



# **Failing the Homeless: Barriers in the Ontario Disability Support Program for Homeless People with Disabilities**

## **SUMMARY REPORT: *HIGHLIGHTS AND RECOMMENDATIONS FOR ACTION***

Toronto  
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## About the Study

85 homeless people living with disabilities participated in this study. All participants were clients at Street Health or Parkdale Activity and Recreation Centre (PARC), two community organizations working with homeless people in Toronto.

Several interviews were conducted with each participant to learn about their personal histories of disability, employment, housing and attempts to access disability benefits. Project staff also assisted participants with new disability benefits applications and appeals, as well as other requirements for the benefits application process (e.g., accessing health care and identification documents).

Study findings and recommendations were drawn from interviews with participants and background research on participants' histories as well as from project staff's experiences assisting participants with benefits applications and appeals during the course of the study.

## Research Team

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## Other Acknowledgements

Special thanks to Melodie Mayson (Neighbourhood Legal Services), Bob Gardner (The Wellesley Institute), Staff at Parkdale Activity and Recreation Centre (PARC), Staff at Street Health, Stephen Hwang (Centre for Research on Inner City Health, St. Michael's Hospital), Sarah Blackstock (Income Security Advocacy Centre), Maureen Fair (St. Christopher House), John Stapleton, Darlene Carew (Centre 454, Anglican Social Services, Ottawa) and Members of the ODSP Roundtable for their advice, expertise and other contributions to this project.

### About Street Health

Street Health Community Nursing Foundation conducted this study and created this report.

Street Health is an innovative, community-based health care organization providing services and advocating to address a wide range of physical, mental and emotional needs in those who are homeless, poor and socially marginalized in Toronto.

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Ontario disability benefits are failing homeless people who have disabilities. The Ontario Disability Support Program (ODSP) is intended to assist low-income people with disabilities, but many disabled homeless people are unable to access this program.

Staff at Street Health, a community-based health care organization working with homeless people in downtown Toronto, realized that many of their clients had serious disabling conditions that prevented them from holding down jobs. Yet, although eligible, these clients were not receiving any ODSP benefits. The staff were spending a large part of their time trying to help individual clients obtain ODSP support. In an effort to address this problem, Street Health decided to conduct a research project to identify the barriers that were preventing eligible homeless people from accessing the ODSP, while at the same time helping study participants to secure the benefits they are entitled to.

This report describes the experiences of homeless people with disabilities who could not access the ODSP. It **identifies key barriers and delays** in the ODSP system and **makes a number of recommendations** to help ensure that homeless people with disabilities can access the ODSP benefits they are entitled to. It also highlights gaps in the overall disability benefits system. The project resulted in a range of important findings and concrete outcomes, but two stand out above all others:

- **100% of eligible participants needed help accessing ODSP benefits.**
- **100% of participants whose ODSP applications were successful were able to secure housing.**

### **About Participants**

85 homeless people with disabilities living in Toronto participated in this study.

- 76% were male and 24% were female
- 61% were 41 years and over, 33% were aged 25-40, and 6% were 24 or younger
- 90% were born in Canada: 35% were born in Toronto, 29% in Ontario outside Toronto, and 26% in provinces outside Ontario (10% were born outside Canada)
- Participants had lived in Toronto for an average of 27 years

## Homeless People Could Not Access the ODSP...

- 100% of study participants were eligible for the ODSP, but 0% were receiving benefits when they became involved in the study.
- 32% of participants had previously applied for ODSP benefits but had been denied them before taking part in the project.
- 68% of participants submitted their first complete application to the ODSP through this project. Many had attempted to apply in the past but had been unable to complete the process on their own.

### ... Despite Their Obvious Eligibility

- 96% had more than one serious health condition.
- 75% had a combination of physical and mental health disabilities.
- 38% had been diagnosed with severe mental health conditions such as schizophrenia.
- 82% suffered from other serious mental health conditions such as depression, bipolar disorder, or post-traumatic stress disorder.
- 87% of all participants had not been able to sustain work (for more than a month at a time) for 7 or more years.

## Costs Associated with Decreased Access to the ODSP

### Allowing people with disabilities to be poor and homeless leads to increased costs to individuals as well as to the health care and city shelter systems.

