Ontario Association of Social Workers 2020 Pre-Budget Submission

JANUARY 2020

ONTARIO ASSOCIATION
OF SOCIAL WORKERS

About OASW

The Ontario Association of Social Workers (OASW) is the voice of social work in Ontario. It is a voluntary, provincial, non-profit association representing approximately 6,000 social workers. OASW works to actively to speak on behalf of social workers on issues of interest to the profession and advocates for the improvement of social policies and programs directly affecting social work practice and client groups served.

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Overview

The Ontario Association of Social Workers (OASW) welcomes the opportunity to provide input into the development of the *2020 Budget*, particularly as this relates to the government's desire to make life more affordable for Ontarians and build healthier and safer communities together.

These two commitments are central to the beliefs and values of the more than 20,000 Registered Social Workers (RSWs) who deliver a range of vital public services such as social assistance and child welfare across the province. RSWs can also be found in numerous settings including hospitals, schools, community-based agencies and in private practice, providing essential mental health care, case management and system navigation to those living with complex needs.

Due to our work in these settings, social workers occupy a unique vantage point from which to make recommendations for investments to make life more affordable, healthier and safer for Ontarians. Therefore, our recommendations focus on:

- Allowing Ontarians to participate more equally in their communities and the economy.
- Utilizing social workers to reduce costs and improve outcomes for patients in the health care system.
- Improving and expediting care for Ontarians who have been in motor vehicle accidents.

SUMMARY OF RECOMMENDATIONS:

1. Immediately increase rates of social assistance to more accurately reflect the cost of living.
2. Maintain the current definition of disability under ODSP.
3. Establish a Social Assistance Research Commission.
4. Provide dedicated funding to permanently place social workers in Emergency Departments across Ontario.
5. Improve and expedite care for Ontarians who have been in motor vehicle accidents.

Making Life More Affordable for Ontarians

Recommendation 1: Immediately increase the rates of social assistance to more accurately reflect the cost of living.

The Cost of Poverty in Ontario

Justice System Costs	$1.1 billion
Health Care System Costs	$3.9 billion
Opportunity Costs: Lost Income	$19.4 – 25 billion
Opportunity Costs: Lost Tax Revenue	$2.7 – 3 billion
Total Cost of Poverty in Ontario	$27.1 – 33 billion

Lee, C.R., & Briggs, A. (2019). The cost of poverty in Ontario: 10 Years later. Toronto, ON: Feed Ontario.

Making life more affordable for Ontarians must start by supporting those who have the least. There are over 1.5 million people in Ontario, or approximately 10% of the population, currently living in poverty.[1,2] Those accessing Ontario Works (OW) or the Ontario Disability Support Program (ODSP) represent over 950,000 of those living in deepest poverty.[3,4]

Since September 2018, a single adult accessing these programs receives $733.00 and $1,169.00/month respectively for their basic living and shelter costs.[5] With rent in cities such as Ottawa, Toronto and Hamilton nearing or climbing over $1,000 per month for a single-bedroom apartment, this leaves little to no income for anything else.[6] A lack of adequate income to purchase food and afford transportation, clothing and monthly bills such as electricity and internet, results in the financial and social exclusion of these individuals from our economy and community. This hurts us all.

Notwithstanding the direct effect of poverty on those living on OW and ODSP, a recent report has estimated the cost of poverty to taxpayers in Ontario to be $27.1 - $33 billion per year.[7] This represents increased costs to health care and the criminal justice system as well as lost revenue though income and taxes due to unemployment and underemployment.

OASW commends government for seeking ways to improve OW and ODSP, such as eliminating unnecessary rules and providing front-line staff, including social workers, with more time to meet with

individuals, discuss their needs and create individualized plans to support well-being.

While the recent continuation of the Transition Child Tax Benefit and decision to forgo a planned increase to the amount of money that can be clawed back from earned income has been welcomed, OASW recommends that government immediately increase rates of OW and ODSP to accurately reflect the cost of living as this is essential to breaking the cycle of poverty and making life more affordable for Ontarians.

Recommendation #2: Maintain the current definition of disability under ODSP.

In November 2018, along with other announced reforms to OW and ODSP, the government proposed a change to the definition of disability under ODSP to fall more closely in line with federal guidelines such as those governing the Disability Tax Credit and Canada Pension Plan – Disability (CPP-D).

"Working-age people with disabilities are about twice as likely as other Canadians to live below the poverty line."

Crawford, Cameron (2013). Looking into poverty: Income sources of poor people with disabilities in Canada. Toronto: Institute for Research and Development on Inclusion and Society (IRIS) and Council of Canadians with Disabilities.

At present, one of the main criteria to qualify for ODSP is evidence that an individual has a "substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more."[8] Whereas to qualify for CCP-D, an individual must have a "severe and prolonged disability" that prevents any work on a regular basis. A disability is considered "severe" when it stops an individual from doing any type of substantially gainful work and it is "prolonged" when the disability "is long-term and of indefinite duration or is likely to result in death."[9]

OASW is concerned that any change to the existing definition of disability under ODSP to align with federal guidelines will result in plunging those living with episodic disabilities, such as some mental illnesses, cancer, multiple sclerosis, HIV/AIDS and severe arthritis, into deeper poverty.

We know that Ontarians living with disabilities already face significant barriers to work including the fact that they are "persistently less likely to be employed than people without disabilities".[10] By their very nature, episodic disabilities are defined by periods of wellness and disability, which can be unpredictable.[11] Forcing those living with episodic disabilities onto OW, a program premised on minimum financial support and a requirement that the recipient pursue employment, is not a sound approach.

OASW strongly encourages the government to maintain the current definition of disability under ODSP to allow those living with episodic conditions the financial security and health benefits they require during periods of illness that prevent them from working.

