

“BEHIND THE MASKS”

- Testimonials from Those Marginalized by Income -

**A Report on the Interfaith Social Assistance Reform Coalition
(ISARC) Social Audit in York Region on April 20, 2010**

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Foreword by Jamie Swift with the Interfaith Social Assistance Reform Coalition

"The York Region community social audit organizers have done an exemplary job in listening to the real poverty experts. They provided their neighbours with lived experience in poverty an open and supportive environment in which they could tell their stories. And the volunteers who listened have thoroughly and compellingly documented those stories. The result is a comprehensive look at the harsh realities of so much poverty amidst so much wealth."

--**Jamie Swift, co-author of ISARC's 2010 book, *Persistent Poverty: Voices from the Margins, 2010***

Inspiration for the Title – “Behind the Masks”

“Behind The Masks” – Testimonials of Those Marginalized by Income, got its name and was inspired by singer/songwriter Fred Joly who performed as the audit was being held, and also for those attending the audit closing dinner. Fred wrote the song **Behind His Mask** based on his true experiences. The playing of his song prompted Rapporteur Daisy Wai to remark that his song affected her as much as anything she'd heard that day. We have included an excerpt from the song below.

Behind His Mask (excerpt) – Written by Fred Joly

You see the old man under the bridge,
Sittin' there with a suitcase in his hand.
He's been drinkin' there for years & years
and whenever he's tired he just beds down on the sand,
Does anybody Know him?
Can someone tell me his name?
Cause whenever I see him walking through the city,
He keeps his head down in shame,
He's like a refugee.
Is he just another train-wreck of society?
Or is he just a rebel?

Executive Summary

In 1986, the Ontario government appointed the Social Assistance Review Committee (SARC) an independent group, to study, consult and make recommendations on the future of social assistance in Ontario. The **Interfaith Social Assistance Reform Coalition's (ISARC)** first mandate was to provide advice to SARC. Since that time ISARC, along with other concerned and committed groups, has advocated in support of the original recommendations made by SARC, for an adequate, accessible, fair and accountable, social assistance system. ISARC brings together representatives and members of faith groups to discuss the root causes of poverty, addressing issues of hunger, and homelessness in Ontario. ISARC works with leaders from all political parties to support and develop legislation that will provide help to those most in need. To that end, ISARC has held three Social Audits, in communities across Ontario, since 2003. Twenty four years have passed since 1986 and there continues to be an absolute need for ISARC's role in advocating for justice for the most vulnerable members of our society. ISARC has engaged in the Social Audit process for the purpose of assessing current government policies, (with particular emphasis on the impact on social assistance recipients receiving both Ontario Works or Ontario Disability Support Program benefits, and the working poor) and the poverty reduction strategy.

In late 2009, the **Poverty Action for Change Coalition (PACC)**, a grassroots poverty group working to eliminate poverty in York Region, inquired about hosting an ISARC hearing for the first time in York Region. ISARC accepted and the hearing took place in the spring of 2010. A Planning Table involving a wide range of community organizations, front line staff, concerned residents, faith groups and individuals with lived experience of poverty, was soon formed under the leadership of Co-Convenors Tom Pearson (Chair of PACC) and Yvonne Kelly (Program Coordinator, York Region Food Network). On April 20th, the York Region Audit hosted two forums in Newmarket and Richmond Hill and received 23 individuals who came to talk about their experiences living in poverty. Several participants that day commented how they had felt welcomed, comfortable and left feeling that what they had to share was valued and important. This was important feedback, as a central goal of the YR Social Audit Planning Table was to create the kind of atmosphere where people would feel valued and appreciated for their courage and contributions. Three focus groups were also held to glean additional information about the impact of poverty in York Region. One focus group included 12 local politicians, and 2 focus groups included a combined total of 24 agency staff/front-line workers.

The Audit process involves Rapporteurs - well-known and respected leaders in the community who listen to and report on the stories they hear from individuals on that day. We were fortunate to have three superb rapporteurs. **Daisy Wai** is a successful entrepreneur residing in Richmond Hill. She is active in the business community, participates on a number of community boards and is well known for her many volunteer contributions and awards. **Charles Beer**, presently residing in Newmarket, spent 23 years in the provincial government in numerous capacities including serving as an MPP from 1987-1995 and as the Minister of Community and Social Services. He is the current Chair of United Way of York Region. And finally, **John Rogers**, who currently resides in Keswick. John was elected to the Town of Georgina Council from 1978-88, as ward councilor for 2 terms and then as Mayor and representative on Regional Council for 2 terms. He is currently a Director of the Central LHIN (Local Health Integration Network).

The intent of the Social Audit Report is to capture the true life experiences and themes that came out of the stories and focus groups and to share this information for the purpose of informing policy and program development and raising general awareness about the root causes, costs (individual and

societal) and impacts of poverty. To achieve a strategic understanding of the themes, we utilized the **Social Determinants of Health Framework** that was developed at a York University Conference in 2002. This model has also been referenced extensively in the recent Social Determinants of Health – **The Canadian Facts** document (2010) co-authored by Dennis Raphael and Juha Mikkonen.

Theme Areas from the Audit on April 20th

- 1.) Inadequate Income:** It should come as no surprise that this was the theme underlying all of the stories that we heard on April 20th. For a variety of reasons, individuals shared how they were at risk due to inadequate income as a result of low wage jobs, unemployment, inadequate rates for various forms of government assistance and the disproportionate cost of housing.
- 2.) Jobs - Employment – Unemployment – Retraining – Education:** Several people stated how the number one thing that would impact their life and help them break the cycle of poverty, was having a job.
- 3.) Housing:** The high cost and lack of housing (in all forms) in York Region was a persistent theme - the cost of rental housing in particular, was a significant contributor to the inadequate income of most individuals.
- 4.) Transportation:** The challenges people faced in terms of finding and maintaining employment, attending school and being involved in their community, that were related to transportation costs and availability were staggering.
- 5.) Health:** In all of its forms, health was cited as the way in which poverty and inadequate income impacts in chronic and persistent ways, on the individual as a whole person, not just their pocket book.
- 6.) Groupings of Different People Shared Common Challenges and Barriers:** The report highlights the common challenges faced by vulnerable groups - Singles, Single Parents, Children and Families, Seniors, the Chronically Ill and Disabled, New Canadians, First Nations – off reserve.
- 7.) Prevalence of Risk Factors and Behaviors Symptomatic of Chronic Poverty:** Addictions, Crime, Abuse/Assault are discussed in relation to the persistence of poverty.
- 8.) Government Assistance and Services:** One theme pointed to the reality that many programs and services, intended to support individuals are doing just the opposite as a result of increasingly rigid qualification criteria and lack of clarity regarding essential program information.
- 9.) Community Programs and Services:** Individuals and agency workers in the focus groups shared their frustrations with a crumbling social service network that is trying to meet increasing needs with fewer resources, and not surprisingly, with limited success.
- 10.) Treatment:** Individuals spoke of the impact on them and in many cases on their children, of being stigmatized and ostracized due to their economic circumstances. If poverty is the injury, then being considered or treated as a second class citizen, is most certainly the insult.

11.) Resilience: The stories of how people survive, how they cope and what they rely on were eye-opening and to be respected.

12.) Independence: Throughout the accounts, people relayed an undying desire for self-sufficiency, and a level of discomfort and dissatisfaction with needing to rely on others. The stories reflected a persistent theme of desire for independence, dignity and respect.

13.) Poverty Affects Everyone - Anyone can end up here: Several of the stories that were shared on April 20th did not reflect what people may hold in their minds about individuals living in poverty. They break the stereotype – the mold. The “riches to rags” story rang true for many.

14.) What People Hope For: The participants who came out on April 20th spoke about their hope for opportunities to be healthy and enjoy the basics in life – to live in a safe place, to work, to provide for their children, to give back to their communities and to live without the constant threat of losing their income or their homes and the stress that accompanies that.

Recommendations: While it was not the scope of this Report to offer extensive recommendations to follow from the findings, the Co-Convenors provided a short summary of suggested priority actions. They included both immediate measures to address the critical nature of the poverty being experienced by an increasing number of York Region residents, as well as mid to long-term strategies aimed at better understanding how collectively, we can work together to build a healthy community and sharply reduce the corrosive impacts of poverty. The recommendations offered in the report include:

Short Term – Immediate Action Items:

- 1.) To address the extreme inadequacy of income levels for individuals on social assistance (OW or ODSP), we recommend that individuals, organizations, community and faith groups and our regional government endorse and support an immediate increase to social assistance levels, in the form of a **\$100 monthly Health Food Supplement**. We also recommend similar support for raising social assistance rates across the board, to adequate levels that reflect the real cost of living. This would in turn enable individuals to live with health and dignity. A next measure would be indexing these rates to the cost of living.
- 2.) To protect some of our most vulnerable members of society whose medical conditions make it necessary for them to rely on the **Special Diet Allowance**, we recommend the same groups listed above, urge the province to maintain (not cut back, as is their stated intention) the Special Diet Allowance at its current funding levels.

Mid – Long Term Strategies:

- 3.) We urge the Region to identify a mechanism or process for a thorough review of this report (*in addition to the ISARC provincial document that will be available by November 2010*) and recommend that this process should involve individuals with lived experience of poverty as well as agency staff who are currently meeting the needs of the community.

- 4.) We recommend that all organizations and agencies, governmental and non-governmental, along with various levels of government utilize a Healthy Communities Model based on the Social Determinants of Health, in their planning, service/program delivery and policy development, with a vision toward realizing health equity for all members of our communities.
- 5.) We urge municipal, provincial and federal levels of government to take action on key items such as the availability and affordability of housing, the availability and affordability of transportation, and the income insufficiency of marginalized groups in our communities.
- 6.) We urge all organizations, agencies and service providers to review their practices/ policies and challenge themselves to provide the best service possible, while respecting the dignity and rights of the individuals they are serving.

In conclusion, many people and organizations need to be acknowledged and thanked for their tremendous contributions of time, energy, insight and resources. It should be noted that the success of this Social Audit process and the potential to carry forward the momentum that was generated here is due to the vision of the individuals and groups who worked diligently to bring the audit to York Region and then to carry it out. To those individual participants who bravely shared their stories for the benefit of others, we owe this report. Without your stories, there would be nothing to tell. It does indeed take a whole village after all, to envision something better and then work towards it. In the words of ISARC, *the purpose of a social audit is to inspire people of faith, governments and society in general, to respond collectively to our neighbors in need*. Our challenge to each and every one of you is to become inspired and to respond collectively.

York Region Social Audit April 20, 2010

INTRODUCTION TO the Interfaith Social Assistance Reform Coalition (ISARC) AND THE SOCIAL AUDIT PROCESS

“When anyone is hungry while others have too much to eat, when anyone has no shelter while others live in luxury, or when anyone lives in poverty while others enjoy affluence, justice is not present. Where justice is not present, the quality of all of our lives and communities disappears. ISARC believes that justice is the mutual responsibility of individuals, communities, and government working together for a better future.”¹

The above quote is an excellent summation of the purpose and intent behind ISARC’s mission. ISARC is a provincial network of faith groups working together for greater social justice. ISARC was born out of the hope that together a coalition of faith groups could contribute to new public policies based upon greater justice and dignity for Ontarians marginalized by poverty.

ISARC Values for Public Policy:

Human Dignity: *The right of all people and their communities to be treated with justice, love, compassion, and respect, and their responsibility to treat others likewise.*

Mutual Responsibility: *The obligation of communities to care and share with their people, ensuring that basic needs are met.*

Social Equity: *The right of all people to adequate access to basic resources, to full participation in the life and decision-making of their communities.*

Economic Equity: *The right of all people and communities to adequate access to the resources necessary for full lives, including access to worthwhile work, fair employment considerations, and our communal responsibilities to use such resources responsibly.*

Fiscal Fairness: *The right of all people, communities, and institutions to fair fiscal treatment and the responsibility of all to contribute fairly for the well-being of all.*

Ecological Sustainability: *The obligation of communities to practice responsible stewardship of the earth and its environment, so that creation might be preserved for generations to come.²*

In 1986, the Ontario government appointed the Social Assistance Review Committee (SARC) an independent group whose job it was to study, consult and make recommendations on the future of social assistance in Ontario. ISARC’s first mandate was to provide advice to SARC. Since that time, ISARC along with other concerned and committed groups, have advocated in support of the original recommendations made by SARC, for an adequate, accessible, fair and accountable, social assistance system. ISARC brings together representatives and members of faith groups to discuss the root causes of poverty, addressing issues of hunger, and homelessness in Ontario. ISARC meets and works with leaders from all political parties to support and develop legislation that will provide help to those most in need. ISARC has hosted province-wide hearings, held consultations and briefings, made presentations to legislative committees and developed publications and resources that give a voice to low-income people.

What is a Social Audit?

1. A Social Audit provides a social assessment of the impact of government policy, including its benefits and limitations, on groups of people. Like an environmental or financial audit, a Social Audit provides an opportunity to isolate trends and the status of the target group.
2. A Social Audit provides an accounting for the social actions and results of current government policy. **A Social Audit is a means for evaluating government policy and its implications for all residents.** A Social Audit provides a means by which accurate information can be disseminated and responsibility can be measured.
3. ISARC is implementing a Social Audit process for the purpose of assessing current government policies on social assistance and the Ontario Poverty Reduction Strategy. Particular emphasis will be placed on the impact of these policies on social assistance recipients receiving both Ontario Works or Ontario Disability Support Program benefits and the working poor. Consideration will be given to the role of the Ontario Child Benefit, Ontario Child Poverty Strategy, and the impact of the increase in minimum wage.

Objectives for the Social Audit

1. **To listen** to persons with lived experience of poverty. Participants should reflect the diversity of people who struggle with poverty and reflect an inclusive picture of poverty in Ontario. People who struggle with poverty have in the past been minimally consulted in the development of the Government's Ontario Child Poverty Reduction Strategy: *it is time for their voices to be heard.*
2. **To engage** faith groups, Social Planning Network of Ontario members, non-profit groups, and advocacy organizations to work together at the local level (city, regions, counties, neighbourhoods). Through their participation in local Hearings people active in providing charity can listen and hopefully be re-energized to continue their advocacy work towards poverty elimination.
3. **To engage** religious and civic leaders to listen, to become supportive of anti-poverty measures, and to speak of their support in other community settings.
4. **To increase** pressure on Members of the Provincial Parliament (MPPs) to make poverty elimination even more prominent in the current provincial government agenda and to have poverty elimination on the 2011 election platform for their parties.³

Following each provincial Social Audit, the findings and stories from each local audit in individual communities are compiled into a comprehensive publication that reflects the voice of low-income people across the province, and will be utilized in many of the above capacities to advocate for social justice. The final publication of the ISARC Social Audit for Ontario 2010 will be available in the Fall 2010.

BACKGROUND TO THE SOCIAL AUDIT IN YORK REGION

Poverty Action for Change Coalition (PACC) and the Invitation

In late 2009, PACC members attended and spoke at an event in Hamilton, sponsored by The Put Food in the Budget Campaign, which was bringing attention to support for a \$100 healthy food supplement for those on social assistance. Also in attendance were ISARC members. It was there that the seeds for the York Region social audit were sown with PACC being asked to act as a host organization, tasked with forming a collaborative planning team and designating convenors.

Co-convenors Yvonne Kelly of the York Region Food Network and Tom Pearson from the Poverty Action for Change Coalition were decided upon to form the local team – which included front-line workers, agency representatives, concerned residents, representatives from the faith community and those in poverty. This decidedly diverse group worked diligently for four months to put together a top notch audit that represented an inclusive cross section of individuals living in poverty in York Region - one which was also sensitive to protecting participants' dignity and privacy, while making them feel welcome. The planning team's diversity and particularly the input from those with lived experience of poverty, gave us the ability to create an audit that was to be very "user friendly".

Rapporteurs are an integral part of the social audit and choosing the right ones is important. The Rapporteur should be someone whose opinion is widely respected in the community. With an enthusiastic response to the call for possible candidates, the planning committee ultimately chose 3 highly "qualified" Rapporteurs, Daisy Wai, John Rogers, and Charles Beer, whose reach beyond the day of the audit, we hoped would carry the message of the audit's findings. We also wanted to ensure adequate representation from all geographic areas across York Region's wide geographic span.

The local print media (York Region Media Group) was made aware early on about the social audit and were quite receptive. They wrote pieces specific to the audit weeks prior, which informed the public, and offered up a flurry of poverty related articles and opinion pieces reflecting related action items – such as "Do The Math" and the Put Food in the Budget Campaign. Although print media did not cover the social audit on audit day itself, they agreed to do so in depth upon completion of the report.

The social audit also received pre-date airplay / mention through appearances by Tom Pearson on Rogers Cable TV shows – "Goldhawk Live" and "Focal Point" and on local radio, 102.7fm.

Our Rapporteurs

Charles Beer

Charles is a Principal with Counsel Public Affairs in Toronto, which provides strategic advice to a wide range of public and private sector clients as well as to the non-profit sector. From October 2003 – September 2004 he served as Chief of Staff to the Honourable George Smitherman, Ontario's Minister of Health and Long Term Care. From May 1998 to July 2003 he was the President and CEO of the Canadian Executive Service Organization (CESO). CESO is a Canadian, not-for-profit organization, which transfers Canadian expertise to both private and public sector organizations in developing nations, in emerging market economies of Europe and the former Soviet Union and in Canadian Aboriginal communities. Charles worked for the Ontario government for 23 years. He served from 1987 – 1995 as a member of the provincial parliament. During this time, he was Minister of Community and Social Services and Minister responsible for Francophone Affairs. Charles also served in senior level positions within ministries relating to citizenship, culture and recreation, intergovernmental affairs, treasury and economics. From 1977-1981, he was the Executive Director of the office of the leader of the official opposition. At present he sits on a number of boards relating to health and education and he is the current Chair of the United Way of York Region. Charles and his wife, Mary Anna, a retired teacher, live in Newmarket. They have two adult children and three grandchildren.

