits may be decreased if the recipient is also receiving CPP-D.<sup>6</sup></p>
<b>Workers' Compensation (Provincial, Workers' Safety Insurance Board)</b>	<p>People who are injured at work.</p> <p>WSIB provides benefits that cover loss of earnings, loss of retirement income, non-economic loss (financial compensation for loss of physical, functional or psychological impairment for people with permanent disabilities), health care benefits (such as prescription drugs and medical devices) and survivor benefits.<sup>7</sup></p>	<p>Until the recipient is no longer impaired by their work-related injury, or until the recipient turns 65.</p> <p>Cases are subject to review and medical information may be requested.</p>	<p>Loss of earnings benefits pay injured workers at a rate of 85 percent of their take home pay.</p> <p>There is an annual cap on earnings that are covered, which for accidents or diseases occurring from January 2014 is \$85,200.<sup>8</sup></p>	<p>Workers' Compensation provides access to health benefits that are required to accommodate the person's injury, such as prescription drug coverage.</p>

3 Severity is determined by whether the person is regularly incapable of pursuing any gainful occupation. To be considered prolonged, the disability must be expected to persist indefinitely or be likely to result in death. Minister of Justice, Canada Pension Plan, s.42(2)(a)(i-ii). <http://laws-lois.justice.gc.ca/PDF/C-8.pdf>.

4 Service Canada, Disability Benefit, [http://www.servicecanada.gc.ca/eng/services/pensions/cpp/disability/benefit/index.shtml?utm\\_source=campaign%20URL&utm\\_medium=twitter&utm\\_content=000050.%2003122013.%20Eng&utm\\_campaign=disability%20benefit](http://www.servicecanada.gc.ca/eng/services/pensions/cpp/disability/benefit/index.shtml?utm_source=campaign%20URL&utm_medium=twitter&utm_content=000050.%2003122013.%20Eng&utm_campaign=disability%20benefit).

5 Service Canada, Quarterly report of Canada Pension Plan and Old Age Security monthly amounts and related figures – April to June 2015. <http://www.servicecanada.gc.ca/eng/services/pensions/infocard/aprjun15.shtml>.

6 J. Stapleton, The "Welfarization" of Disability Incomes in Ontario: What are the factors causing this trend?, Metcalf Foundation, December 2013.

7 Workplace Safety Insurance Board, Benefits for injured or ill workers: overview. <http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vgnextoid=6fe6f3bff3d0c210VgnVCM100000469c710aRCRD>.

8 Workplace Safety Insurance Board, Benefit Dollar Amounts – Accidents from 1998, Figure 22. <http://www.wsib.on.ca/en/community/WSIB/230/OPMDetail/24347?vgnextoid=2e38c0d9ca3d7210VgnVCM100000449c710aRCRD>.

Program	Eligibility	Length of support	Level of income support	Other information
<p><b>Ontario Disability Support Program (Provincial, Ministry of Community and Social Services)</b></p>	<p>Recipient's disability meets three conditions:</p> <p>a) The person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more.</p> <p>b) The direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living.</p> <p>c) The impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications.<sup>9</sup></p> <p>d) The budgetary requirements for the person and any dependents must exceed their income and their assets must not exceed prescribed limits.</p>	<p>Ongoing, or until the recipient turns 65.</p> <p>Cases are subject to review and medical information may be requested.</p>	<p>Income support levels are determined based on family size, income, assets and housing costs. A single person on ODSP receives \$1,098 per month.</p>	<p>People receiving ODSP have limited access to health benefits, such as prescription drugs, basic dental and vision care and medical devices.<sup>10</sup></p>

9 Government of Ontario, Ontario Disability Support Program Act, 1997, s.4.1. [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statistics\\_97o25b\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statistics_97o25b_e.htm).

10 Income Security Advocacy Centre, Budget Changes to Social Assistance Began September 1, <http://www.incomesecurity.org/FactsheetsonOWandODSPchangesfromBudget2013.htm>.