Homeless people have significantly poorer health and higher mortality rates than the general population<sup>1</sup>. A recent survey of homeless people in Toronto found that one-third of homeless people with serious health conditions did not have a stable source of health care<sup>2</sup>. Because homeless people are less likely to have a stable health care provider, they are more likely to use hospital emergency rooms and stay longer in hospitals for treatment. Each visit to a hospital emergency room costs at least \$400 and an in-patient stay costs more than \$1000 per day<sup>3</sup>. When homeless people use hospitals as their regular source of health care, there is more demand on the hospital system, leading to more overcrowding and longer waiting times for emergency rooms and hospital stays. It costs between \$18,000 and \$25,000 per year to keep a homeless person in the adult shelter system in Toronto<sup>4</sup>, far more than the annual rent for an adequate apartment or the basic ODSP benefit for a single person (approximately \$11,500 a year).

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<sup>1</sup> Hwang SW. Homelessness and health. *Canadian Medical Association Journal* 2001; 164(2):229-233.; Frankish CJ, Hwang SW, Quantz D. Homelessness and health in Canada: research lessons and priorities. *Canadian Journal of Public Health* 2005; 96(Supplement 2):S23-S29.; Hwang SW. Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association* 2000; 283(16):2152-2157.

<sup>2</sup> Street Health. 2005. *Street Health Research Bulletin – Fall 2005*. Available at [www.streethealth.ca](http://www.streethealth.ca).

<sup>3</sup> Personal communication. June 2005. Emergency Room Nurse Manager, St. Michael's Hospital, Toronto.

<sup>4</sup> Personal communication. June 2005. Nurse Manager, Seaton House, Toronto.

**The solutions are feasible and cost-effective.**

The recommendations made in this report to increase access to ODSP benefits for homeless people with disabilities are not difficult or costly to implement. The set of recommendations related to the ODSP (see i-vii below) do not call for changes to the law. They simply involve adjustments to administrative guidelines and current practice within the ODSP system. These changes could be made at little or no cost to the ODSP and, in the long term, many could save money on program administration as they would lead to greater efficiency (e.g., by cutting down on the number of appeals for eligible applicants). The recommendation calling for a pilot project to assist homeless people with disabilities in accessing the ODSP (see vii below) also involves no legislative changes. The costs associated with such a pilot program would be reasonable, estimated at \$120,000 per year (totaling \$240,000 for a 2-year pilot project).

**About ODSP Rates**

The basic ODSP benefit for a single person is about \$950 per month. ODSP benefits provide enough income for most people to maintain some form of stable housing. However, ODSP rates are far from adequate. ODSP rates need to be increased to reflect the real cost of living, to allow recipients to maintain adequate housing, eat well and cover other expenses. Many community advocates have called for substantial increases to ODSP benefits.

**BARRIERS TO ACCESSING THE ODSP FOR HOMELESS PEOPLE**

**Barrier #1: Homeless people with disabilities cannot access ODSP application packages:**

- 70% of project participants needed help getting applications due to the complexity of the process.

**Barrier #2: Homeless people often do not possess the identification and financial documents required to apply for the ODSP:**

- Many project participants needed assistance from project staff in order to obtain the required documents, leading to delays in submitting their applications.

**Barrier #3: Homeless people with disabilities cannot get ODSP medical forms filled out accurately:**

- Homeless people experience major barriers in accessing health care providers who are approved to fill out ODSP application forms. 66% of study participants did not have a family doctor when they enrolled in the project.
- Because ODSP forms do not encourage precise descriptions of applicants' disabilities, the majority of study participants had problems getting their forms filled out with enough detail to determine eligibility.

**Barrier #4: Homeless people with disabilities cannot return their ODSP applications within 90 days:**

- Barriers in the ODSP system, along with participants' disabilities, made it impossible for applicants to complete their applications within the 90-day time limit without significant help from project staff.