Daisy Wai

Daisy Wai and her husband Albert reside in Richmond Hill. She is a mother of four children. Daisy is the founder and president of Ad2000 and Beyond Advertising, Inc., a full service marketing and advertising agency. Daisy has been in the advertising, public relations, and publishing business for over 38 years, while working and taking care of the family. Daisy is actively involved in her community as a member of the Board of Trustees of the York Central Hospital, as well as director for the Markham Board of Trade and the Richmond Hill Markham Chinese Business Association. Daisy is the recipient of the Queen's Golden Jubilee Medal and has been recognized for numerous community awards including: the Richmond Hill Chamber of Commerce Business Achievement Award, the Ontario Chamber of Commerce Award of Merit, the York Region in Celebration of Women in Marketing Award, the Association of Chinese Canadian Entrepreneurs (ACCE) Best Community Services Award and the Town of Richmond Hill's Volunteer Achievement Award. Daisy served on the Board of the Richmond Hill Chamber of Commerce from 1999 – 2007 and was Chair of the Board in 2006. She is also a Provincial Appointee, serving on the York Regional Police Services Board as a Board Member. Daisy served as a deacon of the Richmond Hill Christian Community Church and is an active member of the local Chinese Christian community.

John Rogers

John Rogers is the owner of John S. Rogers Consulting Corporation and a Senior Associate at the Centre for Character Leadership. He is the former Chief Administrative Officer for the Towns of Aurora and East Gwillimbury. John has a Bachelor of Arts from the University of Toronto and a Bachelor of Laws from the University of Ottawa. John was a lawyer in private practice from 1974-1999 where he was a partner in the Newmarket firm called McChesney Rogers. John has been active in his community and was elected to the Town of Georgina Council four times, from 1978-1988, first as a Ward Councillor for 2 terms and as Mayor for 2 terms, and a representative on Regional Council. John has been the President of the York Region Law Association, Chair of the York Region District Health Council and was most recently Chair of United Way of York Region. John was the Co-Chair of the Central Local Health

John Rogers (con't)

Integration Network (LHIN) Diversity and Inclusivity Group and is now a Director of the Central LHIN. John was also the 2003 recipient of the Douglas E. Lear Memorial Award as York Region Volunteer of the Year. He is a member of the Law Society of Upper Canada and the York Region Law Association. John is married and lives in Keswick. He has three children and five grandchildren.

YORK REGION SOCIAL AUDIT DAY APRIL 20, 2010

How It Unfolded

Two Locations:

- a.) Newmarket – 510 Penrose Street – Inn from the Cold Building
- b.) Richmond Hill – 1 Atkinson – Richmond Hill Central Library

Interviews with Individuals – 23

Videotaped Responses – 11

Letters submitted by those who planned to come that day, but could not - 4

Focus Groups

-2 for Front Line Workers

-1 for Municipal Politicians

Dinner for Organizers, Rapporteurs, Convenors and Participants who assisted on the day:

We shared highlights of the day, how the process impacted each of us and how our hopes for this process and final report could help shape solutions to address poverty in York Region and build a healthier community for all.

Summary Results of the Day

The Rapporteurs, Daisy Wai, John Rogers and Charles Beer listened to individuals sharing their experiences and reflections - an important part of the final report. (Biographies provided earlier)

Our goal had been to hear 24 individuals at two locations in the north and south ends of the region - one in Richmond Hill and one in Newmarket. On the day of the Audit, with one no-show, we were able to hear the stories of 23 individuals but additionally many more people came to talk about their experiences living marginalized by low income and also we made provisions at the Newmarket location for individuals to privately videotape their statements. 11 people accepted this option. Our focus groups were very well attended. 11 councillors and one mayor attended the Politicians focus group. As 24 people expressed an interest in the Focus Group for front-line and agency workers, we held two focus groups.

Our dinner at the end of the day was an opportunity for organizers, rapporteurs, recorders, facilitators, convenors and several participants to reflect on the day, think about how it impacted them, and what was learned from the experience. Over 20 people came together to share a meal and share their thoughts and feelings. It was a moving experience for those involved and an important part of the ISARC process of taking collective action and responsibility.

The goal of ISARC and the social audits is to inspire people of faith, governments and society in general and respond collectively to our neighbors in need. We believe that the Social Audit on April 20th inspired all who participated. It is our hope and obligation to take these stories and this process forward to inspire the larger community in York Region to begin to understand the roots of poverty, to cultivate

compassion, and most importantly, take action both on a personal and political level and create lasting change in our communities.

INTRODUCTION TO THE REPORT

It has been an honour to serve as Co-Convenors of the Social Audit in York Region on April 20th and be involved with so many hard-working, optimistic, and generous individuals and groups. It has also been a truly life-changing experience to be able to meet many courageous people who came forward in Newmarket and Richmond Hill, to share their stories, and reveal harrowing and stressful experiences. We can only imagine how difficult it was for them to do so. Several people commented about leaving with a feeling that they had really felt welcomed; that they had been heard; that what they said mattered and their input could make a difference. This was our goal – encouraging people and the process to work together, and we believe we accomplished this goal. The agencies and politicians were also an integral part of the social audit process and will continue to be and to that end, the event also was also successful.

Through the assistance of facilitators who helped participants tell their stories, over 90 pages of data were collected. This also included the Recorders' reports from the focus groups and the Rapporteurs' reflections on the day. We have worked diligently to draw out the main themes and the threads that reflect the common struggles and experiences that individuals told us about. We will also share quotes from participants, as well as specific stories, which often best capture the impact poverty has had on individuals and the ways in which it has limited their options and well-being. Some chose to remain anonymous, while others gave permission for their names to be used.

As Convenors, we have sifted through the data and information to arrive at this report. We drew out approximately 30 different groupings of issues that were reflected time and time again throughout the stories. These groupings had distinct differences and reasons for being considered independently however, for the purpose of the report, we have clustered them into 14 themes to capture numerous issues within each one of them.

SOCIAL DETERMINANTS OF HEALTH

One way of making sense of the generous amount of data and personal testimonies of the courageous individuals that came forward on April 20th in York Region, is to place the themes and elements from these stories within a broader framework of the **Social Determinants of Health**. When we speak about determinants of health, we are speaking about risk and protective factors that exist in every facet of people's lives that increase or threaten their potential for health and well-being.

The Social Determinants of Health as Outlined in a model developed at York University in 2002 includes 14 social determinants:

- 1.) Income and Income Distribution
- 2.) Education
- 3.) Unemployment and Job Security
- 4.) Employment and Working Conditions
- 5.) Early Childhood Development
- 6.) Food Insecurity
- 7.) Housing
- 8.) Social Exclusion

- 9.) Social Safety Net
- 10.) Health Services
- 11.) Aboriginal Status
- 12.) Gender
- 13.) Race
- 14.) Disability

For more detailed, relevant and up to date information about the Social Determinants of Health, please refer to **“Social Determinants of Health - THE CANADIAN FACTS”** recently released (2010) by co-authors Dennis Raphael and Juha Mikkonen. Juha Mikkonen (Helsinki, Finland) is currently a vice-president of the European Anti-Poverty Network Finland and is a member of the international executive committee of the European Anti-Poverty Network. Dennis Raphael (Toronto, Canada) is a professor of health policy at the School of Health Policy and Management at York University. He has written and done research in numerous subject areas - health promotion and quality of life, social exclusion, public policy, health care, poverty and policy as well as the social determinants of health, resulting in countless public presentations, scientific papers and documents such as The Canadian Facts. We will be referring to their document throughout our report.

Although there are a number of models of the social determinants of health in existence, Raphael and Mikkonen chose to use the above model which was developed at a York University Conference, held in Toronto in 2002. This model includes 14 social determinants which have proven especially useful for understanding why some Canadians are healthier than others.⁴

“Each of these social determinants of health has been shown to have strong effects upon the health of Canadians. Their effects are actually much stronger than the ones associated with behaviors such as diet, physical activity, and even tobacco and excessive alcohol use.”⁵

Keeping the Social Determinants of Health in mind, we can more accurately assess the situations that people find themselves in when living in poverty and appreciate how each determinant that is being compromised or threatened, places them at increased risk for poor health and poor health outcomes.

The prevention of health issues and inequalities, namely those brought on or exacerbated by low income, is worth studying. This requires looking at the basics of life that by virtue of their presence or absence, automatically enable or disable individuals to be healthy and participate completely in their own lives and in the life of their communities. Many of the Determinants of Health are revealed through the stories of individuals who spoke on April 20th and more importantly, the ways in which their health and lives have been compromised when these determinants are not present or are vulnerable to changing conditions in our society.

REPORT ON 14 THEME AREAS

The 14 theme areas we are going to expand on in the report represent the significant themes that arose and persisted throughout the York Region Social Audit Process on April 20th. While they do reflect the 14 Social Determinants of Health as described earlier, the 14 theme areas are specific to this report and do not correspond directly to the determinants of health as named in the model at the beginning of the report.

1.) INADEQUATE INCOME

“Income is perhaps the most important social determinant of health. Level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviors such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use. In Canada, income determines the quality of other social determinants of health such as food security, housing, and other basic prerequisites of health.”⁶

“People live in fear of losing their income or their housing and that is no way to live.”
Julie, Markham mother of 2, living in subsidized housing.

“I don’t need a lot of money but just something to live on. I am entirely capable of functioning on my own but I just don’t have the resources to live independently.” Rick, Markham, single male on ODSP. Rick was accompanied by his worker from Community Living York South and with her support, expressed his experience of living in poverty.

“Housing is alright now because I live in subsidized housing since I turned 65, 6 months ago. I have to be religiously frugal with my money though to be able to pay my rent.”
Melvin, senior living with Diabetes Type 2.

“It was noteworthy that a number of the people we saw were receiving funds under the OSDP program. Considering the fact that people receiving ODSP do so because they have a disability, either physical or mental, the amount cannot possibly allow someone to make ends meet.”
John Rogers, Rapporteur for the York Region Social Audit in Newmarket.

“With the little money they have, they do not have enough to feed their family; a few of them said they had to pick through garbage to support their children. I thought the garbage picking was only needed in the Phillipines, Africa and other third world countries. I cannot imagine it happening right in Ontario, one of the richest provinces of Canada.”
Daisy Wai, Rapporteur for the York Region Social Audit in Richmond Hill.

Example:

Mother of 3, with chronic liver disease: \$1,500/month income: \$1,100 for rent; \$400 left over for food, transportation, clothing, meds, telephone; no money for gifts. At Christmas the choice is always between paying the bills or gifts for the children. Charity gifts don’t cut it and the process is undignified. Her children are teenagers now and some of the biggest struggles include paying for high school

registration fees, clothes, shoes and any costs related to recreation or sports. Extended family members assist otherwise she wouldn't be able to cover the costs.

“We don't even get enough to have a healthy diet which contributes to heart disease, health costs, obesity... but that's okay because we are stupid poor people. I'm being facetious.”

Low wage jobs and inadequate rates of social assistance were cited as the main reasons for inadequate income levels. The struggle on low-income has gotten worse because the cost of living has increased while the salaries and welfare rates have not kept pace proportionately. As such, social assistance rates were higher proportionally in the mid- 1990's; social assistance recipients (and people working) were in general, better off financially 15-20 years ago than they are today. But it isn't just about the money as many people reiterated. It is also about the *fear of losing what you have* as stated by Julie above and how this affects your day to day life. Unforeseen expenses such as a prescription for a child's medicine, requiring eye glasses, or needing to take a taxi to the hospital, become the straws that break the camel's back. Where in the example above of \$1,500 /month income with \$400 to cover everything but rent, is there any room to provide for the daily costs of living, much less respond to a health crisis or other unforeseen costs? Does it then come from the children's mouths, backs, and activities since nothing is left?

Not being able to work and keep most of your income while on either Ontario Works (OW) or Ontario Disability Support Program (ODSP), actually keeps people reliant on the system. Being able to retain additional earned income while receiving assistance, could be a way up and off the system for many. This is not their choice. Here is a good example of the plight of those on assistance who are trying to work their way towards full-time employment:

The young woman in this example receives \$545 on OW plus a special diet allowance because she is allergic to wheat and dairy and her diet costs more (she cannot receive help from the food bank because most foods there contain wheat and dairy.) She works part-time at Goodwill and makes about \$900/month including OW because OW claws back a significant portion of her earnings. She pays \$500 for rent (shared accommodation) and the remainder of her money goes towards food and transportation. If the provincial government's proposed cuts to the special diet program result in her assistance for dietary needs being reduced or taken away, she will have even less income.

“Nothing is left over (after the claw-back of wages). I do not have full-time hours, but I want them... I'm looking for another job. It's a struggle.” Single female in Newmarket.

Inadequate income was also tied very closely to the high cost of essentials such as housing and transportation which will be discussed in more detail later in the report. In several stories, individuals spoke about not buying food, or cutting back on food to pay other monthly expenses. Income clearly determines the choice and range of activities and opportunities an individual can avail themselves of. Impossible choices and limited options were threads that wove themselves through every story that was heard on April 20th from people across York Region.

“At one time we almost paid for our house, then lost our jobs and had to sell the house. I am a diabetic... what do I do, pay for my meds, rent or food? I can't pay for everything so I have to choose.” Female, 58, from Newmarket.

Impossible choices without a doubt.

For those participants with access to credit, the choice is often to go into debt before relying on social assistance. A single mom of two speaks to this as does a mother of twin toddlers living in Vaughan who is unable to access childcare subsidies for her children that would enable her to return to work,

“I have a \$200 deficit every month already. If they take away the special diet it will be \$400.” Single mom in Newmarket

“So far, I have done the best that I can to provide for myself and my family without government social assistance. I am sinking – almost drowning in debt as a result.”
Single mom of twins in Vaughan.

Participants in the Agency Focus Groups identified an increase in social assistance as crucial for individuals to break out of the cycle of poverty. Examples given in one focus group included women returning back to their abusive relationships because even though they receive \$1,000 in support/month on assistance, it’s not enough to find decent housing. When they see the awful housing conditions they will be subjected to, sometimes it’s enough to justify returning back to the abuser. They were also in unanimous agreement that there needs to be some form of assistance to support the working poor. Currently there is no incentive for a person on social assistance to work even if it’s for one or two days/week because most of the earnings gets reclaimed by OW. Various agencies pointed out that the “working poor” do not often make enough and without supplemental income to support them they are quickly falling through the cracks. It was also stated that many people who are seeking support now were in the middle income group a few short years or even months ago. By overlooking this increasingly growing section of the population the cycle of poverty is being perpetuated.

With income being a key determinant of health, and our economy being one that is marked by a growing gap between rich and poor, it is easy to see why a growing demographic is at risk of living in poverty and suffering poor health. *“A recent report by the Organization for Economic Cooperation and Development (OECD) identified Canada as being one of the two wealthy developed nations (among 30) showing the greatest increases in income inequality and poverty from the 1990’s to the mid 2000’s.”*⁷

*“The percentage of Canadian families who earned middle-level incomes declined from 1980 to 2005 while the percentage of very wealthy Canadians increased as did those near the bottom of the income distribution.”*⁸

It is clear that income inequality is a key health issue that needs to be addressed by governments and policy makers.

2.) JOBS – LOW WAGE JOBS – EMPLOYMENT – UNEMPLOYMENT

“If I find a job everything will change. I have worked all my life. If I had a job I can manage my life and know the future of my kids will be secure.” Single mother of 2 children.

“For me the most important thing is finding a good job. Job is the most important. If I find a good job that would affect my family 100% positively... Would like to have more resources in York Region so I don’t have to go to Toronto to get a job... it’s very limited here. I am very willing to work...to take the Go to Toronto from Richmond Hill it’s around \$20. It’s so expensive it’s as if you are going on a vacation. I wouldn’t need to go to Toronto to get a job if there were more resource in York Region to find a job.” Man nearing retirement age.

One single mother of two who lost her job last October describes it this way. *“I feel like I’m moving 10 steps backwards. I lost my job last October and when I try for new job they want me to accept a salary of \$30,000. How do you go there from \$46,000? That’s where I was eight years ago! I have not applied for OW yet, I’m still on EI. I really need the subsidized housing right now, not four years from now or 10 years from now. I registered eight years ago and I have moved up the list slightly...”*

Lack of employment, low-wage jobs that don’t allow people to get ahead, barriers to employment such as the cost and availability of transit, vulnerability to jobs that can be taken away were all themes that came out of the interviews on April 20th. What rang through was that, many, if not most individuals, wanted to find jobs, and that this would be the one thing that would change their lives around instantaneously.

a.) Low Wage Jobs: Individuals had a lot to say about low-wage jobs. Here were some of the comments tallied on this subject:

- Doesn’t add value to your life in any way
- Restrictions
- Often working for supervisors that are not as experienced or qualified as the people they supervise
- No control over work schedule
- Incompatibility with family life; expected to make lifestyle changes to accommodate to the needs of the job.
- Can get fired for “outrageous” reason
- No dental care with low-wage jobs
- Cost of purchasing medication / for children can be a burden
- No dignity – strips people of their dignity
- Highly humbling

Canada has one of the highest levels of low-paying jobs at 23 percent and among the highest family poverty rates among Western nations.⁹

“Despite one’s wealth of knowledge, skills and qualifications, one has to put up with jobs that do not add value in any way. In almost all types of low wage jobs people are stripped of their identity; you have to put on uniforms, you are restricted in a lot of ways as to things that you could or could not do on the job. For example, in some cases you are not allowed to make or receive phone calls except when you are on break.” New Canadian Male.

Almost all participants in the **Agency Focus Groups** agreed that circumstances for people living on low-income have become much worse in the past five years. If individuals (clients they service) do have jobs, they are near minimum wage or part-time / temp work keeping people in the category of the “working poor.” The agencies also flushed out thoughts around the fact that more of the middle class were merging with the poor – with a marked increase in the number of service inquiries from “non-traditional types”.

b.) Vulnerability to jobs that just disappear:

New Canadian who arrived in Canada in 2005. ***“It was not until 2006 when I secured a permanent job as a landscaping laborer...that I began making \$13/hour and some of the problems were tackled. But, a little after two years later, I fell victim to recession and was laid off.”***

Homeless man - ***“I used to have a job but then when I got laid off I didn’t have enough hours to collect EI so me and my son ended up homeless.”***

“When low-income workers lose their jobs, they discover how threadbare our social safety net has become. Employment Insurance (EI) was intended to protect laid-off workers, but years of deliberate erosion by the federal government meant that only 27 percent of the unemployed in Ontario receive benefits from a plan to which they were required to pay premiums.”¹⁰

For an increasing number of people, welfare is their only alternative.

c.) Barriers to Employment

Barriers to employment that were raised ranged from lack of jobs to, benefits being clawed back due to earnings as well as the challenges and costs related to finding and securing work, many of which revolved around transportation.