Recommendation #3: Establish a Social Assistance Research Commission.

A Social Assistance Research Commission would assist government in evidence-based decision making as this relates to social assistance rates and other aspects of income security policy.

As previously stated, current rates of OW and ODSP are insufficient to meet the basic needs of individuals and families who receive these benefits. In fact, there has been no substantial increase to benefits since a 10-year freeze on these rates. Year over year, individuals and families who receive OW and ODSP have fallen into deeper poverty.[12] A significant reason for this is the arbitrary establishment of OW and ODSP rates[13] and the fact that these have not kept up with the cost of living nor been tied to the rate of inflation.[14]

OASW supports the establishment of a Social Assistance Research Commission as proposed under Bill 60, (a Bill to amend the *Ministry of Community and Social Services Act* to establish such a Commission) to assist the government in evidence-based decision making as this relates to social assistance rates and other aspects of income security policy. Such a Commission should be comprised of those with lived experience who are currently in receipt of OW and ODSP and those with expertise in the areas of socioeconomic policy and poverty.

As government continues its important work to reform social assistance and lift Ontarians out of poverty[15], OASW believes that

the establishment of a Social Assistance Research Commission is imperative to getting it right.

Building Healthier and Safer Communities Together

Recommendation #4: Provide dedicated funding to permanently place social workers in Emergency Departments across Ontario.

Hallway health care remains an unfortunate reality for many Ontario individuals, families and caregivers. We know that factors that contribute to this are: (1) high number of Ontarians using hospitals as their primary source of health care; (2) high levels of ALC rates, and; (3) patients returning to hospitals when they cannot find or access the care or resources they need once they return to their communities.

The Premier's Council on Improving Healthcare and Ending Hallway Medicine has confirmed that some Ontarians are visiting Emergency Departments (EDs) for non-urgent reasons that could be more appropriately addressed in the community.[16] These visits are often driven by psychosocial concerns such as caregiver burnout, under-housing, poverty and mental health and addictions concerns. As specialists in mental health care, psychotherapy, systems navigation and addressing factors such as poverty, housing and unemployment, social workers have the skills to improve the efficacy of medical interventions and assist in connecting patients to the resources they require to address these concerns outside of the hospital system.

Since 2015, OASW has partnered with five hospitals across Ontario to deliver the Social Care Optimization Program in the Emergency (SCOPE) Intervention pilot program which places a social worker in the ED for a three-month period, during peak periods of use. Using the SCOPE Intervention Model, those presenting with social issues, as well as frequent users of the ED are assessed by social workers upon registration.

Results from four high volume Ontario EDs have found that social workers increased patient flow and decreased wait time in the ED. They also contributed to the prevention of repeat ED visits and avoidable admissions by providing enhanced assessment within the ED and successfully connecting individuals with appropriate resources and care in their communities (results from a fifth pilot are forthcoming).

Annual cost savings in avoided admissions by placing a social worker in the Emergency Department:

Toronto Western Hospital & Toronto General Hospital	$1.4 million
St. Michael's Hospital	$500,000
Southlake Regional Health Centre	$630,000

In one health network alone, the SCOPE intervention resulted in an estimated 1,700 inpatient days avoided and $1.4 million in annual cost savings. This trend in decreased inpatient days and reduced costs associated with placing a social worker in the ED have been consistently found across all pilot locations including St. Michael's Hospital ($500,000 in annual savings) and Southlake Regional Health Centre ($630,000 in annual savings).

Given these exceptional results, OASW recommends the government encourage the spread of the SCOPE program across the province by providing dedicated funding to permanently place social workers in EDs in hospitals across Ontario.

Recommendation #5: Improve and expedite care for Ontarians who have been in motor vehicle accidents.

According to the Ontario Road Safety Annual Report, there were 35,746 fatal and personal injury collisions in the province in 2018.[17] Thankfully, only a small percentage of these accidents were fatal however, survivors of serious motor vehicle accidents (MVAs) can be left with significant physical impacts such as traumatic brain injury, paralysis, amputation and/or chronic pain.

Psychological distress following MVAs has been found to be substantial.[18] This leaves victims at increased risk for anxiety, depression, acute stress disorder and posttraumatic stress disorder either as a complication of these injuries or unique to the psychological trauma sustained as a result of the accident itself.[19,20] This risk to mental health underscores the need for early assessment, diagnosis and treatment for MVA survivors.

Social workers provide critical mental health assessment and treatment including psychotherapy, systems navigation, case management and rehabilitation services to victims of MVAs to assist individuals, families, and communities achieve optimum functioning following these accidents however, barriers and red tape exist in the system that stand in the way of better serving those who have been in MVAs.

Experiencing a motor vehicle accident (MVA) is a traumatic event. Social workers are the largest regulated profession providing psychotherapy in the province however, red tape and unnecessary barriers prevent Ontarians who have been in an MVA from timely access to these critical services.

To improve and expedite care for MVA victims in Ontario, and reduce costs to government, OASW recommends that:

a) RSWs be listed as "health practitioners" under the Statutory Accident Benefits Schedule (SABS) to avoid confusion or instances of delayed access or no access to social work services.
b) RSWs be extended the rights and responsibilities of certifying an OCF-18 as certification of an OCF-18 by another regulated health professional causes additional fees to be charged by the certifying party and can delay discharge of an accident victim from hospital, contributing to unnecessary costs to the health care system and hallway health care.
c) RSWs fees be established in the Professional Services Guideline that align with the OASW's published guidelines for setting fees within the auto insurance sector.

OASW's vision is to create a society in which all Ontarians can thrive and participate to their optimal capacity, leading to healthier communities and a better society. We believe that government shares this vision and the recommendations contained within this submission represent sound financial investments towards achieving this goal.

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