Program	Eligibility	Length of support	Level of income support	Other information
<p><b>Veterans' disability benefits (Federal, Veterans Affairs Canada)</b></p>	<p>Current and former members of the Canadian Forces who have a disability that is related to their service. Veterans must be diagnosed with a medical condition or disability and be able to show that the condition or disability is related to their service.<sup>11</sup></p> <p>Veterans who are eligible for disability awards are also able to access supports to help them transition into a new career.</p>	<p>Ongoing, or until the recipient turns 65.</p>	<p>Veterans who submitted their application for compensation after April 1, 2006 may be eligible for a disability award: a lump-sum or annual cash payment made at the time that the medical condition or disability occurs. Veterans who submitted their claim prior to this date may be able to access a disability pension distributed as regular monthly payments.</p> <p>The amount of the disability award or pension depends on the degree to which the disability is related to the person's service and the extent of their disability.<sup>12</sup></p>	<p>Recipients of disability awards are also eligible for some additional supports, including rehabilitation and mental health services and health care benefits.</p>
<p><b>Private LTD plans (Private sector)</b></p>	<p>Because these plans are operated by private insurance companies, the level of coverage and eligibility criteria varies significantly.</p> <p>Eligibility to receive benefits under a private plan is typically triggered by the inability to work in the applicant's own job.</p> <p>After 24 months, eligibility to continue receiving private LTD benefits becomes more restrictive as insurers redefine disability as an inability to perform any reasonably comparable occupation.<sup>13</sup></p>	<p>Varies by plan.</p>	<p>Private LTD plans pay a set percentage of the employee's pre-disability employment income, usually between 50 to 75 percent.<sup>14</sup></p>	<p>Access to additional supports like health benefits vary by plan and employer. Some people with disabilities lose access to employer-provided health benefits once they are no longer working.</p> <p>Private insurance companies often require people receiving private LTD benefits to also apply for CPP-D or workers' compensation benefits. Insurance companies typically reduce their LTD payments dollar-for-dollar.<sup>15</sup></p>

11 Veterans Affairs Canada, Disability Benefits, <http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits>.

12 Veterans Affairs Canada, Disability Pension, <http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits/disability-pension>; Veterans Affairs Canada, Disability Award, <http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits/disability-award>.

13 J. Anderson and G. Brown, HIV & Disability Insurance in Canada: An Environmental Scan, Canadian Working Group on HIV and Rehabilitation, March 2005; OECD, *Sickness, Disability and Work: Breaking the Barriers*. Canada: Opportunities for Collaboration, 2010.

14 Stapleton, *The "Welfarization" of Disability Incomes* in Ontario.

15 Organization for Economic Co-operation and Development, *Sickness, Disability and Work: Breaking the Barriers*. Canada: Opportunities for Action, 2010.

The income support programs for people with long-term disabilities outlined show that while there is diversity in program structure and function, there are two primary types of supports for people with disabilities: programs that support people who became disabled as a result of their employment (Workers' Compensation, Veterans' Disability Benefits and some private insurance) and people who have a non work-related disability or whose coverage under employment-based programs has expired and are perceived to be unable to work (ODSP, CPP-D and some private insurance).

This division of supports for people with long-term disabilities reflects underlying assumptions about the levels of support that are available to people who have become disabled in particular ways. Overall, the programs that provide support to people who have become disabled as a result of their employment offer higher levels of income support due to their calculations being based on pre-disability earnings. By contrast, programs that provide support for non work-related disabilities offer lower levels of income support.

Additionally, this division demonstrates the binaries that exist in the way income support programs define disability. People with long-term disabilities are perceived to be either entirely disabled and incapable of work or not disabled and capable of employment. This rigidity does not reflect the reality that people living with long-term disabilities face.

These differences underscore assumptions about the supports that should be available to people with long-term disabilities. People who become disabled as a result of their work are viewed as being more 'deserving' of support than people who become disabled for other reasons. From an equity perspective, levels of support should be based on the extent to which a disability affects each recipients' ability to fulfil necessary daily activities, not how a disability occurred.