“ My other son who is 20, suffers from illnesses (related to mold poisoning). He has had several surgeries on his arm (he has partial use only)...he went to a temp agency to learn new skills and save for college so he doesn’t have to use his arm. They take ½ his earnings from my (ODSP) cheque.” For a young person such as this, working can have a negative impact on the overall family income.

One woman related that her family’s monthly income was \$1,100. Bus passes for all four of them would cost \$460/month which is almost half their budget. ***“Technically there is no way we can send my husband out on a bus every day to find work because it’s so expensive.”*** She cited transportation for people under a certain income level being the one change she would need to break the cycle of poverty in her life and the life of her family.

A single mom (new Canadian, knows four languages) with two children said the following,
“Transportation is really important. I found a job in Aurora. I had the interview and she liked me very much, but the problem was the transportation. I had to take four buses to come to Richmond Hill. Transportation is such a big issue.”

“I wanted to be a DJ at one time, but after 10:30pm there is no transit or even taxis for a guy like me in York Region. I can get the equipment home but not myself.”

Dan – Newmarket location – ODSP recipient regarding – Wheel-trans service

d.) Employment Programs – Retraining and Apprenticeships

Front line workers spoke about employment programs. Before 1995, the Employment Insurance legislation included retraining and job skills and was more sustainable. The current system is not. It feeds the cycle of poverty and actually works against raising people above the poverty line.

One participant commented that the employable skills programs in his estimation were more like “feel good” programs and he wanted something that can train people for jobs and lead to employment.
“Don’t train me for something I can’t attain, like a CEO. Train me for something that I can obtain.”
60 year old male, supporting his son and grandchildren.

The following suggestions were raised throughout the day:

- More training for those not qualified to enter industry right now.
- More apprenticeships for youth. Companies can take on the apprentices and let the government give an incentive to take on the apprentices
- ***“Have a look at the industry around us and see what is needed and train for skills specific to those jobs.”***
- ODSP Start-up Allowance of \$500 is not enough to pay for a re-training program.
- Programs that allow adults to further educate themselves to move families up and in the right direction.
- Streamline accreditation process for professionals coming from outside of Canada with skills and who are ready to work.

“Being an immigrant myself I can share a lot of the immigrants’ concerns that immigrants should be informed of the accreditation process BEFORE coming to Canada.” Daisy Wai, Rapporteur for York Region Social Audit in Richmond Hill.

Example:

“I’d like to be in the job that I have trained for (administration, accounts, receivables) I would like to be in that profession and be paid for worth and lift myself out of the low income life.” Barring that, she is considering a career change and has applied to get into the health care field. She applied to get into this field because she feels that there will be more job security. Ultimately she wants to be employed, independent and provide for her teenage kids.

3.) HOUSING

a.) Cost and Lack of Housing

“The amount of money that people who need help receive is inadequate and for the most part it would seem that the cost of housing is creating a huge dilemma in that it is very expensive in York Region to find adequate housing. There is not enough social housing available to meet the needs and market housing at the low end is for the most part deplorable.” John Rogers, Rapporteur for the York Region Social Audit in Newmarket.

“The high rent really is a big issue in York Region – it amazes me how it has gone on like this for so long.” Rick, Father of four in northern York Region

“I’m paying \$900 a month for a bachelor basement apartment. The food bank helps me to make ends meet.” Male, recipient of ODSP, suffers from post-traumatic stress disorder. *“I’m in constant stress. ODSP and OW are not much help because there are constant suspension notices... I live in constant fear of where my next rent money and food money is going to come from.”*

“There is a waiting list that takes about 9 years for subsidized housing. When you are on a waiting list you need a constant address and since I am constantly moving this is difficult.” Single female, has relied largely on shelters and shared accommodations - often not reliable, safe, or long-term.

For individuals marginalized by income, it is not unusual for rent to constitute most of one’s income. **On OW an individual is eligible for \$585/ month.**¹¹ Even with shared accommodations, you can count on rent taking a large part of your income. Renting a single unit becomes close to impossible at costs of \$500-700/month. One family of 4 (mother and 3 children) reported paying \$1,100 month for rent. With \$1,500 income, there was only \$400 left over for food, transportation, clothing, telephone, medications, etc. Her rent is 70% of her income. The line between being housed and being homelessness is shortened.

“Households are considered to have affordability problems if more than 30% of household income is spent on housing costs.”¹²

“In York Region, 48% of renters and 27% of homeowners spend 30% or more of their total income on housing costs – the highest in the GTA.”¹³

“If you spend more than 50% of your gross income on housing then you are at a higher risk of homelessness and you are also at significant risk of experiencing chronic illness, depression, heart disease, diabetes and high blood pressure. Over 22% of tenants in York spend more than half their income on rent.”¹⁴

b.) Unsafe, Inadequate Housing substandard market value rental units – Over crowding

“You’d have to live in the place I’m living to believe it. The owner doesn’t care, only a money investment.” Male who lives in a basement apartment with a landlord that fails to complete the needed repairs. He has made several complaints and even withheld rent in an effort to force his landlord to complete the repairs.

“A Priest helped me find a place for \$700 but there’s no sound proof and young people living upstairs (drugs/noise) and the police have not helped. The landlord does not help.” Anonymous male - Newmarket location

“Housing has posed one of the cruelest problems to our family here in Canada. Low or no income has forced us to over crowd ourselves into tiny basements.” New Canadian Male 52 years of age – four children. The family was temporarily forced to move to Jane and Steeles in Toronto due to lack of affordable accommodation in York Region. ***“We love York Region.”*** This is where they want to stay and locate permanently.

“Housing is an absolute necessity for living a healthy life and living in unsafe, unaffordable insecure housing increases the risk of many health problems.”¹⁵

“Dampness, for example, causes respiratory illness and makes pre-existing conditions worse. It is not easy to separate the effects of housing from other factors since poverty, poor housing and pre-existing illnesses often go together, but studies that have separated them show poor housing conditions to be independent causes of adverse health outcomes.”¹⁶

c.) Tenant Issues

“We should be able to approach the power people in the system e.g. my property manager. Co-op housing was nicer because everyone is involved in what’s going on as opposed to a single person having that much power and tenants don’t report things like leaky basements because they are afraid of getting evicted.”

Mother of two, on CPP, living in subsidized housing in Markham.

“I have been treated like a 3rd class citizen especially when it comes to the landlord and tenant act. And for someone like me I need connections to help deal with the stuff.” Single male with mental health issues.

Several people spoke about landlords not wanting to rent to them when they were in a shelter, had a disability or were on social assistance. ***“People do not want to rent to you if you live in a shelter. People don’t want to rent to you if you are in disability...Eventually I got a job and rental but it was a struggle to get there.”*** Single woman on OW and working part-time.

“We only have until November to live in our current home. We are always in turmoil and constant stress.” Single mom in Newmarket

Often times when people talk about the need for more affordable housing, the word **safe** is left out of the discussion. As the stories of many shows us, particularly for singles, safe, affordable housing is extremely hard to come by.

d.) Homelessness – Shelters - Transitions

“Homelessness can happen to anyone because that is someone’s daughter, son, or mother, father...”

Male in Newmarket who spent time in the shelter system, never having thought he would end up there. Homelessness is a reality in York Region, although it is often not seen or recognized by the vast majority. Poverty and homelessness are often mistakenly equated as being the same, leading people to believe that if they don’t see homeless people in their communities, poverty doesn’t exist. One politician participating in the audit said that he had a hard time imagining what poverty looked like in his own community because he didn’t see it amidst the more obvious prosperity of large homes still selling for between \$350,000 – \$400,000. Another participant in the politicians’ focus group said that he was beginning to see more signs of visible poverty like begging in public venues. Admitting he was not that in touch with homeless people, and could not tell where they were from because of their transience, he knows they are now in his community. On the other end of the continuum one councilor spoke honestly about “homelessness” in her own family which she said took years to come to terms with and be open about. The other thing about homelessness and poverty in general is that it is not something people choose to talk about if they don’t have to – perhaps another reason that it remains “hidden” in places like York Region.

It was also noted by one aboriginal participant that many homeless people in York Region are native and nothing is earmarked for this group. She said that there is only one organization for off-reserve aboriginals which is Nin Os Kom Tin running out of the Krasman Centre.

The men’s shelters in particular are often referred to as having a revolving door. Single people described the dilemma of few services to help them, coupled with very high rents and limited availability which made living independently almost impossible, so they ended up returning to the shelter system. ***“So they will move you around to different shelters. Every 6 weeks I was moving to different shelters.”*** Single female.

We heard that the men’s shelter is always at capacity and people return regularly because other options do not exist, unless you leave York Region. ***“The men’s shelter is always full so they will send you to Barrie or Toronto and if you don’t want to get shipped you have to live on the streets. Buy your nice card board box and have your nap. I’ve done it.”*** Single male.

A male, ODSP recipient; had been on the streets on and off himself since he was 13 in Toronto and had this to say: ***“I have a friend who has a son and they come to my place to shower as they live on the street. I use to live on the street so I know what that was like.”*** We heard this referred to often as “shower surfing” – people needing to take a shower at someone’s place because they don’t have access to such facilities.

“My kids were 13 and 14 at the time when we were in the shelter and to this day they will still not talk about it”. Single mother, Newmarket location.

Example of single dad and son:

He walked and hitched from Calgary when he heard his son was going to be turfed to the street at 18. He secured work and a place to live only to lose it due to the recession and found himself homeless in Newmarket. Our York Region shelter (or housing) system does not recognize them as a family, and the men's shelter does not accommodate males under 26 so father and son were asked to split up which they were not willing to do. At the end of the standard six week stay at Porter Place shelter, where his son stayed in a nearby tent, the father had to leave. He stated that he did not receive any counseling or assistance to achieve permanent housing during his stay. He and his son have been homeless since that time.

“I can't get welfare because they told me and my son can't live together and collect. We can't get it anyways because I don't have an address....besides I don't want welfare anyway I want to work and so does my son...although he'd rather be finishing school...”

Men make up the majority of long term homeless, yet account for a low percentage of all available emergency shelter beds in York Region. The only year round men's shelter is Porter Place with 25 beds. Men are routinely steered away to other shelters in other areas such as Barrie and Toronto. There is currently no transitional housing for homeless men in York Region. A new women's shelter adding 40 beds to the stock including some transitional housing is proposed for the near future but there is nothing to address this dilemma with the men.

“When I was staying in Shelters I notice there was a lack of recovery and lack of self improvement (programs)...” Male in Newmarket.

One participant questioned the government's commitment to shelters versus independent living. ***“The money it costs to keep someone in a shelter costs more than to keep them in an apartment so why does the region support living in shelters rather than in an apartment?”***

In addition to the financial barrier of securing and paying for accommodations, individuals spoke about another barrier they face when trying move from the shelter to their own accommodations – the reality that landlords often don't want to rent to people who are coming from a shelter. This speaks to the need of more forms of transitional and permanent housing that recognizes and allows for the obvious challenges inherent in moving directly from life in a shelter to life in the larger community, especially for those who have been caught in the poverty cycle and the shelter system for some time.

4.) TRANSPORTATION

The cost of transportation and the challenges that people faced in terms of finding and maintaining employment, relating to transportation costs and availability, was staggering. In many cases, this was the major impediment to individuals working, attending school and being able to be involved in their community.

Daisy Wai, Rapporteur for York Region Social Audit in Richmond Hill commented in her report of the day. ***“Almost all of them acknowledged that transportation is the biggest expense which caused them***

to give up on their groceries. Since it will not cost the YRT any extra to provide a free lift to these people in need, can we introduce a system to help them?"

a.) Cost

"Transportation is very expensive. It takes a huge chunk of whatever money we get. We try and buy the monthly pass but for me and my family it totals up to almost \$400. The money has to come from somewhere so it comes from our groceries. This means we don't have enough to eat. So we have to go to the food bank." Mother of 2 in Richmond Hill.

As inadequate and expensive as transit is, having a car was not an option for most people who spoke about this as they cannot afford insurance or gas. One participant stated that even if someone gave them a car, they could not afford to put it on the road.

"Transportation is expensive especially if you want to take a GO train. Public transportation is not economic or cheap. Even after the seniors' discount, it's still expensive." Melvin, Senior with Diabetes Type 2.

He had the following recommendation to make: *"I get it that its not cheap for the government to run transit systems but VIVA is only 4 years old and the cost has gone up a couple of times. If VIVA and YRT could find it to reduce their book of tickets by \$1.25 it would help."*

b.) Restrictions – Barriers to School, Employment, Social Involvement

For parents whose children require public transportation to get to school, this cost is non-negotiable so families do without other necessities or cut back on food.

"My girls have to go to school everyday and they need a bus pass but it's not affordable. Accessibility is fine based on where we are but it's the costs that prevent us." Mother in Markham.

Another story shared by a man named Rick, who lives in Markham and receives assistance from Community Living York South, depicts several of the ways in which transportation affects his life. He would like to work and to be out in the community more but his disability coupled with the cost of transit which he cannot afford, places limitations on these various areas of his life.

"When I had a job it benefited my life but I did not get paid very much. My bus tickets cost \$26/week that comes out of my \$40/month. So I get put in a negative if I decide to go to work five days a week. As a result I don't go to work because I don't have the money to spend on transportation to get me there."

"My feet are sore and I can't walk places. I can't afford to take the bus and ODSP doesn't cover orthotics. I miss being able to explore new areas. I rarely leave Markham unless Community Living goes with me because I can't get back on my own, even though I am capable of going around on my own. I am very knowledgeable about public transportation but I can't afford it so I have to walk but because of my disability I can only walk to nearby places such as the grocery store or Tim Horton's or dollar store if I have that extra toonie. All because I cannot afford the transit fare."

In August 2008, the York Region Alliance to End Homelessness released its Needs Assessment: Transportation Access of Homeless and Underhoused in York Region. This was in response to the need for improved transportation to and from various facilities across York Region for homeless and at-risk individuals, being identified as a priority for action through funding allocated to York Region (2008-2009) under the federal Homelessness Partnering Strategy.¹⁷

** Please see the full report as cited for recommendations to address transportation barriers being experienced by homeless and at risk populations in York Region.

Six of the 8 community groups (surveyed for the above report) serving the homeless or at-risk populations in York Region (75%) indicated that transportation is a definite concern to the homeless and at-risk clients that they come in contact with.¹⁸

“The most common agency-identified barrier to accessing adequate transportation was the cost and a related lack of resources to meet the cost of transportation (71%), followed by infrequent, inadequate, or inconsistent transit service schedules (57%).¹⁹

Information was obtained through 14 local agency questionnaires, nine community group questionnaires, and focus groups involving in total 27 men and 26 women participants. *“Based on the data collected, the lack of affordable, accessible, and safe transportation is a major barrier to homeless and at-risk men, women, and youth being able to access resources such as housing, education, employment, and health care. The severity of impact of the transportation limitations within a region as widespread as York demands a response that is timely and effective to enhance the ability of individuals to obtain the necessary tools for building or rebuilding a healthy, sustainable existence.”²⁰*

c.) Mobility Issues – Unique Challenges

Disabled Couple

A number of comments about Mobility Transit were received. One couple involving Dan, in an electric wheelchair, and Ashleigh in a standard chair, offered their insights. They can't always utilize the same transportation so they often must go to the same place in different busses. Going somewhere together as a couple is something many people take for granted, but not Dan and Ashleigh.

- Wheelchair transit is not available after 11:00 pm via taxi, transit or otherwise. Dan was interested in working as a DJ at one point but knew that it would be impossible given that transportation from work was not a real option for him. He once spent the night in his wheel chair in the lobby of an Aurora hotel because there is no call service for mobility after 11pm to get him to his home in Newmarket - with or without a reservation.
- Sometimes you need to book a week in advance for transportation.
- If you need to cancel the bus for any reason you are penalized – you lose points; losing 6 points results in a suspension from being able to use home pick-up services

- You need to know the exact time of pick-up and this can be difficult at times, for example if you are at the hospital and don't know the time you need to be picked up.

Dan spoke of his experience using Mobility Transit. ***“You can't enjoy the time when you are out because you are always watching the clock to ensure that you meet your pick-up time. I feel like I'm on curfew and I'm 44 years old.”***

“When I first heard of this demerits points system I asked them - points? What do I win!? I'd never heard of such a ridiculous thing. I'm from Ottawa and there was nothing like that there.”

Dan's partner Ashleigh is mostly confined to a wheelchair and has epilepsy. The unpredictable nature of her seizures can get in the way of keeping a regular scheduled pick-up time. She is also pregnant and is concerned about the hospital visits she needs to make and not knowing what exact time she needs to be picked up from appointments. Currently they are on suspension from mobility services due to cancellations that they had to make.

Young woman with Lyme's Disease:

“Transportation is difficult. There is a mobility plus transportation support but I have such severe symptoms it's difficult for me to have a schedule that is regimented. I am sensitive to cold and heat so I can't wait outside for the vehicle to arrive. I have to depend on cabs and drivers that can hold my chair or depend on my family. I can't do social things because I depend on whether or not others are available. Even to do things as simple as coming to the library.”

Christina is limited by her illness and then again because systems are not able to respond to her specific requirements or level of need. Regardless of the system's ability or inability to adjust to her needs, it is important for us to be able to appreciate her dilemma and how it must feel to be an individual in a situation where even programs that have been designed to meet special needs, are unable to meet your needs. In Christina's case, it results in a state of isolation on the one hand and over-reliance and dependence on her family for things she'd like to be able to do for herself, on the other.

5.) HEALTH

In all of its forms, health was cited time and time again, as the way in which poverty and inadequate income impacted on them in a chronic and persistent way. Health is a theme in that it represents the numerous ways in which individuals and families are placed at risk by poverty and insufficient income. It best describes the pervasive ways in which long-term poverty impacts on the whole person, not just their pocket book.

“I was struck by how often I kept thinking of the determinants of health as each person presented their story. Most struggled with a number of difficult medical conditions and with high degrees of stress. It was clear that for many the challenges of daily life can ultimately create a series of health issues, many related to mental health and addiction.” Charles Beer, Rapporteur with the York Region Social Audit in Newmarket.

a.) Physical Health:

Out of 23 people who attended the audit, there were 13 individuals and/or their children who suffered with chronic medical conditions and/or physical disabilities. In many cases, individuals were experiencing multiple physical health conditions for which they needed treatment, medications and/or special diets. The need for dental care, particularly for adults, was also evident.