**Barrier #5: Once applications were submitted to the ODSP, applicants experienced extensive delays and barriers to receiving benefits:**

- The ODSP decision-making process involves about 17 different steps and 9 different people. Several project participants experienced delays because their application got lost or was held up during one of these decision-making steps. Project participants who were accepted on first review of their application **had to wait up to one year** from when they submitted their application until benefits were paid.
- Too many eligible applicants have had to appeal negative decisions. Despite substantial disabilities, only 42% of project participants had their applications accepted on first consideration. The other 58% of participants had their applications denied at first and therefore had to appeal the decision. Those with appeals **had to wait up to an additional year** for benefits.

**Barrier #6: Homeless people with disabilities cannot navigate the overall ODSP application process without help. The system requires self-reliance where the individual applicant is responsible for all steps in the process:**

- 100% of project participants needed help negotiating this process because their disabilities and other barriers made it impossible to follow through on their own.

**With the right help, homeless people with disabilities can get the ODSP benefits they need and are entitled to:**

- 93% of participants assisted by project staff eventually received ODSP benefits (7% continue to wait for a decision on their appeals at the time of this report).
- 100% of participants who accessed the ODSP acquired housing.
- 66% of participants who did not have family doctors when they were enrolled in the project were connected to stable health care providers.

**Ruth's Story\***

When Ruth enrolled in the project, she was homeless and did not have stable health care. Through the project she was connected to a family doctor, who helped her to explore her health issues and to access specialists and medical tests. As a result of this process, Ruth found out that she suffers from post-traumatic stress disorder (PTSD), and that this might be linked to her skin condition and other physical symptoms. With this diagnosis, Ruth was able to successfully apply for ODSP benefits. She now has a modest apartment and is getting treatment for her health issues.

*\*Name and identifying information changed to protect participant*

## Dedication

This report is dedicated to the five study participants who died during this project for reasons related to their health conditions and disabilities. Three of these participants were still waiting for decisions on their ODSP applications when they passed away. Two participants had recently secured ODSP benefits, but their health and well-being had already deteriorated so significantly that the benefits came too late.

## Summary of Recommendations To Increase Access to the ODSP for Homeless People

- i. That the Ontario Ministry of Community and Social Services increase accessibility to ODSP applications and the application process for homeless and vulnerable people (see Recommendation 1).
- ii. That the Ontario Ministry of Community and Social Services eliminate barriers to proof of identity and income that prevent and delay homeless people's ODSP applications (see Recommendation 2).
- iii. That the Ontario Ministry of Community and Social Services reduce homeless people's barriers to getting ODSP medical forms filled out accurately by:
  - Minimizing barriers to accessing an approved health care provider (see Recommendation 3); and
  - Minimizing barriers to accurate reporting in the ODSP medical forms (see Recommendation 4).
- iv. That the Ontario Ministry of Community and Social Services eliminate the 90-day time limit for submitting completed ODSP applications (from the time application packages are received) (see Recommendation 5).
- v. That the Ontario Ministry of Community and Social Services implement improvements to training, service and practice to increase the quality of service, coordination, and efficiency of the ODSP administration and decision-making processes (see Recommendations 6 and 7).
- vi. That the *Disability Adjudication Unit* adjudicators, who decide on applicants' eligibility for the ODSP, accept the diagnoses and descriptions of qualified health care providers without requiring unnecessary additional specialist opinions and medical test results to determine eligibility (see Recommendation 8).
- vii. That the Ontario Ministry of Community and Social Services and the City of Toronto provide funding for a 2-year pilot project for two Income Support Workers to work from community agencies to provide outreach and support to homeless people with disabilities to assist them in accessing ODSP benefits (see Recommendation 9).

## **GAPS IN THE OVERALL DISABILITY BENEFITS SYSTEM**

**All of the disability benefits programs available in Ontario (not only the ODSP) are failing people with disabilities and allowing them to become homeless:**

- 76% of project participants worked and were housed for a major portion of their lives.
- Most had worked in low-paying and precarious jobs such as contract and seasonal work.
- Most of these participants had histories of episodic disability (various periods of work interrupted by illness) until a health crisis occurred which led to a permanent disability that left them unable to work.
- All of these participants had to rely on public income support programs because they did not have private disability insurance, enough savings or family support to survive.
- All project participants eventually became homeless because they could not secure an adequate income through the following public programs:

**Failure of Employment Insurance (EI):** EI Sickness Benefits are supposed to provide immediate short-term income for workers who have to stop working for health reasons. The vast majority of participants who worked (over 70%) were not able to access EI Sickness Benefits when they experienced a disabling health crisis because they did not work enough hours to qualify or because their employer did not register with EI and make the appropriate deductions from their pay.