Women are more likely to experience conditions that may be less visible like pain disorders and chronic fatigue, which may be less likely to receive coverage through programs that compensate for work-related disabilities.<sup>16</sup> Consequently, women with long-term disabilities may be more likely to rely on the less adequate non work-related programs.

Some populations may also be particularly disadvantaged by the current structure of supports for people with long-term disabilities in Ontario. For example, racialized Ontarians have higher unemployment rates than non-racialized Ontarians and are overrepresented in low wage industries that offer few or no benefits.<sup>17</sup> Many of these occupations are physically demanding, like janitorial services, and pose a health risk but usually do not include private long-term disability insurance. Consequently racialized Ontarians may have greater reliance on less adequate public programs.

It is important to note that even the programs that compensate work-related disabilities may not adequately support people with long-term disabilities. These programs tend to assume that the person will be able to return to work reasonably quickly and if this does not occur then program time limitations can lead to recipients becoming ineligible for continued support and being forced to apply for the less adequate programs, like ODSP. Adequacy is not guaranteed for people with long-term disabilities, regardless of which type of support they receive.

## Barriers to Income Support Programs from a Gender Perspective

Women may be more likely to have disabilities that make accessing disability income supports more

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16 Meena et al.

17 S. Block, G.E. Galabuzi & A. Weiss, *The Colour Coded Labour Market By The Numbers: A National Household Survey Analysis*, Wellesley Institute, September 2014.



difficult, such as disabilities that are less visible like chronic pain disorders and mental illness.<sup>18</sup> While women face many of the same barriers to disability income supports as men, the magnitude of barriers may be greater for women.<sup>19</sup> Women with non-visible or variable symptoms such as fatigue associated with multiple sclerosis, may experience difficulties getting their claims approved.<sup>20</sup> This section uses a gender perspective and draws upon observations from the women in our study, as well as existing literature, to assess the policy landscape for programs that support people with long-term disabilities in Ontario, focusing on eligibility, benefit adequacy, and challenges associated with returning to work.

## Eligibility

A paramount challenge for many women with disabilities is determining their eligibility for programs that support people with long-term disabilities. Each disability income support program has different eligibility requirements and varies significantly in their expectations of the degree of disability and the functional abilities of claimants. The CPP-D, for example, sets a very high bar in requiring that the claimant's disability must be "severe and prolonged," meaning that the disability must be expected to last indefinitely or until death. Moreover, the claimant must be incapable of pursuing any gainful occupation. By contrast, ODSP requires that the claimant's disability is expected to last for at least 12 months and that their ability to perform basic functions, including but not limited to paid employment, is restricted.

A further complication is the interaction between programs. Some programs allow or require recipients to apply for other programs while others effectively penalize recipients receiving support from more than one source. For example, many private plans require recipients to also apply for CPP-D while ODSP claw back rules mean that anyone receiving income support from other sources is likely to have their payments reduced.

The differing eligibility requirements of the myriad of disability support programs in Canada is symbolic of the piecemeal fashion in which they were created. Social programs in Canada were developed over the 19th and 20th Centuries to deal with specific demands and policy challenges, but little thought has been given to the interaction of these programs or their policy coherence. As a consequence, social programs that were developed to suit specific contexts in the 1910s or 1940s sit alongside modern programs. These policy legacies have significant impacts on the day-to-day lives of people living with long term disabilities. The eligibility criteria for CPP-D, for example, was developed in the 1960s when people with significant disabilities were not viewed as capable of meaningful labour force participation; as a result CPP-D is built around the notion of permanent unemployability.<sup>21</sup>

The process of proving the existence of a physical or mental disability can also be a barrier for women. To access disability benefits, claimants must have their condition and level of functioning confirmed by a medical professional, who is required to complete supporting documentation. This confirmation of

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18 Meena et al.