Donna's Story: Donna's story involves her two sons who have contracted illnesses as a result of the mold in one home they lived in. Donna herself is a breast cancer survivor. The mold was discovered when her son Cody who is 16, began vomiting day and night and mold began appearing in the house. Cody had been a healthy straight A student and today cannot attend school due to his illness. Last year, Cody became reliant on a wheelchair and still uses a cane today. Donna described the struggles of trying to get medical treatment for her sons. *"Nobody wanted to hear about mold, (i.e. Doctors and landlord). There was fear and concern over the complexities of treating someone with mold related illnesses. This made getting a doctor more difficult."* After countless struggles to find a doctor, Donna located an Iranian Doctor who began treating Cody and he seemed to be improving. Shortly after, Donna said the Doctor received a call from government officials and following the call the doctor said that he could no longer treat Cody. While she doesn't have all the details Donna says she knows that the Doctor was scared because being from another country he was fearful he could lose his license if he continued treating Cody for illness related to mold. OHIP doesn't cover treatment for mold related illness. Cody: *"I need home schooling because I'm too sick to go to school. At my new high-school I'm told that there isn't any funding for home schooling and because of my being sick all the time I missed all of last semester. But at Denison, my old school, they could help with home schooling, but not at the new school. My principal said that I should be able to control how sick I am."* Cody has also been seeing specialists at Sick Kids Hospital. *"The doctors there laugh at me when I tell them what's wrong. They don't believe that I'm in pain."* Their struggle continues as Donna searches for a new family doctor.

Christine's Story: Christina reported that not having awareness of programs that could assist her, access to early intervention, financial resources and therefore treatment, exacerbated her condition and has likely contributed to her long-term reliance on the system and her family. *(For more details on Christina's story please see section (8.) Government Assistance and Programs)*

b.) Social Isolation

Social isolation is a reality for many people who are either unable to get around due to illness or disability or who don't have enough income to participate in their community even in the simple ways that most of us take for granted.

Rick, a male from Markham who receives assistance from Community Living York South, talks at length about how his limited income, particularly his inability to afford transit, has cut him off from exploring his larger community. He shares accommodation with a roommate and the only form of entertainment they can afford is television. *"Because we don't have any extra money to do anything else, tv is our only activity"*. He said he wouldn't have chosen to order cable but his roommate wanted to so he agreed to spend some of his income on basic cable. *"I am a very social person and I like to be involved with people – I really like to explore. I miss being able to explore new areas. I rarely leave Markham unless Community Living goes with me because I can't get back on my own."*

“I can’t do social things because I depend on whether or not others are available. Even to do things as simple as coming to the library. I am isolated because I spend all my time at home or in the doctors’ offices. Psychologically, that’s not very good for me. I feel stagnant and that I am not moving ahead in my life.” Christina speaks of her life since becoming ill. She is now 31 years of age. She feels very cut off from the outside world and is reluctant to rely on others all the time to get involved outside of her home.

In winter, Dan and Ashleigh must rely on the kindness of others to get out their door at times of snowfall. Bus stops and sidewalks become barriers and cold weather affects Dan severely. If their mobility-transit lifeline is suspended during these times, it can mean crisis – especially with a baby coming. Transit restrictions curtail their ability to socialize. ***“If it wasn’t for the (nearby) café we’d have nothing”***

c.) Mental Health

Poverty, social isolation and mental health often go hand in hand. In the above example of Rick from Markham, he ties his mental health to his ability to move around and be part of his community in a social way. He also makes the link between how his life is limited in different ways, and how this in turn affects his thinking and how he feels about himself. ***“I have no motivation, no self-confidence. It is such a big impact on one’s self-esteem, confidence to not be able to do simple things like brush your teeth and take a shower. There isn’t even enough money for that – to buy simple things like toothpaste, soap, etc. I am entirely capable of functioning on my own but I just don’t have the resources to live independently. This severely affects my mental health. I am going through an especially hard time because all I can think about is “right now” but not doing anything “right now” makes it harder to get through the day.”***

Rick’s worker, Sarah, who accompanied him to the Social Audit, had this to share when she attended one of the focus groups for front-line agency workers later that day. In speaking of the client group served by Community Living she said: ***“Their mental needs are so great now because they’ve been stuck in this poverty cycle for so long they have spiraled downwards and are less confident and able than they used to be. We (workers) are overwhelmed by their basic needs; this could have been prevented with some earlier support.”***

Another participant speaks of the dual effects of poverty and his physical illness on his mental well being. ***“I am not employed anymore, my age, physical, emotional and mental health has deteriorated. I have Diabetes Type 2. It has affected me mentally and emotionally. I have poor mental recall. My body isn’t what it used to be 4-5 years ago.”*** Melvin, 65 year old male.

A male participant from Newmarket spoke about his depression. ***“I have a mental illness which is depression. I feel that it (depression) is why we have a lot of homeless people because they are not getting the medications they need.”***

One of the long-term costs of poverty is mental illness in its various forms. Stress is secondary to poverty and we heard some of the following comments to this effect:

“I wear a hat constantly because I’m getting bald spots because of stress.” Single mother of two young children.

“I am in constant stress – fear of where my next rent money and food money is going to come from.” Male, on ODSP with Post-Traumatic Stress Disorder.

“I have worked all my life. Sitting home and watching the wall is killing me. I have had anxiety attacks so many times.” Mother of two teenagers

“People who suffer from adverse social and material living conditions also experience high levels of physiological and psychological stress. Stressful experiences arise from coping with conditions of low income, poor quality housing, food insecurity, inadequate working conditions, insecure employment, and various forms of discrimination based on Aboriginal status, disability, gender, or race. The lack of supportive relationships, social isolation, and mistrust of others further increases stress.”²¹

“Uncertainty about the future raises anxiety and hopelessness that increases the level of exhaustion and makes everyday coping even more difficult.”²²

“Stressful living conditions make it extremely hard to take up physical leisure activity or practice healthy eating habits because most of one’s energy is directed towards coping with day-to-day life.”²³

d.) Medical Costs including Dental and Prescription Drugs

One story of a couple who worked their entire lives and almost had their house paid for at one point, speaks to the costs of poverty and in particular the costs of maintaining one’s health in order to prevent further health crisis in their lives. She was very emotional when she shared her story, not unlike many of the participants on that day.

“Dental care is a major concern for me and my husband. I used to work at the head office of Shopper’s Drug Mart in 1986 and I had coverage. Lately, my fillings are falling out and my tooth has decays. My husband has stubs for teeth. If we were on ODSP or OW we might get help. Since we are the working poor we don’t get anything. We might have to die because we cannot afford this care. Dental care should be a universal like OHIP. It’s a basic health care right.”

Her husband receives CPP. ***“We’ve been renting and struggling for ever. I am on a waiting list for housing. However, we would have to give up our pets. There is a 7 year wait for seniors...My husband is partially handicapped. He has partial paralysis and we get no support. At one time we almost paid off our house, then lost our jobs and had to sell the house. I am a diabetic...what do I do, pay for my meds, rent or food? I can’t pay for everything so I have to choose.”*** She is 58.

Julie from Markham: *“I am on ODSP but it doesn’t cover dental because I am on CPP as well and ODSP cut that support. Children can get treatment for dental but adults need treatment as well. I am constantly on antibiotics because of infections as a result. I have to have my teeth pulled because I can’t afford a root canal. The Trillium Program for drugs is great but you have to pay X dollars a month to use that system.”*

e.) Nutrition – Food / Food Insecurity

“Food is one of the most basic human needs and it is an important determinant of health and human dignity. People who experience food insecurity are unable to have an adequate diet in terms of quality or quantity...People experiencing food insecurity consume fewer servings of fruits and vegetables, milk products, and vitamins than those in food-secure households.”²⁴

“In addition, household food insecurity is also an excellent predictor of Canadians reporting poor or fair health as compared to good, very good, or excellent health, experiencing poor functional health(e.g., pain, hearing and vision problems, restricted mobility, etc.), multiple chronic conditions, and major depression or distress. More specifically, these food insufficient households were 80% more likely to report having diabetes, and 70% more likely to report food allergies than households with sufficient food. Finally, increasing numbers of studies indicate that children in food insecure households are more likely to experience a whole range of behavioral, emotional, and academic problems than children living in food secure households.”

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“If I had some more financial resources I could live and eat healthier especially because of my diabetes. If my cheque per month was increased even moderately I could buy the proper food that is conducive to my medical condition and I would feel better.” Male, 65 with Diabetes Type 2.

The most prevalent theme where food and nutrition are concerned was in relation to numerous accounts from individuals who were unable to maintain an adequate diet because the cost of basics such as rent, bills, medications, school registration fees and transportation, precluded the cost of buying food, much less buying health food. While the cost of food has increased with all other costs, it was not cited as the problem. Food insecurity is a result of inadequate income.

One mother of two teenagers reported cutting back on her food budget so she and her children could afford transit. *“If I try to accommodate transportation then I have to cut back somewhere. It’s usually groceries. I can’t go over \$40 a week.”*

When the monthly cost of a healthy food basket for one person in York Region, (as determined by the Local Public Health Agencies across Ontario for each area) is \$215,²⁶ it is impossible to imagine how one adult and two teenagers can exist on a monthly budget of \$160 for all three. But that is what they and many others, are endeavoring to do.

As a result, many reported turning to the food banks to make ends meet. As we know, food banks are not usually in a position to offer fresh foods or healthy food options; by contrast many foods they are able to provide are high in sugar, fat and salt content – boxed and canned foods with a long shelf life.

“In 2009, York Region food banks provided food for over 54,000 clients”. ²⁷

“York Region Food Bank use increased 27% between 2008 – 2009”. ²⁸

In March of 2009, the York Region Food Network interviewed 176 food bank clients to find out why so many people in such a prosperous region, need to rely on the food bank.

“The most frequently cited reason for needing to use a food bank was “recently lost job” (33%). Other reasons included family break up, reduced hours at work, and “new to area and just getting started”. These are reasons why any one of us might someday need to use a food bank.” ²⁹

For those who require a special diet and have relied on the **Special Diet Allowance**, the provincial government’s recent decision to cut back on this program is of particular concern. The **Special Diet** provision has been provided to social assistance recipients who for medical reasons require foods which cost more and require additional funds in order to purchase them. These are not the kinds of foods that food banks provide for people who require them to maintain their health.

“I need a special diet because of my health issues. I have a \$200 deficit each month because I’m paying for healthy foods for my kids. If they take away the special diet allowance I will be \$400 deficit each month.” Single Mom of 2 young children and advocate for the \$100/month healthy food supplement. She also said, ***“By providing an additional \$100 a month to eat now, the government will save millions of dollars on health care costs. For children in their formative years, healthy food is very important and provides a good basis for future development.”***

One issue that surfaces is the cost of health care now versus the cost of health care later if and when we don’t attend to at least the basics right now.

Allowing people to live in poverty costs our healthcare system in Ontario about \$2.9 billion annually which is more than 10% of Ontario’s deficit. ³⁰

Lightman and Mitchell in “Poverty is making us Sick” state that a \$1,000 increase in annual income to the poorest fifth of households will result in 10,000 fewer chronic conditions and 6,600 fewer disability days lost at work every two weeks. ³¹

Sick and Tired – The Compromised Health of Social Assistance Recipients and the Working Poor in Ontario, a document produced in 2009 by the Community Social Planning Council of Toronto, University of Toronto’s Social Assistance in the New Economy Project and the Wellesley Institute describes the various ways in which the health of Ontario’s working poor and recipients of social assistance is being compromised.

*“Our analysis revealed that social assistance recipients carry an overwhelmingly high burden of ill health. Compared to the non-poor they had significantly higher rates of poor health and chronic conditions on 38 of 39 health measures – rates as much as 7.2 times higher than those of the non-poor group. Social Assistance recipients had higher rates of diabetes, heart disease, chronic bronchitis, arthritis and rheumatism, mood disorders, anxiety disorders and many other conditions. Perhaps most distressing, one in ten social assistance recipients considered suicide in the 12 month period preceding the study and suicide attempts were 10 times higher for social assistance recipients compared to the non-poor.”*³²

*“Compared to the non-poor, the working poor had higher rates on a range of chronic conditions including diabetes, heart disease, chronic bronchitis, and migraines, among others. They had worse self-reported health and mental health and higher rates of considering and attempting suicide compared to the non-poor group.”*³³

ISARC has a great deal to say about hunger and food insecurity in Ontario and the necessity of addressing these issues through sound public policy with an emphasis on adequate incomes. In its last provincial audit report, **Lives Still in the Balance**, released in 2007, in a chapter titled **Food Insecurity: A symptom of Poverty and Inequality in Ontario**, they had the following to offer on the subject:

*“Charity, not social justice, has become the primary social policy to address food insecurity in Canada.”*³⁴

While food banks were introduced in the 1980’s as short-term emergency measures, they have taken hold permanently, in the absence of federal or provincial commitment to income or food security.

*“In a province as wealthy as Ontario, there is no justification for allowing 1.5 million people to worry about where their next meal will come from, to rely on second-rate handouts from food banks, or plead with their family physician for a “prescription” for a healthy diet. In accordance with our international commitments to social justice and our understanding of the determinants of health, it is time to demand an end to the poverty that produces the degradation of humanity that we call food insecurity. All Ontarians deserve access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”*³⁵

6.) COMMON CHALLENGES AMONG DIFFERENT GROUPINGS OF PEOPLE

a.) Singles

“When you are a single person on your own, there’s not really a lot of help for you. When I was in a shelter, if you are women without children, you are not their priority. So they will move you around to different shelters. Every six weeks I was moving to different shelters.” Young single woman in Newmarket. (Part #4 NM)

This same individual currently rents a room where she lives with a family. It is the first time she has lived in a home where she feels safe and respected. Unfortunately, the owners of the home are moving and she is forced to find new living accommodations. She is concerned because she can only afford shared accommodation (i.e. living in a room in someone’s house) and is concerned about finding a safe and respectful place. Having grown up in an abusive home and enduring abusive relationships, feeling safe was particularly important to her.

The issue of safety in terms of shared living accommodations came up time and time again, for both single men and women. Not being able to afford even modest accommodations for themselves places individuals in a situation where they must consider sharing accommodations or living on the street.

“I’ve lived in a number of rooming areas but there was a lot of drugs there.” Dave, single male in northern York Region.

For single people, as discussed in the section on inadequate income, the issue of being able to afford rent and not much more was prevalent. **Those on OW and ODSP, receive as basic entitlements, \$585 and \$1092 respectively** ³⁶. Those on the low end of that scale will not be able to afford an apartment in York Region and will have to share or rent a room. **The combination of 21.6% cuts to social assistance in 1995, the cost of living increase and incremental increases to assistance rates since that time, translated to a loss in benefits of approximately 35% since 90’s, at the time of the last ISARC Audit Report in 2007.** ³⁷ This places individuals at risk for chronic homelessness, health issues, and not being able to find or maintain employment.

Add to the mix, the economic downturn since 2007 and you have even more people living on less income, competing for the few affordable housing arrangements that exist in the community.

b.) Single Parents

For single parents, the challenges are largely in relation to meeting the needs of their children on an inadequate income. Several examples of the impact of poverty on children will be discussed in the next section but we’ll highlight the specific impacts on the parents here:

- Childcare – lack of subsidized spaces becomes a barrier to employment.
- Work from home programs / jobs needed
- Lack of support leads to isolation.

A mother of young twins, living in Vaughan who is unable to access a subsidy for childcare speaks to the challenges of single parenthood. *“I don’t have family members living in the area and I simply*

cannot afford the expense of taking them to a daycare and even thinking of going out to work is a huge challenge. I have been assisted by Wraparound Vaughan and VON (Good Beginnings). This was especially critical during the first 8-9 months of my twins' lives when each day I desperately craved a visit from an adult. I need to be able to get some support to ease the everyday challenges of caring for the twins. I am stretched physically and emotionally, not to mention financially. I need daycare subsidy so that I can be gainfully employed. In addition, I need a job. I have been applying for jobs for the past 2.5 years."

Along the same theme of respite care for parents, Miriam, a single mom of older children describes her experience of raising her children on her own while holding a full-time job and all the responsibilities and costs that went along with that. She held an Executive position, had 3 children and received no child support. She commuted to Toronto for work. In 1997 she burnt out. ***"I got into mental health consumer world because there was nothing in place for natives to get help. I lived off my credit cards and eventually picked garbage to support my children. That was my lowest point. I would use the food banks to feed my children. It's very hard for a mother when there is no food and you have to send your child to school. I went to a church one morning and begged. I maxed out my credit cards and used the equity in my house. I was mentally ill at the time and my doctor and the Red Cross convinced me to place my kids in CAS for their own good. My 16 year old was too old to go so she stayed and spiraled down into depression along with me."*** After a very long a difficult road Miriam's children returned home because she showed up for every court date. Together she and her children worked by doing gardening and maintenance work for others. ***"We did it to support ourselves because disability (pension) wasn't enough to support the family."*** Miriam said of her current and past experience: ***"I am a grandmother (now) and I am in a situation where I will be taking care of my daughter and her kids. I believe I wouldn't have burned out if I had had respite care. "It's strange that they will take your child but that they won't tell you how to get a reliable person to take care of a child."***

A homeless, jobless, single dad states,

"We just want to work. Well I'd rather my son finish up high-school first, but how can he do that, he can't even shower everyday?"

A single mom of two young children who chooses to home school them until they are in grade one share this. ***"I believe that kids should be home for awhile in the informative years as they are like sponges. I want to home school my kids until they are in grade one...but I 'can't live like this anymore, it's embarrassing. Their Dad doesn't pay child support...in the outside world I say I'm a stay-at-home mom with great credit."*** She is too embarrassed to share that she is on OW.

c.) Children and Families

Several themes arose for families with children and for the children themselves.

The cost of school fees and registration costs mainly at the high school level were noted as a financial barrier.

"High schools charge a \$50-\$150 registration fee to register for school. ODSP cannot cover school fees for dependent children - if you don't pay, your kids can't go to school". A mother of two

teenagers. Her daughter is very active in the Arts and to register for any Art classes at high school she said that you must pay an additional \$40 registration fee. ***“My family is helping to pay this fee.”***

Recreation costs and program fees were other barriers to social inclusion and healthy, active living noted by parents.

One mother relayed how if it were not for a local group raising funds to subsidize the cost of program registration, her kids would not be involved in any programming or sports. ***“Operation Sparrow provides free recreation programs for children living in poverty. If it wasn’t for Operation Sparrow my kid wouldn’t be doing anything”*** She highlighted the need for these programs to be free and available to all ages including toddlers and parents.

