Tracy Smith-Carrier, Ph.D., M.S.W., OCT, RSW
Associate Professor & Graduate Program Coordinator
School of Social Work
King’s University College at Western University

THE ONTARIO DISABILITY SUPPORT PROGRAM (ODSP): DOCUMENTING THE TRENDS NOVEMBER 14, 2017
WORK BASED ON:


ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

- Almost a million (964,182 applicants & beneficiaries) on SA across the province in 2016
- Dramatic increase in numbers on ODSP since 2003
- Over 2003-2016, growth was 4.5 times the province’s population growth & almost 5x (4.7) times the observed growth in number of persons on OW
- ODSP grew to outnumber OW caseload in 2014

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)
Number of beneficiaries on SA (all programs), Ontario Works (OW) and the Ontario Disability Support Program (ODSP), Ontario 2003-2016

Source: Total SA (2003-2016) available from the Ministry of Community and Social Services' website (https://www.ontario.ca/data/social-assistance-caseloads); these numbers include not only OW and ODSP but also small numbers associated with TCA and ACSD programs. Estimates on OW and ODSP (2003-2013) provided by the authors using Ministry of Community and Social Services' Administrative Data. Data on OW and ODSP (2013-2016) are available directly from Ministry of Community and Social Services in their Monthly Statistical Reports.
FACTORS ASSOCIATED WITH ODSP GROWTH

1. Difficult labour market conditions
2. Aging population
3. Increase in the duration on social assistance
4. Lower rates of standard employment (and consequently, lower access to work-based disability benefits)
5. Greater acceptance and diagnosis of mental illness

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)
The arrows in this diagram show the same birth cohort, in 2003 and 2016.

Source: CANSIM, Statistics Canada, Population Estimates, Annual

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)

Source: Ontario Ministry of Community and Social Services Data; Author’s calculations

2003 London social assistance beneficiraries (OW & ODSP): 29,900 (18,000 on OW and 11,900 on ODSP)
2014 London social assistance beneficiraries (OW & ODSP): 40,800 (21,300 on OW and 19,500 on ODSP)
POPULATION AGING AND SOCIAL ASSISTANCE USE, 2014

Age specific participation rates, by sex and program

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)

Based on Administrative Data, Ontario Ministry of Community and Social Services, Population estimates, Statistics Canada CANSIM, authors’ calculations

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)
ODSP PARTICIPATION RATE & EMPLOYMENT RATE (25-54 YEARS) FOR ONTARIO CMAS, 2014

Based on Administrative Data, Ontario Ministry of Community and Social Services, Population Estimates, Statistics Canada CANSIM, authors' calculations

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)
NUMBER OF TAX FILERS REPORTING WORKERS’ COMPENSATION, BENEFICIARIES ON CPP-DISABILITY AND PRIMARY APPLICANTS ON ODSP, ONTARIO 2003-2014

Source: Estimates on primary applicants ODSP (2003-2014) provided by authors using MCSS Administrative Data. Data on Workers’ Compensation (WC) from tax filer data compiled by Revenue Canada and Statistics Canada (CANSIM 111-0025). Data on CPP-Disability beneficiaries obtained as a special tabulation from Statistics Canada, using the tax filer data compiled by Revenue Canada.

We acknowledged that total estimate on WC & CPP-Dis are not be strictly comparable to total number of beneficiaries on at any specific point in time, as it only indicates how many persons have obtained some form of payment in the tax records over a given calendar year. Many of these persons may have been on WC for a relatively short period.

(Kerr, Smith-Carrier, Wang, Kwok, & Tam, in press)
PERCENTAGE OF TOTAL GROWTH IN THE NUMBER OF PRIMARY APPLICANTS (ODSP) BY TYPE OF DISABILITY, 2003-2014

Mental disorders 63.9%
Musculoskeletal/connective tissue 8.9%
Nervous system/sense organs 6.9%
Congenital anomalies 3.0%
Endocrine/metabolic/immunity 3.2%
Infectious/parasitic 3.4%
Injuries/poisonings 2.0%
Neoplasm/cancer 2.1%
Other 6.6%

Based on Administrative Data, Ontario Ministry of Community and Social Services, authors’ calculations

(Smith-Carrier, Kerr, Wang, Kwok, & Tam, 2017)
Type of impairment of primary applicants on the ODSP, July 2014

(Smith-Carrier, Kerr, Wang, Kwok, & Tam, 2017)
VESTIGES OF THE MEDICAL MODEL
(SMITH-CARRIER, KERR, WANG, KWOK, & TAM, 2017)