19 V.A. Crooks, "Income Assistance (the ODSP) and Women with Disabilities in Ontario, Canada: Limited Program Information, Restrictive Incomes and the Impacts upon Socio-Spatial Life," *Disability Studies Quarterly*, 24(3), 2004; S. Magana, S.L. Parish & S. A. Cassiman, "Policy lessons from low-income mothers with disabilities," *Journal of Women, Politics & Policy*, 29(2), 2008. V. Chouinard, "Women with Disabilities' Experiences of Government Employment Assistance in Canada," *Disability and Rehabilitation*, 32(2), 2010.

20 L. Jongbloed, "Disability income: The Experiences of women with multiple sclerosis," *Canadian Journal of Occupational Therapy*, 65(4) 1998.

21 L. Jongbloed, "Disability Policy in Canada: An Overview," *Journal of Disability Policy Studies*, 13(4), 2003.

disability must not only be completed at the time of application, but also when program administrators determine that a reassessment is necessary.

The women we spoke with noted the impact that applying for disability support can have on their self-identities. The limited definitions of disability used by support programs do not support the wide spectrum of capabilities and understandings of disability among people with lived experiences. In some interviews, women noted that if they started to feel or look better they worried about how this would affect their access to disability supports, which they still required.

For people with episodic disabilities, proving their eligibility for disability income supports can be especially problematic. Episodic disabilities are often viewed as less-severe than disabilities that have obvious and constant physical symptoms. An interview-based study of people with episodic disabilities who had been deemed ineligible for ODSP found that this program's eligibility criteria did not account for the cultural and social contexts in which the participants lived; emphasis was placed instead on daily functioning and ability to work.<sup>22</sup> Another interview-based study of women living with Multiple Sclerosis in Western Canada found that 10 of the 23 respondents faced barriers to accessing CPP-D because of the restrictive definition of disability.<sup>23</sup>

These findings were also reflected in our study. Women in our study spoke of the stress and anxiety associated with completing forms and long waiting periods before finding out whether they would be eligible for income supports. For public programs, the women noted that systems were difficult to navigate and that caseworkers held a lot of power over decisions. In private sector LTD claims, there were feelings that information was not shared and that insurance companies attempted to prevent the women from accessing the supports for which they were eligible.

Reassessments of disability can be particularly challenging for people receiving support for long-term disabilities. Most private LTD insurance plans pay benefits for the first 24 months if the claimant is unable to work in their own job. After 24 months, however, benefits are decided based on whether the claimant can work in any reasonably comparative occupation. Likewise, most public support programs periodically review claimants' entitlements. The potential for benefits to be reviewed and for supports to be terminated is stressful for claimants, and some recipients feel victimized by the requirement that they have to prove themselves incapable of working in any job.<sup>24</sup> A study of people with HIV/AIDS who were receiving CPP-D found that while reassessments for this condition were rare, the fear of reassessment led some claimants to under-report earnings and others to avoid opportunities for work or training, even if it would have been allowed by CPP-D.<sup>25</sup>

## Adequacy of Benefits

Adequate income is essential to good health, but the adequacy of income supports for people with long-term disabilities varies widely. Generally, private LTD benefits provide the highest benefit levels because

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22 Lightman et al, 2009

23 Jongbloed, 1998.

24 Ibid.

25 J. Anderson & G. Brown, HIV & Disability Insurance in Canada: An Environmental Scan, Canadian Working Group on HIV and Rehabilitation, March 2005.

they are set as a percentage of pre-disability earnings. CPP-D and Workers' Compensation also set their benefit rates as a percentage of pre-disability earnings, but the annual caps on payments may not be sufficient to meet the needs of people with disabilities. Workers' Compensation benefits are capped at \$85,200, but CPP-D (\$14,836) is significantly lower. ODSP payments are the lowest of all at \$13,176 for a single person living alone.

The adequacy of these benefits is important to consider against established poverty benchmarks. Canada's after-tax low income measure (LIM-AT) for a single adult with no children was \$16,968 in 2012.<sup>26</sup> This means that people receiving only ODSP or CPP-D are living in poverty. People receiving private benefits or Workers' Compensation are more likely to have adequate income, but given that both of these programs pay a proportion of pre-disability income it is important to consider the impact of reduced income on recipients.