“My son is a high risk child, ADHD... he is a great athlete and is on the rugby team and it was \$120 uniform fee plus shoes and everything else. My family is paying. If I can keep him in sports it will keep him out of trouble. If not, he would be drinking, drugs, causing trouble if not in sports.” Mother of two teenagers, on ODSP for physical challenges. She has \$1,500/month income and \$1,100 goes toward rent.

Peer pressure/ Brand name pressure

“My children get teased because they don’t have name brand clothes. If you don’t show up Day 1 in school with such clothes then your kid is ostracized” This coupled with the other costs of sending her girls to school led one mom of two teenage daughters to take them out and home school them.

The Stigma of Poverty where children are concerned

“My kids were 13 and 14 at the time we were in a shelter and to this day they still will not talk about it. They are embarrassed and mad at having to live there. Instead of telling their friends where they were they said ‘remember when we were at our aunts.’” Mother of one grown son and two teenage children.

“Last year when we got our Christmas hamper my son was volunteering to help give out hampers to other people and on the way home he says “Mommy, I’m so glad we are not poor.” And I thought I’m doing a good job at fooling you.” Single mother of two.

Shortage of Community Resources/Programs

“We were previously living in Toronto but had to move because my daughter was sexually assaulted. This has been a difficult move because there are way more resources in Toronto than in York Region. If you have money in York Region you can get support.”

“In Toronto the kids qualify for programs during all four seasons, including toddlers and as a parent I would also get a gym membership for three seasons. Here adults and toddlers get nothing.” Single mom - regarding free access to recreation programs

Having Resources to do the “regular - everyday” things with your kids

“My son always ask me why don’t we have a car or don’t go anywhere?” Single mother of teenagers. If she has money she sometimes takes them to a movie. ***“I keep telling them to be patient and things will get better when I find a job.”***

“I wish my kids didn’t have to suffer. I use to volunteer for various charities so that I could take my kids to the events. If I volunteered at the event my kids could attend the activities for free. Since the illnesses, I don’t have time to volunteer, so we do nothing.” Mother of three sons, two of whom have mold related illnesses.

“One thing that has been constant with having children is Christmas is a nightmare... I get \$1,500 a month and my rent is \$1,100. The left over money has to cover food, transportation, clothing, meds, telephone, etc. and I have no money for gifts. I have to decide whether to pay the bills or get gifts for my kids. Local churches and charities do provide some gifts, but they are not the same.” The gifts given are not always appropriate for the child, (not what they asked for, duplication in items, trouble relating to the gift). ***“It’s nice to be able to give one item that they asked for. Most items that were donated they couldn’t use so I would send them to a shelter.”*** Mom was emotional as she relayed this.

Children’s Aid Society

Examples:

A disabled couple, Dan and Ashleigh is expecting a baby shortly. They feel equipped to deal with the situation, especially as one has already raised two children who are now teenagers, single handedly. However, the Children’s Aid Society (CAS) has become involved in their lives (called by Ashleigh on the recommendation from York Support Services) and states that their involvement is needed to ensure that they have a plan for the pregnancy for when the baby comes home given their physical restrictions and the fact that the young woman suffers with epilepsy. While support may be welcome should they decide they need it, they feel that the decision should be theirs to make and they remain concerned about Children Aid’s involvement and the outcome.

“We just want to live our own lives” Ashleigh
“I told them – you’re not taking my kid.” Dan

“We’ve really been struggling with the system...Even in the school system teachers don’t understand that it’s difficult to afford stuff and they monitor us more closely because they think we are lesser parents than others. It appears to be an automatic phone call to Children’s Aid Service.” Mother of two in Markham.

One single mother of three, whose story has been referred to, found herself experiencing burn-out and then mental health issues as a result of her ongoing struggles. She stated that she didn’t think she would have burnt out if she had been able to access respite care as a single parent. Instead she was advised to place her kids in care for their own good so she lost custody of the younger children for sometime to CAS. They have since been reunited.

Another family had to move out of a rented house due to mold problems. *“I went to CAS to see if they could take my children somewhere until I found new housing. CAS said only if I give up the rights to my children for a year...CAS forced us out of the house because if I didn’t move they would have taken my kids. I had no choice, but to go to a shelter with my kids...it was very difficult for them.”*

One single mom with kids sick from mold issues was contacted by Children’s Aid. A 3rd party caller claimed that she had made up the fact she’d had cancer and that her mold illnesses were fake. CAS is still involved with her months later despite proof of illness being provided.

Parents spoke of their negative interactions with CAS and generally expressed that they felt that living in poverty put them on the radar of CAS more automatically and often based on 3rd party calls. There was also frustration expressed that it didn’t seem possible to work with CAS to find solutions in difficult circumstances without the fear of losing their kids. The phrase Catch-22 comes to mind, particularly for parents who need supports at difficult times. But because of the fear that they might be seen as inadequate or incapable parents, they don’t feel they can reach out for help. Help given at the right time, in the right ways, could prevent families from being split up and children being taken into care.

d.) Seniors

Issues for seniors that came up during the audit included social isolation, inadequate income, health issues, not being able to afford medications and being required to work beyond their retirement years. Here are some examples that speak to their struggles:

Joan’s story (Richmond Hill)

Joan is 65 years of age and has been working since she was 17. She worked for Birks in Toronto for many years and when she remarried her and her husband settled in Brantford where she did babysitting and her husband was a self-employed contractor. Times were difficult then and she said they were unable to access food from the food bank because they were employed. Joan’s husband became terminally ill and they returned to Toronto. The hospital wanted to put her husband in long-term care but she wanted to take care of him. She tried to manage but fell behind and couldn’t pay the rent. She was evicted. Her husband has since passed away. Joan is now on CPP and OAS and is looking for supplemental income. She had a stroke in 2001 which left her with acid reflux and a swallowing problem so she is on puree diet. The prescription drug she was using for acid reflux helped but she can no longer purchase it as she’s been advised to use the generic brand if she wants to have it covered. It doesn’t work as well but she can’t afford the name brand which costs \$200.

“The government needs to work on pension reform and give us more money to live on to cover bills and prescriptions. I am on a waiting list for subsidized housing but I am weary of that because of the cockroaches...I would like to stay in a nice apartment building where I have space to put my things. A place where there is community spirit so I can get involved in a community and something close to a bus line. I am on a nanny site but everyone wants younger nannies. I am 65 though and I would like some time for myself rather than trying to find work.”

Melvin

Melvin turned 65 six months ago. He has type 2 Diabetes. *“It makes my cynical and bitter when I think of all the taxes I’ve paid when I started working and the government can only do so little for me now...If my cheque per month was increased even moderately I could buy the proper food that is conducive to my medical condition and I would feel better.”*

Father / Grandfather

A Grandfather who is physically and financially taking care of his son and grandchildren reported that although he was having trouble making ends meet in the first couple of years, he refused to use the food bank out of pride. *“That day I sat outside in my car and cried. My pride made it very difficult to go in. I knew that I needed to go in for my grandchildren.”* He had this to say about his typical day: *“My day started this morning just as everyday does. I take my grandchildren to high school and take my son to ODSP program, he has a position with a non-profit group in Toronto...I come home start dishes and laundry...My hat is off to every single household where both parents work...do the housecleaning and then you pick them up for school and start all over again.”*

e.) Chronically Ill and Disabled

Issues that were raised include: accessibility, access to medications and the ability to afford them, special diet requirements that come at a higher cost, social isolation, forced reliance on family, multiple health issues, and mobility transit concerns, several of which have been covered in other sections. Here are a few examples:

“My severe symptoms make it difficult to have a regimented schedule. There is mobility plus transit but it is difficult and doesn’t work for me so I take cabs and rely on family.” This restricts Christina’s activities and depletes her finances. Christina has Lyme’s Disease and would like to live independently but she cannot. She cannot afford a caregiver so she is forced to live with and rely on her parents. *“I couldn’t even qualify for a cleaner because I was told that I lived in the same home as able bodied people in spite of the fact that these people do everything else for me and I don’t want to burden them further.”*

Mobility issues were a big concern as cited in the section on transportation at the beginning of the report, particularly where demerits are given to people when they are not able to keep a scheduled appointment for any number of reasons, and were eventually suspended from using the transit.

“Sometimes you need to book a week in advance for transportation and if you need to cancel the bus, you get penalized.” Not being able to access transit was an issue of grave concern.

For the chronically ill, not getting their nutritional needs met, not being able to afford medications and also not knowing how planned cuts to the Special Diet Allowance will impact them, were real concerns that were expressed. One person noted: *“People with special dietary needs can’t access this from the food bank – I’m allergic to what they have so my diet costs more.”*

f.) New Canadians

The stories of New Canadians included examples of overcrowding in small accommodations in order to afford to live. Others spoke of low wage jobs and the experience of coming to Canada as skilled workers or professionals only to find they could not work in fields they were trained for and the toll this took on them financially and psychologically.

People expressed much gratitude about being in Canada and for the supports they received, but reported being surprised by the struggles they encountered. They recommended that newcomers or immigrants be given more accurate information about what they could expect when coming to Canada, especially regarding jobs and accreditation.

Daisy Wai, Rapporteur for the York Region Social Audit in Richmond Hill, had this to say.

“Being an immigrant myself, I can share a lot of the immigrants’ concerns that they should be informed of the accreditation and its requirements BEFORE THEY COME TO CANADA. They will be ready to start a new life once they arrive in Canada, and they can have easier access of support when they are in their homeland. This will also dramatically cut back the Federal Government spending on accreditation from which they can channel resources for other programs to support the immigrants as they land.”

“In the last two years my income was reduced 90%. I am on welfare and I am thankful to Canada for that but it is very difficult. I receive \$1,000 to cover rent, food, etc. I would like to provide for my family as well. I have family abroad. I told them Canada is a great country. In case they come here I want to take care of them.”

”When I first landed in Canada, just like most immigrants to this great nation, I was seeking a better life. For better, there was a lot to learn about how to earn. Although freedom can be observed everywhere, there area also many reminders that freedom is not for free!” Father of four from Uganda who has worked numerous jobs since arriving in 2005. He reported that housing had been their biggest struggle since moving to Canada and that one change that would dramatically affect him and his family would be to have a job. He is currently looking for work. He relayed his appreciation for the opportunity to be able to share his views on this.

g.) First Nations - off reserve

One Aboriginal woman, Miriam participated at the Audit on April 20th. Hers was a story of struggle as a single parent for whom there was no resources available as a First Nations person in York Region. Today she is a strong advocate for developing services in York region for natives and by natives so that people don't have to go to Toronto for services and programs. She had this to say: ***“Homelessness is very real in this region and a lot of people here are in need and they don't feel good about going and asking for help. Many homeless people are native and nothing is earmarked for that group. The only organization for off reserve aboriginal people is Nin Os Kom Tin. One of our volunteers even lives in a tent. The Krasman Centre loans Nin Os Kom Tin community space; many members are homeless or were homeless.”***

7.) RISK FACTORS AND BEHAVIORS SYMPTOMATIC OF CHRONIC POVERTY

a.) Addictions

“I’ve been living on and off the streets since I was 13. I got into drugs and alcohol due to poverty and grew up in Regent Park.”

“My Dad was an alcoholic and that was a bad habit I picked up when I was 15. I only quit last year at 44. Growing up my siblings and I were picked on and we defended ourselves by fighting back. I lived well, worked, but never felt that I fitted in.” Dave, male living in northern York Region. He will tell you that he is responsible for his own actions and that *“You have to deal with your problems. I see a psychiatrist because I have some problems from my past.”*

“...I got into drugs and alcohol due to poverty and not being able to make ends meet”. Male, Newmarket.

“Lots of drugs and alcohol when you lived in shared housing as a single person.” Dave, male living in northern York Region.

“It seems like a blind eye is given to those suffering from their addictions.”

b.) Crime

In a number of ways, a life in poverty can put people in a position where they do things they wouldn’t otherwise do.

“I’m glad for not going back to my old ways.” Single male shared how he used to commit crimes to help make ends meet.

“I’ve had to ride the VIVA bus free to get my laundry done because I can’t get it done free in Richmond Hill. I’ve been caught 3 times but I don’t care. What else can I do?” Homeless Newmarket participant.

Even sharing/renting accommodations illegally was something individuals resorted to because they needed a place to stay or they needed the income they could get from renting a room to someone else. Those working around the system may also be forced to take in borders “under the table” in order to survive. Not reporting this becomes criminal.

It was reported that kids from some low income neighborhoods are being recruited by adults to steal. Food thefts, violence and property crimes also are prevalent - the latter particularly when drugs and alcohol addictions are added to the mix.

c.) Abuse and Assault

While occurrences of abuse and assault were not common among the stories, they were mentioned by some in the context of families of origin. Fear of both abuse and assault occurring when people were either homeless or living in shared accommodations was also mentioned. One man was assaulted on the street resulting in permanent brain injury. Another family relocated to York Region because their teenage daughter was sexually assaulted and found that there were no services available for her here. Another individual rented a room out to make ends meet only to be charged with assault, which she claims is false.

“I was arrested and could not get a lawyer. I did not assault anyone and it was his word against mine. Now I have a record and can’t participate in anything involving police checks, even volunteer stuff.”
58 year old female - low income worker

8.) GOVERNMENT ASSISTANCE AND PROGRAMS

Individual experiences of the social assistance system in particular were not positive. In fairness to any system, even if it did run without problems, people report they cannot exist on the income they receive. Who could be satisfied with that? In Ontario, social assistance rates are not indexed to inflation. As cited earlier in the report, the cuts to social assistance in the mid 1990’s, resulted in 2007 rates that were 35% lower than those that pre-dated 1995. **An individual on Ontario Works before 1995 received \$660³⁸** and today the rate is \$585. Even with moderate increases, when the real cost of living increases are factored in, rates today remain approximately 33% below what individuals received before 1995. **It is not an exaggeration to say that rates would have to be raised significantly to bring all recipients UP to the poverty line.**

There were a lot of comments that also spoke to the system’s problems: the lack of general information about eligibility for programs and assistance, as well as information about the appeal process for individuals. How different programs at different levels of government (OW, ODSP, EI, CPP) work together, or not, and the cost to individuals as a result, was also apparent. System changes to allow programs to work together more seamlessly could perhaps address some of the issues that leave individuals out of the loop and place them on long waiting lists for various forms of assistance.

Charles Beer, Rapporteur for the York Region Social Audit in Newmarket, had the following to say in his reflections:

“Another underlying theme was how the various rules and regulations of the different support programs can actually worsen a person’s chances of getting out of poverty. We heard about how Family Allowances, Ontario Disability Support Program, Employment Insurance and the other programs do not always work in harmony. Many of the issues around these situations would be difficult for a person with a good sense of how government processes work. For someone on social assistance, who may have had limited education, and who may be facing a variety of health concerns this challenge can be overwhelming...The key here again was how different programs that are good in themselves can conflict with other programs also aimed at assisting those on low income. Not harmonizing the operations and processes of these different assistance programs continues to be an impediment to sound social policy.”

Lack of knowledge about eligibility for programs and services and rights to appeal the process

Christine, 31, is from Richmond Hill. She has Lyme disease and is currently on ODSP. She was working when she fell ill but could not get a diagnosis for her illness as Lyme disease is not recognized in Canada. Unable to work, she was eligible for assistance but was not aware of this. ***“I was disappointed that I wasn’t aware of the social assistance available for me. The doctors I saw never told me about it.”***

Eventually Christine learned that she could apply for ODSP but was not eligible because her savings were over the \$500 limit. She had to go on OW while waiting for ODSP for one year. In the meantime, she depleted all her savings and cash in her RRSPs, which affects her life to this day because she is unable to afford a caretaker to help her with outings and appointments. She relies completely on her parents for full-time care and financial assistance. Christine stated: ***“If ODSP had been made available to me earlier, my health would not be in this condition and my finances definitely wouldn’t be in this situation right now.”*** With Lyme disease if you don’t get diagnosed and treated right away the state of your health deteriorates. Her current ODSP assistance covers some of her meds, which is helpful, but does not cover all. This coverage in the beginning of her illness could have made a significant difference. ODSP is not adequate income for her to remain independent or pay for her medications.

Agency focus group participants offered the following comments in relation to government programs:

- It’s the regulations that prevent people from working and getting established as income is clawed back when it could be the support people need to get off the system. Participant example: ***“When I make too much money my ODSP is taken away. This impairs my ability to pay rent and bills. It’s really de-motivating that ‘not working’ actually results in me receiving more money.”***
- Some talked about their clients being afraid to stand up for their rights because they fear that if they do, what little they have would be stripped from them. Similarly, the system itself was identified as a barrier for people seeking support because people are often unaware or intimidated by the legal processes involved in accessing support.
- Participants agreed that if people are given legal notice re: their housing or financial support, they may not know or understand their appeal rights or they may get lost in the system before they are able to address the notice. Notices of welfare overpayment can be particularly problematic, creating great anxiety and stress, especially if individuals are not able to pay their rent to begin with, let alone account for the amount being claimed back. Notices may arrive without any explanation for why overpayment is being claimed and individuals may not know where to go and how to go about appealing the overpayment.
- One participant spoke to the barriers and costs of being on government assistance. ***“If they (clients) don’t have a phone to contact their OW worker or they have a pay as you go phone and they are paying to be put on hold; or to meet with an OW worker; or every three months there is a participation agreement in place; how can someone meet with their caseworker during the day if they are working or going to school; there is a financial cost to OW recipients in meeting the needs of OW caseworkers.”***

Rental Support - How systems' requirements can make individuals more vulnerable:

It is an established fact that rent in York Region is high. The rental portion of an individual's assistance can account for 30-90% of their income. With that in mind, when people choose to share accommodations to reduce their rental costs for a month to free up money for food and transportation etc., their rental portion is then reduced making it very difficult to get ahead. ***“Right now we receive \$1,000 each per month. We will receive only \$1,400 when we move in together.”*** Disabled couple living on ODSP.

Individuals described how hard it can be to find someone to rent to them when they are on OW. If they are not able to get the first and last month's rent as soon as possible, they can be turned down and lose the apartment. ***“I needed a cheque for first and last immediately and the first lady told me to go away and come back later, so I had to ask for the supervisor to get it – and she could get it for me.”*** Male wanting to secure a rental unit.

