Increasing uptake of Old Age Security among eligible older adults in Toronto

Policy brief

WELLESLEY INSTITUTE

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Wellesley Institute works in research and policy to improve health and health equity in the Greater Toronto Area through action on the social determinants of health. More than a think tank, we're a catalyst for change.

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About this document

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Acknowledgment of Traditional Land

We wish to acknowledge this land on which Wellesley Institute operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people and we are grateful to have the opportunity to work on this land.

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Introduction

Old Age Security (OAS) is the foundation of Canada's retirement income system. It delivers a universal pension to most people aged 65+ who meet residency and status requirements. Coupled with its Guaranteed Income Supplement (GIS), OAS has helped reduce poverty among older adults over the past 50 years[1]. Yet in Toronto, uptake is lower than the national average and non-receipt among eligible older adults persists at a scale large enough to warrant attention[2].

OAS uptake in Toronto is lower than the national average.

Using the 2021 Census Public Use Microdata File (reporting 2020 income and program participation) and consultations with frontline professionals, analysis found that 83.3 per cent of older adults in Toronto received OAS in 2020 and 16.7 per cent did not. Of the non-recipients, nearly half were eligible; this included more than 10,000 older adults living below the official poverty line.

Two distinct models of non-recipients emerged:

1. Moderate- and high-income adults aged 65–69, many of whom are married, highly educated, and still working; and
2. Low-income and 70+ adults who are disproportionately women, immigrants, racialized (especially those of Chinese and South Asian-origin), with less formal education, limited English and/or French proficiency, and greater core housing needs[3,4].

Consultations revealed knowledge and administrative barriers that map onto these profiles:

- poor awareness of OAS/GIS
- confusion between OAS and the Canada Pension Plan (CPP)
- onerous residency documentation
- difficulties with digital access
- gaps during transitions from other programs (i.e. Ontario Disability Support Program (ODSP) or Ontario Works (OW)) to OAS

Frontline professionals described "bureaucratic disentitlement," where complex processes, variable customer service and non-automatic renewals (particularly for GIS) contributed to non-uptake[5].

OAS, in combination with GIS, is an effective tool for poverty reduction and is often the recipient's main source of income. Toronto has one of Canada's highest poverty rates among older adults, with racialized, disabled, immigrant, and women older adults experiencing higher rates than their peers. Closing OAS/GIS uptake gaps is both a poverty reduction and a health equity intervention[6].

Recommendations

Based on the research undertaken, Wellesley Institute recommends the following policies

Initiating enrolment

Review and expand "opt-out" style enrolment for OAS and automatic annual GIS renewal.

The federal government could implement a more complete auto-enrolment on an "opt-out" basis into OAS at age 65 for individuals meeting residency criteria, combining Canada Revenue Agency tax data, immigration records and other existing government information. They should automate the GIS annual reassessment for low-income older adults with proactive notices and appropriate grace periods.

Auto-enrolment is a proven lever to reduce take-up costs in means-tested and near-universal programs. Canada's National Advisory Council on Poverty has called for automation to ensure people in poverty receive benefits and the existing enrolment should be reviewed to ensure more complete coverage[7].

Invest in multilingual, culturally tailored outreach and education.

The federal government could fund a coordinated public information campaign with mailers, utility bill inserts, TV or radio spots using plain language materials and translations (such as Simplified/Traditional Chinese, Punjabi, Hindi, Tamil and Urdu). Community-centric channels, such as Seniors' Active Living Centres, settlement agencies and religious institutions can also be used. They should create video explainers and visual navigators describing the differences between OAS, GIS and CPP, with examples.

Awareness is mixed; many older adults conflate OAS with CPP, and the GIS distinctions, such as annual renewal requirements, are poorly understood. Targeted outreach to communities with observed disparities is essential[3,4].

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Strengthen transition pathways from the Ontario Disability Support Program and Ontario Works to OAS/GIS.