Owing to the patchwork of programs providing support to people with long-term disabilities in Ontario, the adequacy of benefits that a person receives depends on the program(s) for which they are eligible. While private LTD plans may be more adequate than public plans, the shifting nature of the employment market and the increase in casual employment arrangements with few, if any, benefits means that fewer people have access to private plans.<sup>27</sup> Moreover, most private plans change eligibility for continued support after 24 months to require that recipients not be able to work in any comparable job, rather than just their own job. This may have the effect of pushing people with long-term disabilities onto public programs that do not meet basic needs.<sup>28</sup>

The women in our study raised concerns about the adequacy of public programs that support people with long-term disabilities. Women commented on how they were unable to meet their basic costs of living, including paying their rent or mortgage and ensuring that they were able to eat a healthy diet and participate in social activities. The inadequacy of income supports was identified as one of the largest barriers to good health for women in our study.

From a gender perspective, women may be particularly disadvantaged by the structure of programs that calculate income supports based on pre-disability income. These programs can mean lower benefit levels for women as a result of the gender wage gap, which may be even greater for women with disabilities. A study that asked women with disabilities about their experiences with government employment programs in Canada found that 36 of the 69 women (52.2%) said that their current or past jobs "seldom or never" paid enough to live comfortably.<sup>29</sup> Importantly, women with episodic disabilities may have lower pre-disability earnings as a result of the challenges of maintaining regular paid employment that meets the eligibility criteria for disability income support programs. For example, women with multiple sclerosis may be more likely to work part-time due to fatigue and other symptoms, which ultimately leads to lower benefit levels when disability prevents them from maintaining regular paid employment.<sup>30</sup> For these

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26 Statistics Canada, *Annual Income Estimates for Census Families and Individuals (T1 Family File)*, July 2014. [http://www23.statcan.gc.ca/imdb-bmdi/document/4105\\_D5\\_T1\\_V11-eng.pdf](http://www23.statcan.gc.ca/imdb-bmdi/document/4105_D5_T1_V11-eng.pdf).

27 Ibid.

28 Stapleton, 2013.

29 Chouinard, 2010.

30 Jongbloed, 1998.

women, receiving only a percentage of their pre-disability earnings or less through programs of last resort like ODSP is unlikely to be adequate to maintain good health. Even for women who have high pre-disability incomes, the limits placed on benefits and the continued erosion of support in some programs may, over time, mean that they have inadequate income to support good health.

The time limitation attached to eligibility for some long-term disability supports may disproportionately affect some women. For example, the level of CPP-D that recipients are able to receive depends on the length of their contribution to the scheme. This could mean lower support levels for women who have had disruptions to their contributions because of periods of disability or other breaks in their labour market participation.

The adequacy of income supports is critical, but for people with disabilities having access to extended health benefits is especially important. Many disability income support programs do not include basic supports like prescription drug coverage. Of the programs reviewed, only ODSP, Workers' Compensation and Veterans' Benefits include basic extended health coverage. Workers' Compensation, however, only covers prescription drugs that are required as a result of their workplace injury or illness.<sup>31</sup> CPP-D provides no extended health benefits and recipients of private LTD benefits may no longer be eligible for extended health benefits from their employer once they are no longer actively working.<sup>32</sup>

Our study reinforces that programs that support people with long-term disabilities also need to provide access to health benefits, such as prescription drugs, dental and vision care and medical devices. While it was appreciated that programs like ODSP provide access to basic health benefits, women in our study noted that these supports were inadequate to meet their actual needs.

These findings underline the importance of ensuring equity and access in the delivery of essential non-insured health services. Recent research from the Wellesley Institute showed that one-third of workers in Ontario do not have access to employer-provided health benefits and women and people with lower earnings were less likely than men and those with higher earnings to have access to these benefits.<sup>33</sup> This research demonstrated the importance of shifting responsibility for providing essential health benefits from the private sector to universal public programs. The findings from our study of women with long-term disabilities further demonstrates the need to rethink mechanisms for providing these programs in Ontario and Canada.