9.) COMMUNITY PROGRAMS AND SERVICES

“With the rapid increase in population and therefore demand, there has not been the same level of increase in resources. This has caused a great deal of stress on the social safety net in York Region.” John Rogers, Rapporteur for the York Region Social Audit in Newmarket, on April 20th.

Funding and lack of resources were another major concern identified by participants in both Focus Group A and B for front-line staff. One participant in Group B noted, ***“We don't have as many resources; there are a lot of people trying to get the same resources that were previously available a few years ago and they are not there anymore.”***

*(For a detailed account about what has happened to the Nonprofit sector and community services in Ontario in the past 15 years, please refer to “**HARD HIT: Impact of the Economic Downturn on Nonprofit Community Social Services in Ontario**” a publication of the Social Planning Network of Ontario www.spno.ca)*

One participant posed a question of whether service agencies do too much for the sake of the funder rather than focusing energy and attention on actual service provision. The vast majority of participants in Group A agreed that this was true and not only for major funders, but also for individual donors because agencies are constantly required to justify the need for further funding and also prove how money has been spent. The same holds true for individual donors' expectations. Funders and donors need to be aware of how much time is being expended on what they want (i.e. Reports) compared to what agencies are supposed to deliver (i.e. Services). The result is that dollars do not end up going towards the very people everyone is trying to help.

There is absolutely no doubt that the cut back to social services at the community level has had dramatic impacts on individuals who require services in a timely manner. With funding cutbacks and a general increase in the demand for rigorous accountability for funding and service delivery, the scenario of agencies competing with one another for fewer funding dollars has been created. Is it any wonder that service and program delivery has been compromised even further? And at a time when demand for

services is on the increase. This is actually a scenario that sadly sets clients and community agencies up for failure and in essence creates desperation and volatility at the front lines.

“On the one side we are working more collaboratively, which is great for professionals. On the other side things seem to have worsened for the individual. Waiting lists are longer than ever and the criteria to meet needed program guidelines has become more strict.” One participant in Group B.

Agency workers were quick to point out though that the shortage of services and long waiting lists have become the norm. While there is no upside for clients, staff identified that one positive offshoot has been that agencies have been forced out of necessity to engage in more interagency collaboration, support and planning. While these activities are important to good service delivery, having fewer resources, time and money doesn't adequately allow for the potential of these collaborative efforts to be realized.

Here are some examples of the cost to the community of reduced resources and also comments that Audit Participants had to share in their stories on April 20th regarding community programs:

“No counseling services for men in the shelters.”

“They expect you to round up four other people who want to go to AA and if you can't, you don't go. One guy would say he didn't want to go at the last minute and that would be it” Male, shelter user.

“The housing help centre don't help you. I went in there every day for two weeks and every day told me they'd get to me but never did.” – audit performer Fred - past men's shelter user.

“Need funding specifically for (off reserve) Native development in York Region. Not funding to go to Toronto to agencies that cannot service our community – it's too far. We need to make our own – need to be York Region Native residents doing the work and planning.” Miriam, Aboriginal Mother of three.

“When I moved up here 12 years ago to Porter House, someone helped me by driving me around to see apartments. They don't have that anymore.” He spoke pleasantly about the experience and shared how much it helped him to have service providers drive him to see apartments.

On that same theme, agency staff in Focus Group A noted the importance of being able to help clients in basic ways such as giving rides to the food bank etc., but not being able to due to liability issues. Many front-line workers expressed the need for a “good Samaritan” law that would give them the option of helping their clients in very basic ways. They would have to hold an insurance policy with a \$2 million liability risk policy on their vehicle to be able to do so.

Charles Beer, Rapporteur for the York Region Audit had this to say: ***“Workers are often caught between a particular person or family they are working with and trying to help, and the rules and processes of a wide range of programs. They can experience their own stress when often they may know ways in which to better assist families but are prevented from doing so by the very detailed rules of the programs they are implementing.”***

10.) TREATMENT

“They are also concerned about how they are treated as second class citizens, or given a number rather than being respected as a person. The attitude of the giver is very important. “Compassion” and “Encouragement” do not cost extra, but they are invaluable.” Daisy Wai, Rapporteur for the York Region Social Audit in Richmond Hill.

Treatment by others, be it landlords, doctors, social assistance workers, agency staff, eyeglass providers, dentists or society in general, was by far one of the common themes that was apparent throughout the stories. Many people expressed feeling they were seen as second or third class citizens because of their circumstances related to poverty. Regardless of the intent or the context in which these occurrences took place, the concerns and the feelings were pervasive and need to be acknowledged and challenged.

Here are some of the things that people told us about their interactions with others:

“I have been treated as a third-class citizen especially when it comes to the landlord tenant act and for someone like me I need connections to help me deal with stuff.” Male in northern York Region.

“I try to maintain a good relationship with my OW worker so that she doesn’t cut me off. They have an obvious position of power and with a privilege to cut you off. I feel like they are god. I understand that it is government’s right to do audits on you if you are on OW. I just don’t agree with the way it’s administered.” Mom of two children on OW.

“OW caseworker treats you like a child. You wanted to be treated with more dignity and respect.”

“I think they should look closer at who they are hiring. Some who get hired are from women shelters...and have a ‘hate on’ for men and the counselors are more likely to work with the women.” Single male.

“It’s not her money (caseworker) but the government of Canada’s, so why the rudeness.” Mother of two on OW.

“The Doctors at Sick Kids laugh at me when I tell them I’m in pain. They don’t believe me.” Young man, aged 16, suffering will illness due to mold exposure.

“Society has done a good job of making you feel guilty for being on OW.”

One woman spoke of having a root canal started at the dentist office. When she was unable to confirm ODSP coverage, they discontinued the treatment and proceeded with stitches. She subsequently developed an infection and was hospitalized. Without any financial resources, she had no other recourse.

In response to a questions about what changes would most affect you and your family, Julie mother of two from Markham said, in tears: *“Not to be treated like a second grade citizen by the service providers and the community. It’s important to have your pride, voice, value.”*

11.) RESILIENCE: How people Survive - How they Cope - What they Rely on – What makes a Difference

Here are some of the things people told us:

“We started (my children and I) to do other people’s gardens, like weeding and maintenance. We did it because ODSP wasn’t enough to support the family.”

“We garbage pick and my house is made up of items recycled and things from dumpster diving.”

“We grow our own food. We have a big 25 year old freezer that we stick outside in the winter so we don’t have to pay for energy costs.”

“The food-bank helps me to make ends meet”

- Several examples have been cited of people doing without food in order to pay the bills, make rent, buy medications or afford other things such as school fees or back-to-school items.

COMMUNITY AGENCIES AND SERVICES: *Agencies like the Krasman Centre, Community Living, and charitable organizations like Wraparound Vaughan and Operation Sparrow, to name a few.*

SUPPORT WORKERS: *“I work with my social worker and together we try to see the positive aspects in my life.”*

HOPE: *“I’m so happy to be here today – I know these days of hardship will end. I just need to find a job.”*

FAMILY: *“Right now I am living with my parents. I would not survive if I had to live on my own.”*

SAFE HOME: *“It’s made such a difference to have a place where I feel safe and good in. It helped me to get a place to rest and get a job that I like.”*

FRIENDS: *“If it wasn’t for them I don’t know where I’d be.”*

FAITH: *“I have a deep faith that comes from culture and upbringing.”*

A PURPOSE: *Parents spoke of their kids as the reason to keep going.*

12.) INDEPENDENCE AND SELF-SUFFICIENCY: Wanting to be self-sufficient; have dignity and respect; and give back to the community.

Throughout the stories, a consistent theme was the desire for independence. Individuals spoke of not wanting to go on “the system” and being willing in some cases, to go into credit card debt before they would apply for OW. Another thread was the desire to give back and help others. For some, the task of

helping others was not something people waited to do until they had what they needed in order to survive.

“If I didn’t have a child, I would not be on OW; I would rather live in a shelter.”

“I want to be in the job that I trained for. I would like to be in that profession and be paid for worth and lift myself out of the low income life..” Currently on EI and wanting to avoid going on OW. ***“I want to provide for my kids what they need and give them a basic teenage life.”***

“Right now I am living with my parents which I don’t consider to be a normal scenario for someone who is almost 31. It affects me as an adult as far as feelings of independence and maturity are concerned.”

“I would like to be more involved in community projects and developing a community structure or spirit because I feel that is lacking a lot in society.”

“I had once met a family from Afghanistan. They had seven kids and two parents and they were looking into a small basement because that is all they could afford. I told them that I will help that and I went online and helped them find a better place. Because I know four languages I love to help immigrants get settled.”

13.) POVERTY - CAN AFFECT ANYONE

Anyone can end up here!

At minimum, 30% of the stories we heard on April 20th did not fit the stereotype that many people hold of poverty or poor people. These were stories of people who had held good jobs, executive positions, who had owned their own homes, etc, and due to numerous factors out of their control – the recession, job layoffs, illness, family breakdown - ended up in poverty. They never imagined that it would or even could happen to them. Here are just a couple of the stories we heard that depicted the “riches to rags” scenario:

One telling story... let’s call it Story A

“If you had told me 3 years ago that I would be here today I would not have believed you. Three years ago, I was donating to various poverty causes. Truthfully, I didn’t really understand poverty at that time because, like most people, I was uncomfortable to see the people living in poverty.... Four years ago I was making \$100,000 a year.” Single man, 60 years of age, who is now supporting his son and three grandchildren.

Originally from Canada, he and his wife had relocated to the US where he was making \$100,000/year. His spouse developed terminal cancer and the treatment in the US cost him their savings and their house. After she died, he returned to Canada and is now assisting his adult son (on ODSP) with the caring of three grandchildren. Although he was having trouble making ends meet in the first couple of years taking care of his family, he refused to use the food bank out of pride. Last year was the first time he

used the food bank. *“That day I sat outside in my car and cried, my pride made it very difficult to go in. I knew that I needed to go in for my grandchildren.”*

“People that find themselves in a situation like I am...it doesn't take long before they lose themselves, their dignity, self-worth. We have to give them back themselves if we are to help them. Anyone can end up in a situation like me. With the economy more and more people are losing their jobs and if they lose their jobs then they are waiting for the grace of god for the best.”

Story B

“I wrote this letter, entitled the Letter of Hope. I just want to say that no matter what bad things happen to you in life, whether you come from a rich family, things happen in life where you can be homeless... I came from an upper-middle class family. My Dad was a general foreman for Chrysler Canada and he worked every day until he died. Before I was on the street, I worked in the bar scenes and met with the wrong people. I had my Dad's Rolex on my arm one night and decide to walk through Regent Park in 1998 and a brick was hit to my head but I have no memory of it...I have a severe head injury and I was disfigured and people did not want to be around me and I ended up homeless but I never gave up hope that I would get back up on my feet again.”

This is a gentleman who has known many struggles and has persevered. He lives in subsidized housing now. It is important for him to let people know that anyone can end up in a situation like he did, through no fault of their own. His parents both died subsequent to his head injury; he has lost a great deal, including the support of his family. He and his partner are able to provide support for each other, although both on ODSP, they lost a significant amount of their income when they decided to share accommodations and are now in a position where they rely on the food bank monthly. His partner has cancer and he had cancer a few years ago. *“I need over a \$1,000 a month to pay for all the meds that are needed for my partner and I.”* Despite all of this, he continues to persevere with a message of understanding and hope. *“Homelessness can happen to anyone because that is someone's daughter, son, mother, father and people judge people and don't provide a hand and I see it affecting people.”* Life is anything but easy for this individual and his partner, however he continues to share a message of inspiration with everyone he meets. *“If I can touch one person here that would be my goal, just to know that they can make it, if I can survive anyone can.”*

14.) WHAT PEOPLE HOPE FOR

“If I find a job everything will change. I have worked all my life.” **Single Mom of two.**

“For me the most important thing is finding a good job. Job is the most important. I am very willing to work.” **New Canadian Male.**

“I wish I could volunteer to help the homeless people like Inn from the Cold. And get food for volunteering, like at the food bank.” **Single male.**

“I want to provide my kids with what they need and give them a basic teenage life (sit with their friends and have coffee, go to the movies, take them out for buffets one in a while). I don't have money

for any of these things.” Michelle, mother of two teenagers who is currently on EI and has been on the list for subsidized housing for eight years.

“Quality of life – I wish for myself I could handle the stress at my age. I don’t have any control over others except myself. If I can start eating a bit better and having a couple of dollars in my pocket at the end of the month after all my bills are paid I would probably be more confident mentally and physically. I’d have serenity, peace of mind and tranquility and this is the basis of mental health. I’d be a happy camper.”

Melvyn, Senior with with Type 2 Diabetes

Clearly people who spoke out on April 20th, want to have opportunities for health and the basics in life – to live in a safe place, to work, to provide for their children, to give back to their communities and to live without the constant stress of losing their income or their home.

Summary of Focus Group Findings for Front Line Workers for York Region Social Audit on April 20, 2010

We held two focus groups for a total of 24 participants. We asked four open-ended questions to both groups in order to glean their insights about poverty and how it is impacting people in the community

1.) How has your work with people living on low-income changed in the past five years for better or worse?

- Almost all participants in one group agreed that circumstances for people on low income have become much worse in the past five years. In the other group one person said that things haven't changed – people still struggle and if they do have jobs they are at minimum wage.
- It's worse because the cost of living has gone up. It's increasingly difficult for those under the poverty line to live.
- There has been an increase in the number of people accessing services in addition to the severity and complexity of individual cases being supported by various agencies represented.
- Caseloads of over 200 for the York North School Outreach team – they need more resources in the schools.
- A significant increase in the working poor demographic puts a challenge to agencies to better support this group. The food bank in Georgina is thinking about how they can expand to meet the needs of the working poor.
- Cut backs and increased emphasis on agencies needing to justify/report on how every funding dollar is spent, takes away time from services and programs.
- ***“We don't have as many resources; there are a lot of people trying to get the same resources that were previously available a few years ago and they are not there anymore.”***
- Housing was a major resource that was identified as lacking in York Region. Participants relayed how housing options have gotten worse in the past four to five years. In a different light, a worker from LOFT/Crosslinks said they had been able to house 100 people in more recent times - compared to numbers that were lower before.
- One participant said that transportation has been identified as an issue even in the 1980's, but it is still an issue now, which seems to indicate that there is no will to change.
- York Region has grown substantially in the last five years and will continue to grow. However the government seems unable to keep up with the constant growth which makes it difficult to provide adequate support to individuals.

2.) Tell us about your experience with people living on government assistance

- Participants talked about their clients being afraid to stand up for their rights because they fear that if they do, what little they have would be stripped from them.
- The system itself can be a barrier because people are unaware or intimidated by the legal processes involved in accessing supports. Changes to the EI legislation and life skills training have removed options for people and make it harder for people to rise above the poverty line.
- The Criteria for OW and ODSP have become more difficult; especially for people with learning difficulties. It's made it very difficult for clients because of the paper work and hoops they need to jump through.

- Language and culture were cited as barriers. If you don't know the language or the process, it's hard to know how to get help.
- If they are denied then they have to go through the appeal process while fighting to maintain housing at the same time.
- ***“It's seems like prevention is a luxury; we are in a constant state of crisis with our clients.”***
- The requirements of people in order to receive assistance are actually a cost and therefore a barrier at times, i.e. Having a phone to be in touch with the worker, or making time to meet with them during the day when they could be working or going to school. ***“There is a financial cost to OW recipients in meeting the needs of OW caseworkers.”***
- The cost of housing drives so much – housing is 80-90% of what some are receiving. Agencies agreed that anything that would address the serious housing problems in York Region would be a step forward in the right direction.

3.) What changes would it take to break the cycle of poverty?

- One issue flagged was the lack of awareness of poverty in York Region. The first step is to stop denying that there is poverty. In York Region a lot of people are surprised that there is poverty.
- One comment made was that education is very important because aside from a small group of mental health and other front-line workers, very few people actually know what is going on in the system.
- Some representatives said it seemed like people are beyond “okay” with others living on the street.
- The stigma of poverty was another major theme, much of which stems from people being unaware of the issues.
- Education, community engagement and public awareness are key to breaking the cycle of poverty. It is a small group of people that are actually aware of the plight of marginalized populations and this group is not increasing in size.
- The agencies identified that an increase in social assistance is crucial for individuals to break out of the cycle of poverty.
- There was unanimous agreement in one group that there should be some form of assistance for the working poor. Not making enough to survive and without supplemental income, many are falling through the cracks. Increasingly, this demographic is seeking out other services to help them make it.
- In relation to housing, developers should be required to designate a certain number of plots/units for affordable housing. They are hesitant because of the stigma and we need to educate citizens about everyone's right to have a home.
- People in poverty forming a collective voice and providing a place for the community and users of services to have a say is critical. i.e. Citizens who ride public transit should have input on how the system is designed. Who better to advise on how assistance and the system of delivery should be changed than the recipients?
- There is a need for government to analyze the cost-benefits of long-term systemic changes and fund sectors such as safe, clean and affordable housing, access to nutritious food, and job retraining.

- There was much discussion in one group about government vs. community responsibility. There are structural and systemic issues at play here that need to be addressed at the government level and there is a role for community to come up with solutions that work and push for change.
- Compassion – Consciousness in our communities.
- Investing in issues closer to home. Workers said it is unacceptable that government can send so much money abroad and then turn around and say there is no funding for services for the homeless in York Region.
- Resiliency and Asset-Based Approaches – take the focus off “your problem is in you” and refocus on strengths and assets. Workers constantly encounter clients who want to give back in some way even if they cannot afford it. Focusing on assets builds on skills and on an individual’s potential and self-confidence. This model can be applied at the agency and government levels as well. Practiced in agencies, it harnesses the leadership potential of frontline workers who have immense experience and creative solutions. At the government level, applying this model to visioning and planning for a healthy community instead of only focusing on the deficits and the barriers.
- More interagency collaboration for service delivery, sharing ideas, strategic planning and creating a platform to collectively voice the concerns of the communities being served. One upside of the reduction in funding was the forced collaboration of agencies that otherwise were not working together closely.

4.) What are the Barriers to making those changes?