- Compared to literature on OW, ODSP has received relatively scant attention

- What we know points to similar issues: insufficient benefits, increasingly restrictive eligibility criteria (Chouinard & Crooks, 2005), too many rules regulating individuals’ lives (Chouinard, 2006)

- Social assistance no longer regarded as a robust social safety net for individuals needing financial support – SA programs engender poverty

- Although some disabled people desire employment & able to work for wages (August, 2009), many struggle to find gainful employment in labour market rife with prejudice & discrimination (Till et al., 2015)

- We present critical disability study considering 4 social/public policy domains (employment, post-secondary education, accessibility regulations & social assistance) to discuss inconsistent approach used to identify & accommodate disabled people in Ontario
Medical Model of Disability

Social Model of Disability
VESTIGES OF THE MEDICAL MODEL (SMITH-CARRIER, KERR, WANG, KWOK, & TAM, 2017)

*MEDICAL MODEL* recognizes impairments to be defects or pathological limitations of individual (to be fixed or cured by experts); disability conceived as personal misfortune, demarcating disabled people as flawed, weak, or abnormal relative to ‘normal’, non-disabled population (Hosking, 2008)

*SOCIAL MODEL* locates disability as residing outside the individual, in the structures & systems (environmental factors) that erect barriers for disabled people, which preclude their full inclusion & participation in society (Oliver, 1990)

Greater movement toward social model orientation… Canadian Survey on Disability (Stats Can) recognizes fluidity & mutability of impairment

*ODSP* guidelines use traditional medical model to distinguish biological impairments in the body to identify individuals as employable/unemployable (Lightman et al., 2009) – reinforces dichotomized understandings of dis/ability, sick/well (nothing in between: episodic, fluctuating, difficult to diagnose conditions)
1. **Post-secondary Education** – do not need to disclose mental health/health diagnosis (medical documentation need note functional limitations only) – respects privacy of individual & self-determination

2. **Employment** – have legal duty to accommodate to level of ‘undue hardship’ (affirmed in Ontario Human Rights Code) – cannot demand information on diagnostic label (OHRC Sec. 13.1.1 “Respect for Dignity”, privacy, autonomy & self-determination)

3. **Accessibility Standards – AODA** – Espouses the social model - “Achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025” (Government of Ontario, 2005, Part 1) - removes barriers (four principles: dignity, independence, integration, equality of opportunity)

4. **ODSP** – Not ensured provision of appropriate accommodations to enable candidates to straightforwardly access program; many barriers to candidates seeking to prove they’re ‘disabled enough’ to be granted state support (see Lightman et al., 2009) – respect for privacy, dignity & self-determination?

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**4 Policy Domains – Where Are We Headed?**
Interpreting what constitutes a ‘substantial physical or mental impairment that is continuous or recurrent and expected to last one year’ (Government of Ontario 1997), fixed categories are used to determine eligibility, winnowing out those with difficult to diagnose impairments or episodic conditions (Lightman et al., 2009) - does not capture full continuum of disability

Basic income can ensure provision of adequate income floor, irrespective of work (or disability) status (Mays, 2016) – ensuring people have their basic needs met, respects privacy & dignity of the person

Boadway, Cuff, and Koebel (2016) discuss a two-phased approach to implement basic income in Canada using NIT model; still uses means testing, but could better account for human variations in work and ability, providing more equitable, less stigmatizing approach to income assistance
VESTIGES OF THE MEDICAL MODEL (SMITH-CARRIER, KERR, WANG, KWOK, & TAM, 2017)

Must develop disability policy that respects universal design & progressive realization of human rights

Work to transform ODSP to adequately accommodate needs of disabled people, provide for their basic needs, respect their dignity & ensure their privacy and autonomy
Overall Findings:

In some policy domains in Ontario (e.g., education, employment, accessibility legislation), rights to privacy & self-determination of disabled people are respected.

Some policies recognize the fluidity of impairment – yet, ODSP typically reinforces dichotomized understandings of dis/ability.

Based on principles of universal design, robust disability policy designs promote adequacy, autonomy & non-conditionality, while also recognizing equity; individuals with diverse needs require different resources to promote their full inclusion & participation.

An adequate basic income would eliminate the need to violate individuals’ privacy & right to self-determination by insisting they adopt biomedical markers of difference.

Design & implementation of public policies must at each step involve disabled people to ensure creative & customized solutions.
Thank you!

Tracy Smith-Carrier –

*tsmithca@uwo.ca*
REFERENCES

http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1475&context=glianetcollect


REFERENCES