## Returning to Work

While there is variability among programs that support people with long-term disabilities, facilitating claimants' return to work is an objective of most programs available to women in Ontario. Of the programs reviewed, only CPP-D and the pre-2006 Veterans' Pension do not include access to employment supports, as a result of program assumptions about the severity and duration of disability.

The supports that people living with disabilities need in order to find and retain employment that

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31 Workers' Safety Insurance Board, *WSIB drug benefit program*, <http://www.wsib.on.ca/en/community/WSIB/ArticleDetail?vgnextoid=730de35c819d7210VgnVCM100000449c710aRCRD>.

32 J Anderson & Brown, 2005.

33 S. Barnes, V. Abban & A. Weiss, *Low Wages, No Benefits: Expanding Access to Health Benefits for Low Income Ontarians*, Wellesley Institute, 2015.

accommodates their particular needs can be a barrier to returning to work. Many programs provide conventional, individualized employment supports, like job coaching and resume writing, but these are not necessarily the supports that people with disabilities require. The study noted above about women's experiences with government employment assistance found that 60 percent of the women who had used government support regarded these services as of very low importance. The study found that employment supports did not address the systemic barriers that women faced, like employer attitudes or insufficient workplace accommodation.<sup>34</sup>

Returning to work may be intimidating for women with long-term disabilities, especially those who have episodic disabilities. A study that conducted annual interviews for five years with five women living with complex episodic disabilities in Toronto found that their inability to predict when, where or how relapses may occur resulted in the respondents being fearful of leaving the stability of their program for less certain employment that required regular attendance and consistent performance that they could not always sustain.<sup>35</sup>

Some programs build in mechanisms to accommodate recipients if they attempt to return to work but need to return to the program within a specified period of time. For example, ODSP offers rapid reinstatement for people who leave the program for employment but need to return within 12 months. In this case the person does not have to re-prove their disability; they only have to prove that they meet financial and other eligibility criteria, although women in our study commented on the difficulty of navigating the ODSP application process.<sup>36</sup> ODSP also continues to provide access to health benefits to people leaving the program for employment and who do not have comparable health coverage from their employer.<sup>37</sup> Despite this, given the difficulty that many women face in accessing benefits they may be hesitant about returning to work out of fear of becoming ineligible for future support. One major fear is that by simply enquiring with their caseworker about the possibility of returning to work they may be considered employable and therefore no longer eligible for income support.<sup>38</sup>

Women in our study noted the difficulty in discussing employment with their caseworkers in both public and private programs. There was a feeling that caseworkers were more interested in getting the women off their supports for cost-cutting reasons rather than as part of accommodations to help them back into work when they felt ready. Moreover, the expectation that the women should take any job rather than returning to their previous position or a comparable position undermined the women's professional standing and led to feelings of belittlement. This compounded broader social challenges that the women faced as they negotiated their transition to being perceived as "disabled." Some women interviewed expressed the desire to work but faced barriers from their disability support program. Women said that the rules around returning

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34 Chouinard, 2010.

35 E. Lightman, A. Vick, D. Herd, and A. Mitchell. "'Not Disabled Enough': Episodic Disabilities and the Ontario Disability Support Program." *Disability Studies Quarterly* 29(3), 2009.

36 Ministry of Community and Social Services, *Ontario Disability Support Program – Income Support Directives 1.3 – Rapid Reinstatement*, [http://www.mcscs.gov.on.ca/documents/en/mcscs/social/directives/odsp/income\\_Support/1\\_3.pdf](http://www.mcscs.gov.on.ca/documents/en/mcscs/social/directives/odsp/income_Support/1_3.pdf).

37 Ministry of Community and Social Services, *Employment incentives and benefits: Transitional Health Benefit*, [http://www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/income\\_support/odsp\\_transitional.aspx](http://www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/income_support/odsp_transitional.aspx).

38 Anderson & Brown, 2005; Jongbloed, 1998.

to work were unclear and that the high claw back rates reduced the financial gains of working.