- The ideas of how to assist people are there; systemically we can’t implement ideas because more resources are needed.
- At the service provision level there is lot of red tape.
- Many front-line workers expressed the need for a “good Samaritan” law that would give them the option of helping their clients in basic ways like driving them to appointments or to the food banks. Liability and insurance are the issues here.
- Persistence of social inequalities is a barrier. The public does not view itself as belonging to the same community as those who live in poverty – there is an “us” and “them” divide.
- People are invested in the status quo – it works for many. One person commented that those with economic power will continue to force the agenda and influence political decisions.
- ***“There is such a focus on diversity why not unity – because what happens is that we don’t see each other as human beings if we don’t fight for unity.”***
- Service providers felt that the media in general tend to maintain stereotypes and feed into stigma and social inequalities. An example given was the Toronto Sun article that focused on the high costs of helping someone get off the street, versus the savings in health care when people have adequate incomes and housing
- Lack of public support to advocate for alleviation of poverty and the need for more affordable housing. ***“If citizens collectively lobbied to have at least one tenth of housing in buildings be provided to low-income families it would be a step towards removing the barrier to adequate housing.”***
- Funding and general lack of resources were another major obstacle identified by participants. Requirements of funders and even individual donors have increased to the point where agencies are spending more time justifying the need for additional funding and also proving/reporting how dollars were spent. Funders and donors need to be made aware of how much time is spent on

their requirements (i.e. Reports) compared to what agencies are supposed to be delivering (i.e. Services)

- The “disconnect” between systemic change and the charity model. Fundamental issues that affect great numbers of people need to be addressed at the systems level; charitable models can be seen only as singular attempts at helping individuals although charity can also create opportunities for advocacy and education. For both, we should identify how to work in tandem at different levels on poverty issues.
- Government mandates are too short and as a result they do not have enough time to implement long-term solutions.
- Concern that many politicians don’t believe that poverty is as much of an issue in York Region as it is.
- We do not have enough people telling their stories.
- Vulnerable people can’t wait until we all get it, until everyone is aware and wanting to be compassionate – change is needed now to address these inequities and this requires action and organization.

Summary of Focus Group Findings for Local Politicians in York Region Social Audit on April 20, 2010

We held one focus group for a total of 12 participants. We posed four open-ended questions to glean their insights about poverty, how it is impacting people in the community, what is being done currently and what could be done to better address the issues.

1.) How has your view of poverty changed in the last five years?

- A common theme in the group is that there was an increased awareness of poverty and homelessness in their municipalities.
- One participant said that it was difficult to comment on poverty because his impression was that it was not an issue in his municipality where large homes are still selling for \$350,000-400,000.
- Another participant described seeing more visible signs of poverty like begging in public venues.
- Most agreed that the continuum of poverty has changed to now include the working poor and not just extremes of homelessness which are more obvious.
- The poverty related imagery has shifted from food banks and shelters to include the working poor where there is a real disconnect between what people may be earning and what it actually costs to live (housing, food, transportation, etc.)
- One participant helping at a school breakfast program was shocked to learn that students are not able to have breakfast in the morning because of poverty.
- There was an identified need to gain an understanding of what poverty really looks like beyond the stereotypes of homelessness.
- Another participant commented that his view had changed from seeing poverty as a fringe issue to now being more main stream. Changes in the economy have thrust people into poverty. It has affected neighbors, friends, people who were working – those considered mainstream.
- The price of houses has gone through the roof making housing unaffordable for many. One participant gave the example of four families living together in a large house but still having a hard time keeping pace.
- It was suggested that it is getting increasingly difficult to negate the stories and issues that people are living with in their own municipalities.

2.) What programs does your community have to fight/eliminate poverty?

- Several individuals spoke to their own personal involvement in a variety of services and programs in their communities. Some examples include: churches running unofficial food banks, a pocket-size handbook for youth called “On Track”, volunteering with the Inn from the Cold.
- Participants acknowledged that it is challenging to meet the vast needs in a large area with so few services. The community in general was regarded as stepping up to provide emergency services such as food banks and clothing.
- Local community groups were named as doing homelessness and poverty work, providing emergency shelter, food banks, community breakfast programs and service clubs sponsoring students to go on school trips.
- Some participants recognized that their ability to influence policy is a major resource. An example given was the passing of the Second Suites by-law in Aurora. This is a by-law which

helps regulate the quality of living conditions in those rental units. Aurora is the third municipality in York Region to have a Second Suites by-law

- There were two approaches discussed:
 - a.) immediate and emergency responses to poverty and people in crisis as a result of poverty and
 - b.) policy development to address the underlying causes of poverty.
- Some participants expressed the need to understand the broader systemic issues and a strategic approach to address them; others preferred addressing individual issues.
- Another person said that there needs to be a push towards coordination through a multi-year plan to understand the broader scope of the issues and decide how all the related elements can fit together.
- An illustration of a wall representing poverty was given. Covering the wall in band-aids would not adequately address the problems, even though it might look like issues are being addressed.
- The value of partnerships and coordination between existing resources and services was raised.
- A different perspective was offered that while politicians might not understand the issues and solutions themselves, they are good at resourcing other partners to explain the issues and help find solutions

3.) What are the barriers to making change?

- Issues of poverty are vastly complex making comprehensive solutions difficult to understand and implement.
- One particular solution may work for some but not for others as there is a need for a variety of different supports.
- There doesn't seem to be a (political) champion to lead the movement to eliminate poverty.
- The absence of a National Housing strategy; we have a national security strategy, but not a national vision re: housing.
- People seem to be more likely to support smaller, tangible projects but not broad issues like poverty.
- Long or short term results – what should the focus be? One participant relayed that poverty has and will always exist – people can at least work together to solve the immediate problems generated by poverty by providing shelter for the homeless. Others said this was another band-aid approach and that part of the problem is that people keep resorting to band-aids.
- One person made the point that people are apt to engage in a short-term focus without looking at the long-term impacts. An example given was people celebrating an increase in retail jobs because they provide employment without recognizing that these are not actually good jobs that increase sustainability. The pay is low and the jobs do not provide employee benefits or job security.
- Others made the point that they were limited by their jurisdiction, only able to do what was within the means of their property tax. Issues need to be raised at the right level of government because local politicians were limited by their mandates.
- Funding streams for existing services have changed and agencies are coming to the region to fill in the gaps.
- In response to a question of whether or not the Region had any power to approach the Province, one person said it was difficult because there are several other Regions also asking the Province for various things.

- It was noted that while it's important to bring the public on side it would be a challenge to do so. As one politician observed, people do not see themselves being potentially at risk of being in poverty the way they see themselves as being potentially at risk of a heart attack because they attribute poverty to a character flaw or some other fault of those in poverty.

4.) What changes would it take to break the cycle of poverty?

Looking at the range of barriers – what strengths do we have that we could utilize to address the complex problem of poverty?

- One participant talked about the need for a coordinated effort engaging different sectors of the community.
- The United Way of York Region, PACC, and local planning tables were named as being key resources that already exist to help address complex issues of poverty in York Region.
- Debate ensued around the idea of a Strategic Plan to enhance coordination between various programs and existing resources. While some said that strategic plans take too long and are not implemented once developed, others raised the counter-argument that implementation is deferred because people may be willing to create or vote on strategic plans but are not willing to put the necessary funds behind them. The suggestion made was that the plan needs to have a price tag attached before it is voted on so resources will be committed to making it happen.
- A social service equivalent to the Economic Development Advisory Committee was proposed to broaden out the discussion of what it looks like to build a healthy community. There had previously been a Human Services Planning Coalition in place that was meant to integrate economic, social and environmental aspects of planning but it was removed from Economic Development and placed in Community and Health Services instead. Could this be revisited?
- It was suggested that there needs to be a conversation with front-line workers who best understand the issues. For example, a municipality may have excellent planning capabilities but they do not possess the experience of front-line staff working in the community. Politicians and decision makers rely on their staff to understand problems so front-line workers need to be engaged in the discussion to help others understand what is needed.
- One person made the request that politicians and policy makers be in the same room with people who need the services; he reiterated that **we are not social workers or geared to helping people in poverty but it would be helpful to be in the same room as people who know what they need.**
- Several participants cautioned that the public needs to be brought on side before significant changes can occur. An affordable housing strategy is scheduled to be put forward soon, which might be an opportunity to get public support.
- A key topic of discussion was the role and potential for local politicians to be able to impact their communities through policy.
- One politician stated that it was ironic that a group of policy makers spend so much of their time volunteering at food banks and shelters because they want to be helpful, rather than playing to their strengths, which is pushing policy forward. He likened it to six year-olds playing hockey. **We're all chasing pucks into the corner instead of playing the full ice and using strategy to win the game, which in this case is addressing the systemic issues of poverty.**

- One participant asked if there could be an opportunity for the final document of the ISARC Social Audit in York Region to be taken to Regional Council and also have it discussed at local levels. This indeed can and will happen.
- **A suggestion was made to invite all local and Regional politicians to an open, joint forum with people living on social assistance to follow-up on the key messages of the final local report.** The finding of this report could be used to help influence local, provincial and federal policy.
- There was an interest in keeping the momentum going – to look at what we can do in terms of coordinating together to address issues of poverty in York Region.

The Final Word from our Rapporteurs

We want to leave you with these final thoughts from our Rapporteurs which provide a unique challenge to each and every one of us.

“There was a recognition that the public (and politicians) need to be educated about the prevalence of poverty in York Region. There is a need for some champions of the cause at all levels of government and recognition that people living in poverty need to be truly involved in trying to find solutions. As was pointed out by a participant, it is necessary to find a more humanistic approach to the problem of poverty.” John Rogers, Rapporteur for the York Region Social Audit in Newmarket.

“The message is very powerful when I can put a face to the poverty. I appreciate the courage of those who came forward to speak up. It is definitely helpful if all parties can come together in the same room to share and support. Perhaps, this can be the next phase, after the release of this report.” Daisy Wai, Rapporteur for the York Region Social Audit in Richmond Hill.

“For those of us who do not face, on a daily basis, the challenges of simply surviving and getting through the day, the stories we heard were very hard to hear. They really do tell us that as a society we need to do more and do it better.” Charles Beer, Rapporteur for the York Region Social Audit in Newmarket.

SUMMARY STATEMENTS by Co-Convenors Tom Pearson and Yvonne Kelly

- Our Thoughts and Perspectives -

Tom Pearson –

My experience as both a Facilitator and as a Co-Convenor with the York Region I.S.A.R.C. social audit was a great opportunity to help shape and work collaboratively in a group setting that respected and welcomed grass-roots input. I can't honestly say I was shocked or surprised by much of what the York Region social audit revealed - having had an ear to the ground around low income issues the past 7 years as PACC's (Poverty Action for Change Coalition) chairman. I've been active in communicating low income issues with politicians across Ontario and hosted YR's Square-table on Poverty which included participants from all levels of Government, as well as participated in actions and collaborations across Ontario including a Pan-Canadian poverty reduction event that included groups from across the country. At this event, we learned what was working and what wasn't working in low income communities from coast to coast and also observed that the most successful projects and community initiatives were **developed from the community on out.** As well, I have engaged politicians at every level to bring attention to the need for immediate action in poverty reduction and to insert more "step-out" programs... and of course having been myself a single dad the past 17 years felt that I had some insight into what some people have experienced.

I've also been heavily involved in community development projects in low and mixed income communities, including helping to start and now chairing *Operation Sparrow* which provides low income families access to regular peer attended activities at no cost, as well as Make Poverty History York Region. I also started the Friendly Neighborhood Youth Road Hockey Challenge which was born from my community development initiative which now includes participants from neighborhoods across all income ranks and provides a sports and education award to a child who can benefit from it. I was also on the original committee that started the Newmarket Youth Centre – before they even had a building - some 15 years back.

This all being said, I was still surprised by some of the trends that emerged and in some cases wished we had flushed out a little more information in some of these areas. My biggest fear in doing the audit, aside from ensuring it was conducted in a way that was dignified for participants, was that we'd miss someone or some point of focus that is really important. I have had to accept that within the parameters given, we absolutely did the best job we could representing a wide reaching cross-section of our marginalized residents, from newcomers, the homeless, families, to off reserve aboriginals from across most areas of York Region. We have indeed likely missed some important members of the low income bracket in our audit however, I want to stress that this in no way means their plights are any less important. As like most individuals marginalized by income, each situation has its own unique circumstances needing its own individual action plan (in order to escape the poverty cycle). However, like the system, one size fits all solutions don't always work - and so a customized "escape" plan needs to be worked out for each situation. We hope the audit helps put the focus on those "step-out" action programs, social assistance policies and income related systems changes most needed.

Some of the areas the audit perhaps only touched on that warrant immediate action:

Length/Duration of Poverty – A trend seemed to emerge in some of the longer term cases where individuals have been stuck in poverty since childhood.

Seniors – Recent reports indicate that the conditions many of our seniors in seniors' residences are living in are inadequate and often abusive. Does this mean seniors on the low end of the income scale are being treated in less dignified ways and abused more often as they are more vulnerable, as is likely?

Fixed income residents / domiciles - Reports of unfit conditions – i.e.: recurring bedbugs, 3-6 persons per room in some cases, lack of programs, fear of speaking out to the landlord, lack of options for safe, affordable, living conditions/housing, lack of regulations such as other provinces have established for places providing accommodations and distributing medications.

Transitional Housing – Services and Supports – Men, singles and older couples seem to have gotten a raw deal in York Region when it comes to shelter, housing and often support counseling opportunities. In addition to a shortage of men's shelter beds, there appears to be no transitional housing or transitional workers for adult males whatsoever in York Region - even though they represent the largest group in need. Counseling supports are needed along with transitional housing and other transitional supports for men, allowing longer term stays, combined with “Step-Out” programs and support programs that assist individuals to move forward, find permanent housing and community supports. Single women may need an additional 6-10 beds for emergency shelter units and some transitional units – *the most lacking in beds/supports in relation to actual numbers in need however, are by far adult males*. Perhaps a combination Men's Centre/Shelter/Transitional Model would work.

Youth / children's programs – lack of programs / cost / dignity / accessibility to year-round programs – especially for toddlers. Parent(s) free programs non-existent whereas Toronto and other places provide some.

Other recent reports including one released by the *Heart & Stroke Foundation* indicate obesity among youth at an all time high. Low income kids have less access to opportunities / programs that promote health and fitness – due to costs, uniforms, transportation, lone- parent availability. Kids from low income families also have a higher susceptibility to diabetes and other longer term chronic illnesses. (*The Sick Report*).

Transportation / Work

A successful community is based around working and living within a reasonable geographic distance from each, with shopping also close-by. Unfortunately that reality is foreign to many in York Region, sometimes even more so in our social housing communities which are often set off by themselves. In addition to more industry being created locally and hopefully employment with a chance for advancement, we need a cost and time efficient transportation system that is stress free to use. Our report touches on this but I feel it needs highlighting as it is a major barrier. **If it takes someone an hour and a half to actually travel only 15 minutes on a transit connection change to an industrial area, for work, there is something wrong and these findings are common throughout our transit “system”**. That and the fact that individuals often have to take two systems to access programs, doctors,

work, appointments, etc. leaves many on fixed incomes without the means to go anywhere; in addition, workers pay too much on transportation, relative to their income.

Mobility transit is one area that is in the most need of fixing. The most frequent complaint against mobility transit seems to be that it is undignified in its setup and punishes people via “demerits”, which leads to suspension. The system asks that they predict often unpredictable doctors’ appointments and hospital emergency visits when not possible, leading to ‘demerits’. Those interviewed say they are unbending and uncaring. The system appears set up in such a way that they cannot keep up with demand. Mobility transit also does not appear to run in York Region after 10:30pm, further marginalizing and restricting individuals from work or socializing opportunities. One client spent an entire night in a hotel lobby because he couldn’t get home. Suspension of transportation service can also mean suspension of a person’s lifeline when there is no grocery delivery service available.

Programs / Work opportunities that allow for use of today’s technology can also be harnessed and used cooperatively with private business. A person on ODSP or a (single) parent may indeed be able to be trained or hired to work from **home** using computers, phones etc. and still be there to tend to their homes, kids and emergencies as required, while earning an income. Working from home gives parents peace of mind, especially helps those without daycare (One in seven needing daycare in Ontario cannot access it), reduces travel, and adds a green label to the job. Innovative, practical ideas that allow extra income to be made, need implementing. But our present social housing system could technically stop these practices if they deemed one was running a business from home. Claw-backs in need of adjustment would still occur under welfare, housing or ODSP conditions.

The critical lack of affordable housing could also be offset by changes in housing policy if they allowed for **over-housed social housing residents** to take in borders for extra income while awaiting their transfer to a single unit (which could take years) - but again rules prevent this.

In many cases if not most cases, especially in the last several years, it seems those living in social housing in York Region come from areas other than York Region – often from Toronto to a women’s shelter in York Region then into York region’s housing – bypassing York Region residents on the waiting lists who are actually living here. Often they are single moms or families from outside York Region being placed here. Perhaps a policy that prioritizes York Region residents first could be considered.

Social housing is *not* the only solution. New housing that includes rental town-houses and apartments and low-income ownership models can also be pursued and included in any Town/Regional planning. A developer offering low income condo-units mixed with regular cost units approached me with this idea – yet to date, I can’t seem to garner interest from any politicians or landowners. They recently and successfully launched a similar model in Ottawa making a percentage of units available to those who would not normally qualify financially for ownership. With developers who are willing to take this kind of approach, innovative solutions such as these can be implemented. Should the regional or municipal governments have interest, a presentation can be arranged.

Crime: A criminal record can hold a person back from moving out of poverty or keep them from coaching their kids’ team, volunteering at their children’s school or in the community. It can be a silent demoralizer that paralyzes people into a cycle of poverty. The more people are squeezed for money, the

more susceptible they become to falling into crime. It's the small property crimes (that I hear from the streets) that are increasing – things like food theft, property theft, transportation theft (such as riding VIVA without a ticket) and cheating on income tax reporting, that are all on the rise. For some, that first step opens the door to take more, and further steps often then include drugs, alcohol and related crimes. I have heard of a parent(s) leading a kids' theft ring from jewelry stores and still another counseling kids to steal garden flowers - presumably the parent couldn't afford them anymore. These are warning signs I am hearing and unless adequate income supports become available to individuals and families, individual programs alone will not create the type of lasting change that is needed. Unfortunately the slippery slope for people in poverty and the conditions that are created, can result in an elevation of crime and possibly more serious crimes if we don't address the central issues.