The federal, provincial and municipal governments can work together to build automatic referral triggers three months before the age of 65 for ODSP and OW clients, including shared data fields that pre-populate OAS and GIS applications on behalf of clients. They could ensure benefit continuity with temporary bridging payments where OAS processing delays occur and standardize caseworker protocols and training[5].

Evidence from frontline practice shows income gaps during transitions and loss of ancillary support. Coordinated pathways reduce administrative burden and protect vulnerable older adults' income security[5,8].

Scale up community-based financial empowerment and case management.

The federal government could fund financial empowerment programs to provide benefit navigation, expand and integrate tax filing support (the Community Volunteer Income Tax Program) and case management for older adults with complex needs. They should offer relevant train-the-trainer modules for frontline workers across Seniors' Active Living Centres, food banks, primary care teams and housing providers[9]. They could pilot OAS Navigator roles embedded in settings such as settlement agencies and primary care teams to proactively contact individuals approaching age 65[6].

Programs that pair information with practical community-based support reduce administrative burden and sustain eligibility through annual tax filing and documentation assistance[7].

Making the process easier

Simplify residency and identity documentation requirements.

Service Canada could accept alternative evidence, such as affidavits, settlement letters, landlord attestations and clinician letters when travel history or historical passport records are incomplete. They should clarify the rules for absences greater than six months and follow up requests for trip details, aligning documentation asks with administrative necessity[4].

Documentation burdens disproportionately deter low-income and racialized older adults; simplification will reduce time costs and anxiety and speed up processing without compromising program integrity[3].

Expand in-person, paper-based and assisted digital application options and build Service Canada capacity for equity-informed delivery.

In reviewing potential updates to its service provision, Service Canada should keep paper applications and walk-in support via their own sites, libraries and embedded clinics in social housing to ensure accessibility for all older adults.

Service Canada could enhance "My Service Canada Account" usability with a more age-friendly design by:

- Adding video appointments and screen-reading accommodations[4].
- Working to reduce call centre wait times.
- Expanding their language line capacity.
- Providing specialized training on OAS/GIS distinctions, residency scenarios, and provincial program (i.e. ODSP) transitions.
- Creating a dedicated "reach all older adults" queue with performance targets for response times and resolution.

> Even modest supports reduce the friction and time costs that deter uptake.

While digital submission is faster for some, it excludes those with limited internet access, low vision, low digital literacy or language barriers. Community hubs, however, are proven points of access for outreach and assistance[4,10]. Client experience studies have shown there is variability in guidance, long waits and uneven translation supports. Meanwhile, equity-oriented training improves navigation for immigrants, racialized, and older adults with a disability[5].

Pilot "one-stop shops" for all benefits programs.

Municipal and provincial governments should work with Service Canada to pilot "one-stop shops" in Service Canada locations where older adults can interact with one agent in assessing eligibility and applying for all programs, benefits and subsidies across all levels of government.

Expanding the existing concept of embedded models into these singular points of access will reduce administrative burden and has been consistently recommended in poverty reduction strategies[11].

Introduce a time-limited "apply-assist" benefit.

The federal government could provide a small apply-assist stipend, such as $100-$200, or direct funding, for document retrieval and translation to offset application costs for low-income older adults.

Even modest supports reduce administrative friction and time costs that deter uptake among low-income older adults. Navigator models have improved benefit access and health system navigation in other contexts[12].

Monitoring efficacy

Monitor uptake and equity outcomes and publish Health Equity Impact Assessments.

The federal government should track and publicly report OAS/GIS uptake and deferral rates by age, gender, race/ethnicity, immigration/citizenship, language, income and housing status. They should require periodic health equity impact assessments (HEIAs) for OAS/GIS administrative changes to assess unintended exclusion and guide improvements[11].

Tracking update and equity outcomes aligns with health equity accountability practices.

Regular, disaggregated monitoring will enable targeted interventions. It aligns with health equity accountability practices used effectively in other care reforms[11,10].

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