## Supports for People with Long-Term Disabilities in Ontario

The range of programs that provide support for people with long-term disabilities in Ontario is wide, varied and complex. There are numerous public programs that are delivered by the provincial and federal governments, with different eligibility criteria, different expectations about levels of disability and different expectations of workforce participation. In addition to this, there is little information or transparency about private long-term disability plans.

From a policy perspective, there is little coherence to the current structure of these programs. Eligibility criteria vary widely, in part owing to each plan's attempt to compensate disability based on differing expectations of duration, severity, and function. The patchwork of programs and eligibility criteria means that the income, employment and health supports that a person living with a disability receives depends on how they became disabled, whether they were injured on the job, whether they had been contributing to EI or CPP through employment and for how long, whether their employer offered LTD coverage as part of their benefit package, and so on. The result is a complex web of programs that interact poorly and create barriers for people with disabilities to access their entitlements.

Women may also face additional barriers to disability income support programs. Some programs require certain types of paid employment that is more common among men than women. Women may be disadvantaged by programs that pay benefits based on pre-disability income owing to the gender pay gap. Additionally, women are at higher risk of certain disabilities that may affect their ability to participate in the workforce, including some episodic disabilities.

The women who participated in our study made a series of recommendations about how the multiple systems that provide support for people with long-term disabilities could be improved, which are outlined in the full report accompanying this brief. Paramount among the recommendations is the need for application and eligibility processes for public and private supports to be redesigned to make applying clearer and more transparent. The importance of this recommendation is further enhanced by the number and complexity of programs identified in this policy review.

Part of the challenge is that programs are provided by the federal and provincial governments in addition to the private sector; there is no coordination between programs. As a first step toward a more coordinated system, Ontario should review its own provincial programs to ensure that application and eligibility requirements are clear and that information is shared in a timely and open manner with applicants. Moreover, Ontario should review the interactions between its programs to ensure that people with long-term disabilities have clear pathways to the support that is most suited to their needs. The federal government should also undertake a similar process, and coordination between provincial and federal programs needs to be addressed. For the private sector, greater transparency about entitlements is important.

The adequacy of supports for people with long-term disabilities also needs to be addressed. Private LTD programs tend to provide the most adequate incomes, but the industry practice of effectively limiting

eligibility to two years is contributing to the “welfarization” of disability incomes.<sup>39</sup> Public programs that base income on pre-disability earnings provide moderate income support, but women with disabilities may be disadvantaged by earnings calculations. Added to this, the income provided by ODSP does not reflect the actual costs of living with a disability. Finally, poor program design in the public and private systems mean that people with long-term disabilities are not well supported to return to work in a capacity that accommodates their needs.

Adequacy is not limited to income supports alone; access to non-income supports such as extended health benefits is also critical. The programs reviewed in this policy brief varied in their coverage of health benefits, from no supports to access to basic health benefits. One policy solution would be for all programs that support people with long-term disabilities to provide health benefits. However, this would only contribute to Ontario and Canada’s patchwork of extended health benefits. A more equitable solution is to move toward universal public benefits, such as a national PharmaCare plan for prescription drug coverage.<sup>40</sup>

At a higher level, there is a clear need for adequacy in income and non-income supports for people with long-term disabilities to be reconsidered. Public and private plans need to recognize that there is an obligation to provide adequate income in order to support recipients to move in and out of the workforce as their health allows. As part of the reviews of provincial and federal programs recommended above, governments should also initiate discussions with people with long-term disabilities, service providers, policy experts, private insurers and employers about what adequacy means within long-term disability programs.

The women in our study described their own experiences dealing with CPP-D, ODSP and private LTD insurance, but the challenges that they raised reflect the larger patchwork of supports for people with long-term disabilities in Ontario. While there are a large number of programs available, the various eligibility criteria and levels of adequacy made navigating the multiple systems a challenge. The need for greater coordination and improved adequacy is clear.

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39 Stapleton, 2013.

40 The case for universal PharmaCare to increase equity and access to prescription drugs is more fully made in Barnes et al., 2015.



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