I know there are other areas of concern and those too need attention, but that being said I will wind down my final thoughts with this:

“The perception by some that people choose to live such miserable lives - worrying about just eating or whether the next government tax increase or policy or cut will be the one that cripples them to the point of no return - is ludicrous. Like all humans, those marginalized by income include “good apples” and “bad apples” just like society as a whole. And just like society as a whole, the majority are not cheats. But unlike society at large, all disenfranchised individuals seem to get painted (and policies/programs created / distributed) with that same harsh brush stroke because of those few “bad apples”. My hope is that this audit dispels that myth somewhat and that it helps shape the thoughts and actions and policies of those who make the very decisions that will have a direct impact on people's lives todayand on how long many will live.”

Tom Pearson

Yvonne Kelly – “We’re all in this Together!” - A Healthy Communities Perspective

If we are going to address poverty in a real way, we need to take the challenge of creating healthier communities rather than just working towards the elimination of poverty. Too often, approaches and programs aimed at reducing or eliminating poverty are more focused on alleviating the damaging consequences of poverty rather than building favorable conditions (i.e. a chance to be healthy, well-educated, safely housed and employed), into our community. These are two very different approaches. We will always have people experiencing poverty who have immediate and critical needs requiring individual responses. But if we deal with poverty only in this way, we will never address the root causes of why people find themselves in this situation in the first place. I’m reminded of the ‘babies in the river’ analogy where people are so busy rescuing babies from the river, that no one has the time to go the head of the river where they would find the source of the problem - that babies are actually being thrown into the river. Certainly we need “baby rescuers” but is it not more critical to stop the babies from being thrown in the river in the first place?

Strategically focusing our time and resources on public policy that creates the necessary conditions for health and well-being for all citizens, which is the primary message throughout **Social Determinants of Health - The Canadian Facts**, is our best chance of creating healthy individuals, families and communities. While there is a need for community and individual responses to help those in need, we need to recognize that in the current environment at the local level, we are spending more and more time trying to rescue individuals, and ironically, we also have fewer and fewer resources to aid this increasing number of people. While there will always be a need to help individuals and families, we should be investing in programs and policies that emphasize full employment, adequate living wages and affordable transportation and housing strategies. Combined, these comprehensive approaches would drastically reduce and in some cases eliminate our reliance on what were intended to be short-term solutions to crisis situations. For example, the emergence and proliferation of food banks across this province as the main response to the growing problem of hunger.

Long-term strategies will have farther-reaching social and health implications for vast numbers of people – thereby reducing poverty and also creating the kind of social environments in which fewer people will experience poverty in their lifetimes. This is an emphasis on health promotion and the creation of healthy communities that reduces the need for one-shot, individual attempts to alleviate the symptoms of poverty. By introducing more targeted approaches to address the root causes of poverty, namely income inadequacy (through adequate social assistance rates and a minimum wage that reflects the real cost of living) we can project savings in many areas, most notably health care. At the same time, we will be promoting the potential of individuals in our community to live with dignity and hope. The idea that today in York Region, and across Ontario, so many individuals, children and families, rely for their very survival, on the daily decisions or the ability of other individuals to be charitable (or not), is outdated, undignified, and reflects inadequate social policy. While charity is an important part of the human experience, appreciated when warranted and very often necessary, the vast majority of those who participated in the audit articulated wanting to provide for themselves and not have to rely on others for their very survival.

One of the things we heard over and over again throughout the audit stories and focus groups was that living in poverty for long periods of time exacerbates conditions to a point where they are much more difficult to address and sometimes irreversible. Individuals who had basic needs two to five years ago,

(income, food, affordable housing) which went unmet, now have far more complex challenges that include physical illness and mental health concerns. **If someone is job-ready today but does not receive the income or supports in place to make that transition until one to two years from now when the province has completed its recently promised full-scale review of the social assistance system, it's quite likely this person's situation will deteriorate significantly to a place where even more resources will be required to assist them in securing work.** Poverty is not just about money, it erodes an individual's hope, self-esteem, mental and physical health – in a word, their potential. Allowing people to live in chronic poverty is not just inhumane, it comes with a big price tag for all of us.

On the flip side of the coin, are the services that exist in the community to meet individuals' needs. In the past 15 years, the community services sector has come under enormous stress trying to keep up with the increasing needs - needs perpetuated during the mid nineties when social assistance recipients were hit with a 21.6% decrease in income. This has only been compounded since that time. It is obvious that when you decrease people's income, particularly those most vulnerable, you increase the incidence of poverty and persistent problems that require additional funding. *Also in 1995, the provincial government eliminated its contribution to the Community and Neighborhood Support Services Program which had provided stable core funding to non-profit organizations, including many small emerging ethno-specific and cultural agencies.*³⁹

Couple these two measures - one which increases the vulnerability of client groups and the demand for services, and the other which depletes agencies' ability to meet even current demands - with the impact of the recent recession, and you have a crisis in the social service community of huge proportions. At the same time, funders - government, corporate and even individual donors, in the interest of accountability, have increased their demands for stricter reporting and administrative practices to ensure depleting funds are being utilized appropriately and set outcomes are achieved. The drawback with this approach is obvious as under-funded agencies are expected to do more with less, spend increasing amounts of time seeking funding, compete with others for fewer dollars, and meet stringent reporting criteria to substantiate the value of the work they are doing. As a result less time and resources are being directed towards the very services that are in increasing demand in vulnerable communities.

Is it any wonder that we have high turnover rates in community and social service fields, worker burnout and reports from community members and recipients that reflect poor service satisfaction and lack of programming that meets their needs? We heard it all loud and clear from both workers and clients on April 20th. It's a stage that has been set for disastrous implications. Much has been taken away from individuals and the very people who are there to meet their needs; both are essentially left in the ring together to make sense of this one situation at a time.

The Social Planning Network of Ontario produced a comprehensive report looking at the results of the recent recession in Ontario and how it has compounded pre-existing problems in the non-profit sector. The report is called **HARD HIT: Impact of the Economic Downturn on Non-profit Community Social Services in Ontario**. It was released in October, 2009. It is a must read for anyone who is seriously interested in addressing issues of poverty in this province. In its executive summary, it presents the following context or backdrop to our current situation: *“In Ontario, decades of government under funding and cutbacks have left agencies under-resourced and overextended at the best of*

economic times. While governments have increased their reliance on the nonprofit community service sector to deliver vital programs, they haven't been willing to foot the bill.”⁴⁰

“In response to these manufactured budget shortfalls, agencies have diverted scarce resources from community building and service provision work to chase additional dollars. In the scramble for survival funding, organizations have found themselves in stiff competition with like agencies, vying for dollars from limited non-governmental funding pots and donor pools. This competition has undermined the potential of the sector to work collaboratively in the interests of the community.”⁴¹

Also noted, donor giving becomes reduced during difficult economic times, as anyone might expect. This is another reason why core programs, essential services and the ability of individuals and families to be able to afford their own housing and put food on their table, should not be dependent on charitable giving. Public policy must address these core and essential requirements of living. There are many other areas in which charitable giving is appropriate and can make a difference in people's lives.

While the recession has increased the demand for services in a wide range of program areas, respondents surveyed for the Hard Hit Document, reported that they were more likely to experience funding cuts than increases in their most recent fiscal year. In terms of increasing demand: *“Agencies provided examples including dramatic increase in food bank and meal program use, more demand on employment services and job training programs, increased use of bankruptcy and credit counseling services and impacts on health services, mental health counseling, and suicide and crisis intervention programs. Compounding the general effects of the recession on service demands, several agencies also commented on the increased demand for services among community members having problems accessing Employment Insurance (EI) or enduring long wait times for EI. Respondents described the emotional and financial crisis resulting from lack of access to EI.”⁴²*

“Over half of the survey respondents provided information on key programs that had experienced an increase in demand since September 2008. Among these agencies, 97% reported an increased number of people requesting services, 49% were engaging in more crisis management and had less time for preventative programming and 72% were finding increased complexity in the needs of the people they serve. Rather than a new trend, the current economic situation is exacerbating a pre-existing problem faced by cash-strapped community service agencies trying to meet growing community needs with inadequate resources.”⁴³

If this doesn't resonate with the reflections of the front-line workers in the Social Audit Focus group and also with the comments by social audit participants, who simply found they were not receiving the services they needed, and who expressed their dissatisfaction with the agencies and workers who they thought they could rely on (often their last bastion for hope), then I'm not sure what does. When services are not there, when workers do not have resources and when agencies are unable to meet even the basic needs of their clients, the clients themselves absolutely lose out and are often not aware of what lies behind poor or limited service delivery and reduced programming. The result is crisis at the front lines with people on both sides of the equation who are losing hope. Is this our strategy for building healthier communities? I think we can do better!

We are in this together and together we can make a difference as long as we have an acute understanding of what is really happening – an understanding of the underlying causes of poverty and what it takes to build healthier and more sustainable communities. I believe that the true experiences of

people living in poverty in York Region reflected here, help all of us better understand the issues and problems we need to come to terms with. I am confident that these stories will be the impetus for new directions in York Region and for that I thank everyone who courageously participated in this process for change and social justice.

Yvonne Kelly

Convenors' Conclusion

As Co-Convenors of the ISARC Social Audit in York Region, we have a strong passion to share this report with others and to engage people at all levels in necessary dialogue about how to address the prevalence and impacts of poverty that we heard about in the stories and focus groups on April 20th. The audit revealed many areas that need to be addressed, some of which are the sole responsibility of local, provincial or federal levels of government. Many areas require a two or three-pronged approach in order to establish worthwhile strategic plans and solutions. Our intent, and the intent of ISARC in initiating community audits is not only to identify issues, and provide recommendations for implementation at the provincial level, but to light a fire in our individual communities, raise awareness about the challenges and the need for everyone to work together to build a healthier community and most importantly begin a dialogue among all the players, about how best to achieve this.

It is essential that the dialogue: the issue identification, the search for solutions and the process of planning, involve the experts on poverty – those with lived experience of poverty, as reflected vividly in this report. It is also equally important that those working on the front-lines and in organizations who are doing their very best to meet the growing needs, are also engaged in this process as they possess another level of expertise that is necessary to advise the planning process. We are confident that these players can be brought together and we acknowledge the invitation from participants in the politicians' focus group on April 20th, to do just that. We are also encouraged by the acknowledgment and interest shown in the ISARC Social Audit as expressed by the Commissioner of Community and Health Services for York Region, Adelina Urbanski. We appreciate the strong interest that has been demonstrated in the audit from the very beginning until now, from all avenues, and we invite everyone who reads this report to engage in some way in being part of the solution.

As a result of our unique involvement in the development of the audit process, we have been able to identify what we consider to be some priority areas for review and suggested actions to be considered more thoroughly in a collaborative way with all stakeholders. We want to emphasize the need for both short-term immediate strategies to address the level of disparity occurring right now in our community every day, and also long-term strategic planning and public policy directions focused on creating healthier communities that optimize the health and potential of all of its citizens and reduce the need for short term solutions that often mask the very problems they are trying to address. To that end we would like to suggest the following for your consideration:

Short Term – Immediate Action Items:

- 1.) The Social Assistance Review Advisory Committee recently released its report and has indicated the need for a thorough review of the entire social assistance system which could take at least 12-18 months to complete. While the need for immediate changes were discussed and recommended, the only recommendation that could be implemented to have immediate impact on recipients' incomes and standard of living was the introduction of the \$100/month Healthy Food Supplement. Given that income inadequacy is the most significant barrier for individuals that spoke to us on April 20th, many of whom are individual recipients of Social Assistance in the form of Ontario Works (OW) or Ontario Disability Support Program (ODSP), we recommend that individuals, organizations, community and faith groups and our regional government endorse and support an immediate increase to social assistance levels for individuals on OW and

ODSP, in the form of a \$100 monthly Healthy Food Supplement as proposed by the Put Food in the Budget Campaign (PFIB) across Ontario. More information about this is available at www.putfoodinthebudget.ca

We also advocate and recommend other key measures to increase and ensure income adequacy for all. These include raising social assistance rates across the board to reflect current costs and indexing the rates to the actual cost of living. In addition, significant increases to the minimum wage would be a powerful step in the right direction in terms of improving the quality of life and life chances for a growing demographic in our society. These changes are critical and we are aware that they will require more time for implementation. The introduction of the Healthy Food Supplement as recommended above however, could happen immediately if the provincial government chose to listen to the voices of individuals and local governments across Ontario. This kind of increase represents a fiscal stimulus in communities across Ontario, which would benefit everyone, and would come at a small cost to local governments who need only to contribute \$20 for every \$80 that the province would spend on raising the OW rates. The province covers the full cost of ODSP. Most importantly, it would be a significant step towards addressing the crisis of poverty that an increasing number of people are facing today.

- 2.) Given the Provincial government's stated intention to reduce its funding commitment to the Special Diet Allowance Program which provides additional income to social assistance recipients with special dietary needs related to health, we would encourage again, individuals, organizations, community groups, faith groups and our regional government to urge the province to maintain the Special Diet Allowance at its current level. The most vulnerable in our communities, and particularly those who require a special diet to maintain their health, are at extreme and increased risk if this program is cut back or compromised in any way.

Mid – Long Term Strategies:

There were numerous suggestions and recommendations for action and policy direction that came out of the Audit Day – from both individuals and the focus groups. Our hope would be to discuss and expand on these recommendations in a continued dialogue and planning process.

- 3.) We urge the Region to identify a mechanism or process for a thorough review of this report (*in addition to the ISARC provincial document that will be available by November 2010*) and the identified priority areas for action. We also recommend that this process should involve individuals with lived experience of poverty as well as agency staff and directors who are currently meeting the needs of the community.
- 4.) We recommend that all organizations and agencies, governmental and non-governmental, along with various levels of government utilize a Healthy Communities Model based on the Social Determinants of Health, in their planning, service/program delivery and policy development, with a vision toward realizing health equity for all members of our communities.
- 5.) We urge municipal, provincial and federal levels of government to take action on key items such as the availability and affordability of housing, the availability and affordability of transportation, and the income insufficiency of marginalized groups in our communities.

- 6.) We urge all organizations, agencies and service providers to review their practices/policies and challenge themselves to provide the best service possible, while respecting the dignity and rights of the individuals they are serving.

Our Many Thanks to Everyone Involved

And finally, we would like to pass along our sincere thanks to the many people who were involved in this process from the beginning. This includes our Social Audit Planning Table membership as well as numerous individuals, organizations, faith groups and agencies who were not able to be at the table on a regular bi-weekly basis from January – April, but who still supported the audit development in substantial ways. We want to express our appreciation to the many individuals who gave their time to facilitate, serve as recorders, greeters, and organizers on the day of the audit, and of course our outstanding team of Rapporteurs. We also acknowledge the York Region Media Group for their coverage of the ISARC audit coming to York Region and the local politicians and agency representatives who came out to participate in the focus groups. And above all, our sincere thanks, gratitude, and admiration goes out to each and every participant who came to tell their story on April 20th. Their courage inspired us all to “do more and do better”.

MEMBERS AND MEMBER ORGANIZATIONS OF THE SOCIAL AUDIT PLANNING TABLE IN YORK REGION

January – April 2010

Organizations:

Kristine Carbis (Operation Sparrow/ PACC)
Alex Dean (Inn from the Cold)
Beverlianne Delbrocco (Placement Student with Inn from the Cold)
Andrea Endicott (Heart and Stroke Foundation of Ontario)
Alf Judd (Georgina Food Pantry)
Jean Lashley (St. John Parish Centre)
Carolyn Mooi (York Region Alliance to End Homelessness)
Shoshano Okano (Katimavik student with York Region Food Network)
Antonio Alas Palacios (Placement Student with Inn from the Cold)
Karmel Taylor (COMPASS – Community Partners with Schools)
Patricia Taylor (Social Planning Council of York Region)
Tracy Woloshyn (Non-voting, Advisory Board Member with York Region Food Network)

Individual Community Members:

Rick Henry
Liz Jefferson
De Edra Mariette (PACC)
Sam Orrico
Mykhanh Wong
Lori Yaccato
Fred Joly (PACC)

Co-Convenors and Facilitators for the Planning Table

Yvonne Kelly, Program Coordinator with York Region Food Network (YRFN)
Tom Pearson, Chair, Poverty Action for Change Coalition (PACC)

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Community Living York South

Inn from the Cold for making the location and space/resources available on April 20th.

Krasman Centre

New Hope United Church in Vaughan

Richmond Hill Central Library for making the location and space/resources available on April 20th

Yorkview Community Church in Newmarket

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Reverend Robin Wardlaw, Trinity United Church for his ongoing support, expertise and for always being there with great suggestions.

And finally, our Rapporteurs, Facilitators and Recorders who worked to capture the information that made this report possible.

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John Rogers

Daisy Wai

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Kristine Carbis

Yvonne Kelly

Tom Pearson

Lori Yaccato

Daniele Zanotti, CEO, United Way of York Region

Recorders

Andrea Endicott, Heart and Stroke Foundation of Ontario
Melody Mendonca, York Region Health Services
Carolyn Mooi, York Region Alliance to End Homelessness

Participant Organizations in the Social Audit Day Focus Group for Front-Line Staff

Bethel Christian Church
CCYRS Settlement Services (Catholic Community Services of York Region)
Citizens for Affordable Housing - Housing Help Centre
CMHA – Canadian Mental Health Association
Community Living York South
Family Daycare Services
Georgina Food Pantry
Habitat for Humanity – York Region
Inn from the Cold
Job Skills Georgina
Krasman Centre
Learning Disabilities Association of York Region
Loft Crosslinks
Sandgate Women’s Shelter of York Region
Street Outreach – Loft Crosslinks
York Region Community Legal Clinic
York Region District School Board
Wraparound Vaughan

Participants in the Politician’s Focus Group for York Region Social Audit – April 20, 2010

Mayor Robert Grossi, (Mayor of Georgina)

Councillor Brenda Hogg, Richmond Hill (Regional Councillor)

Councillor Vito Spatafora, Richmond Hill (Regional Councillor)

Councillor John Taylor, Newmarket (Regional Councillor)

Councillor Joseph Virgilio, Markham (Regional Councillor)

Councillor David Cohen, Richmond Hill (Local Councillor)

Councillor Wendy Gaertner, Aurora (Local Councillor)

Councillor Virginia Hackson, East Gwillimbury (Local Councillor)

Councillor Cathy Morton, East Gwillimbury (Local Councillor)

Councillor Joe Sponga, Newmarket (Local Councillor)

Councillor Al Wilson, Aurora (Local Councillor)

Councillor Victor Woodhouse, Newmarket (Local Councillor)

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