**Failure of Workers Safety and Insurance Board (WSIB):** WSIB benefits, also known as worker's compensation, provide short- and long-term benefits for workers who have an injury or disease related to their work. Workplace injuries played a role in becoming disabled for 57% of participants who worked and 46% had received worker's compensation benefits at some time. None of them were able to maintain ongoing benefits.

**Failure of Canada Pension Plan (CPP) Retirement and Disability Pensions:** The CPP Disability (CPPD) pension is a long-term disability benefit available to disabled workers who paid into CPP while they were working. To calculate regular CPP retirement benefits, a worker's contributions are divided by the number of years they worked. If a person stops working before retirement age because of a disability, the years they were not working will still be counted against their pension, leading to lower retirement benefits, unless they qualify for CPPD. No study participants had qualified for CPPD when they were enrolled in the project primarily because they did not know about CPPD. Project staff made CPPD applications for all participants who had paid into CPP while they were working, but only 30% are expected to receive any retirement benefits. Most participants were not eligible because they had not worked the required number of years prior to becoming disabled. Others had already turned 65, making it too late to apply.

**Failure of Ontario Works (OW):** All of the participants who could not access short- and long-term disability benefits when they became disabled had to turn to the only other public income support that was immediately available to them—welfare. OW benefits were so low that they did not provide enough money to enable these individuals to keep their housing.

## **Summary of Recommendations To Provide a Seamless Disability Benefits System**

- viii. That the appropriate departments and ministries at the federal and provincial levels collaborate and establish a seamless disability support system across Canada that provides disabled people with a sufficient income from the moment they have a health crisis, throughout their adult life, and in retirement age (see Recommendation 10).
- ix. That the Ministry of Community and Social Services raise Ontario Works rates by 40% to ensure that low-income working people in Ontario can receive adequate income support immediately when they have a health crisis (see Recommendation 11).

### **IT'S TIME FOR A CHANGE**

**Significant barriers and gaps in the existing systems need to be addressed.**

The experiences of homeless people with disabilities in this study highlight the huge gaps and barriers that currently exist in the public disability support system. There is an urgent need to address these barriers and gaps. If nothing is done, homelessness will continue to increase as people with disabilities live in extreme poverty and are forced to live, and possibly die, on the street.

**Implementing the recommendations in this report will lead to enormous benefits for homeless and vulnerable people with disabilities, as well as for the health care and city shelter systems.**

Income from the ODSP and other disability benefits will allow disabled homeless people to secure and maintain adequate housing, thus leading to improved health and well-being. With access to housing and more stable health care, homeless people will have fewer occasions to use hospital emergency rooms and other hospital departments. This will lead to less strain on the health care system and result in substantial financial savings to government and taxpayers. Decreased homelessness will mean fewer homeless people living on the streets and in shelters. The Toronto shelter system will save between \$18,000 and \$25,000 a year for each homeless person who secures housing.

**The Income Support Worker pilot project is needed immediately.**

Homeless people with disabilities need help getting disability benefits immediately. Establishing a pilot project to provide accessible and holistic assistance to obtaining ODSP benefits would dramatically increase access in the short-term.

## **APPENDIX 1: Recommendations**

Recommendations 1 through 9 apply to the ODSP system specifically. Recommendations 10 and 11 apply to the overall public disability support and Ontario welfare systems.

**Recommendation 1:** That the Ontario Ministry of Community and Social Services increase accessibility to ODSP applications and the application process for homeless and vulnerable people in the following ways:

- By making ODSP workers available *in person* on the telephone and in local ODSP offices when an applicant *first inquires* about an ODSP application
- By providing ODSP workers in accessible spaces that homeless people can access across Toronto, such as drop-ins, shelters, and other community agencies and community centres on a regular basis (e.g. once a week)
- By creating standards of practice and providing appropriate training that ensure that ODSP workers are proactive in explaining the ODSP application process clearly to potential applicants.

**Recommendation 2:** That the Ontario Ministry of Community and Social Services eliminate barriers to proof of identity and income that prevent and delay homeless people's ODSP applications by:

- Using identification and financial documents already on file at OW for current OW recipients
- Accepting expired identification documents to prove identity
- Using existing identification to verify other ID/ proof of income requirements (e.g. if an applicant can provide a Social Insurance Number (SIN), ODSP workers could verify citizenship and income using the SIN card).

**Recommendation 3:** That the Ontario Ministry of Community and Social Services reduce homeless people's barriers to getting ODSP medical forms filled out accurately by:

- Revisiting and expanding the definition of an approved health care provider (with "prescribed qualifications") who can fill out the ODSP medical forms to include other providers who may know applicants' health histories well (e.g. registered nurses, non-registered qualified social workers, naturopaths, etc.)
- Providing an information sheet with all ODSP application packages that includes a list of the names and contact information for local community health centres and the local office of the College of Physicians, who will provide a list of doctors currently taking patients.

**Recommendation 4:** That the Ontario Ministry of Community and Social Services work with health care providers to develop more effective ODSP medical forms so that people's disabilities are reported accurately by:

- Changing the language of the ODSP medical forms so that they are easy to understand and providing clear instructions to health care providers on how to fill out forms
- Encouraging health care providers to describe all of an applicant's relevant medical conditions and issues and providing space for narrative descriptions of these issues throughout the forms
- Adding a direct request for information about an applicant's ability to sustain employment without substantial restriction to the forms (e.g., include a question about whether an applicant has been unable to sustain work primarily due to health reasons, and for what period of time).

**Recommendation 5:** That the Ontario Ministry of Community and Social Services eliminate the 90-day time limit for submitting completed ODSP applications (from the time application packages are received).

**Recommendation 6:** That the Ontario Ministry of Community and Social Services increase the quality of service and coordination of the ODSP administrative and decision-making process by:

- Assigning a specific ODSP worker to each application file once it is submitted, and ensuring that this worker has copies of all forms and attachments to the application
- Ensuring that ODSP workers assigned to application files are accessible to applicants who want to inquire on the status of their application
- Ensuring that ODSP workers assigned to application files are proactive in notifying applicants of any additional information needed for their application.

**Recommendation 7:** That the Ontario Ministry of Community and Social Services increase the quality of service, coordination and efficiency of the ODSP administrative and decision-making process by:

- Reducing the number of steps and decision-makers involved, and establishing a 3-month time limit within which applications will be processed and benefits paid to the applicant (a 3-month limit is the standard used by the private long-term disability insurance for provincial employees).

**Recommendation 8:** That the *Disability Adjudication Unit* adjudicators who decide on applicants' eligibility for the ODSP accept the diagnoses and descriptions of qualified health care providers without requiring unnecessary additional specialist opinions and medical test results to determine eligibility.

**Recommendation 9:** That the Ontario Ministry of Community and Social Services and the City of Toronto department of Shelter, Housing and Support provide funding for a 2-year *Income Support Worker* pilot project, where 2 Income Support Workers receive funding to work out of accessible community sites to outreach to and work with disabled homeless people in familiar places to access and maintain ODSP benefits, and to address their related income, housing and legal needs.

**Recommendation 10:** That the appropriate departments and ministries at the Federal and Provincial levels collaborate to review the existing short- and long-term disability benefits available to low-income people and establish a seamless disability support system across Canada that provides disabled people with a sufficient income from the moment they have a health crisis, throughout their adult life and into retirement age.

**Recommendation 11:** That the Ministry of Community and Social Services raise Ontario Works rates by 40% to ensure that low-income working people in Ontario can receive adequate income support immediately when they have a health crisis, and do not become homeless while trying to secure long-term disability benefits.

**Where to find the report:**

The summary and full report can be downloaded at: [www.streethealth.ca](http://www.streethealth.ca).

For a paper copy please contact Street Health at: 416-921-8668 or [info@streethealth.ca](mailto:info@streethealth.ca).