

ONTARIO ELECTION GUIDE 2018

 counting on *your* vote

Raising issues with candidates
that affect the most vulnerable
...and all of us

ELECTING A NEW GOVERNMENT

As responsible citizens, an election is our opportunity to propose our vision for Ontario and the future of its communities. That future must be one of economic and social balance that ends economic and social disparity which works against social justice, equity, human dignity and social peace.¹

We once again are going to the polls to choose MPPs and ultimately those who will comprise the government of Ontario. As citizens, our participation in this election process gives us an opportunity to help shape the future of the province and the communities in it.

About half of all voting age Ontarians vote in provincial or federal elections: 48% voted in 2011 and 51% in 2014.² Yet, all of us must take responsibility to vote. Ontario's Catholic Bishops remind us that "Catholic Social teaching continually keeps before us our responsibility for the common good and for the poor with whom Jesus identified in a preferential way; that is why elections are conscience moments for people of faith" and "it is inconceivable that people would consciously decide not to vote." (Taking Stock: An Examination of Conscience, Assembly of Catholic Bishops of Ontario, 2007)

'The dignity of each human person and the pursuit of the common good are concerns which ought to shape all economic policies.' Pope Francis, Apostolic Exhortation, *Evangelii Gaudium*, The Joy of the Gospel, #203. November 24, 2013

In terms of Catholic Social Teaching and the principle of participation, people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable".³ It reflects Pope Francis' message (The Joy of the Gospel) and also Pope St. John Paul II's description of solidarity and the common good.⁴

Elections call on us to vote and exercise that most fundamental of rights in a free and democratic society. As Canada's Catholic Bishops have said when we cast our vote, "we must be mindful of the dignity of every person and the Social Teachings of the Church" to be good stewards of our environment and take responsibility for the common good and the poor.

RESPECT, SUPPORT FOR LIFE | BASIC HUMAN DIGNITY

Responsible citizenship is a virtue, and participation in political life is a moral obligation. The values of our faith are our guide to public life.⁵ So, responsible use of freedom means promotion of human life and dignity at all stages, from conception to death, no matter what the circumstances with respect for life and the dignity of the human person and the preferential option for the poor.⁶

All human beings must be nourished, supported and cherished from the moment of conception until the moment of natural death. A government worthy of support will favour life rather than abortion and euthanasia, will be supportive of families, will make palliative care a priority, will fight against child poverty and ...the rehabilitation of those who have become entangled in crime or drugs.

SUMMARY OF ISSUES TO CONSIDER

The focus of Catholic Charities' concerns in this Election Guide is the impact of the government we elect on the well-being of vulnerable people our member agencies serve in communities in Ontario. When we cast our vote, we must consider not only our own needs but those vulnerable people.

Health care, the economy, jobs and the cost of living are usually at the top of the list of concerns of voters in an election. That's because they directly impact most people, since they are essential to what most would describe as critical to living a 'good life'. Are they adversely affected and hurting economically and socially? It may be because laws put in place by governments are not working well enough to benefit them. It is our responsibility to ensure that those whom we elect as MPPs represent the interests of all in Ontario.

'Governments must protect those who are marginalized in society...must provide economic security and an acceptable quality of life for those who are unemployed, displaced, impoverished or afflicted by a mental or physical disability... Voluntary efforts, though still needed, cannot begin to cope with the problems of the marginalized. Only government can do this adequately. The gospel clearly indicates that our final option must always be for the poor.' On Choosing A Government, Assembly of Catholic Bishops of Ontario - Pentecost 1998

One in 6 children under 18 live in poverty in Ontario, or 475,230 children (17.2%) as of 2017.⁷ We measure poverty in Ontario by looking at the most vulnerable affected by it: children. We know that no child deserves to live in poverty, yet poverty is a reality for many children across Ontario.

Poverty reduction efforts, however, are only effective if individuals, agencies, organizations like Catholic Charities, and groups continue to bring pressure to bear on the government to end family and child poverty in Ontario and renew their commitment to continued poverty reduction.

That's why it is important to understand the issues facing us in this election and to elect MPPs who are committed to moving forward on ending child poverty, poverty affecting their families and poverty reduction in Ontario.⁸

1 (Gaudium et Spes, Pastoral Constitution on the Church in the Modern World, Vatican Council II) 2 "Low turnout in Ontario elections jeopardizes democracy," M. R. Cohn, Toronto Star, February 26, 2018 3 "Sharing Catholic Social Teaching: Challenges and Directions", Summary Report of the Task Force on Catholic Social Teaching and Catholic Education, US Catholic Conference of Bishops, June 19, 1998. 4 Solidarity is a virtue that is described by John Paul II as "a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we are all really responsible for all" (Sollicitudo Rei Socialis, no. 38). 5 "Faithful Citizenship," Forming Consciences for Citizenship, United States Conference of Catholic Bishops, 2008. 6 "Federal Election 2008 Guide," Canadian Conference of Catholic Bishops, September 2008. 7 Poverty rates for children under 6 have declined -- there's a 1.6% drop from 2014 -- and the Ontario rate is slightly below the Canadian average of 17.4 per cent, or 1.2 million children. The child poverty rate in Ontario is the lowest since 2008 when one in five, or 20.1 per cent of children in the province were poor. A child is poor if its family is living below the LIM-AT (Low-Income Measure After taxes) or half of the median family income: \$24,500 for a lone parent with one child or \$36,400 for a couple with two kids in 2015. 'Report Card on Child and Family Poverty in Canada 2016,' Campaign 2000. 8 Ending Child & Family Poverty Is Not Negotiable: Building Stronger Foundations for Ontario Families, Ontario Campaign 2000, REPORT CARD 2017 ON CHILD AND FAMILY POVERTY.

SOCIAL SERVICES

If you want a healthier society, invest in social services. The social services and outreach done by Catholic Charities' member agencies and other faith-based and not-for-profit agencies provide vital services to the community, yet generally receive insufficient funding from the province for the administration and implementation of programs.

It clearly makes no sense to underfund agencies providing vital services. Family poverty and unemployment are two main factors that Catholic Charities' member agencies contend with every day. Both require annual increases in funding to improve and extend outreach and support services. As the need grows, so should the funding. Catholic Charities often provides the funding needed to administer these programs, meet program goals and objectives, and to ensure further provincial funding.

In addition, the salaries for not-for-profit agencies like those of member agencies of Catholic Charities are comparatively lower than other sectors, because they are not funded at the same rate as, for example, health or education social workers, despite doing the same work (and often work more intensely clinically).

The importance of the work done by not-for-profit and faith-based social services should be clear to all candidates in this election. It would be important to learn what value a candidate places on the work of not-for-profit and faith-based social services.

The work being done by Catholic Charities member agencies is critically important. The positive social return on 'investing' in their outreach in communities across Ontario is invaluable. Candidates should be aware of this and ensure increased provincial funding for these agencies to reach more people.

'Prescription for a healthier population: spend more on social services. A one-cent increase in social spending for every dollar spent on health care increases life expectancy and cuts premature death.'⁹ "Effect of provincial spending on social services and health care on health outcomes,"

January 2018⁹

At a time when close to 40% of provincial budgets are spent on health care, shifting even a small amount of that money to social programs such as social housing, welfare or child care, would reap significant health benefits. If provincial government spent just one cent more on social services per dollar spent on health, life expectancy would increase an additional 5% and potentially avoidable mortality would decrease by an additional 3% in one year.¹⁰

Although efforts have been made to improve the supports that make up the province's 'social safety net', the current system still fails too many who are left marginalized, living day to day in precarious situations. Without the actions of social service agencies like these, the negative social impact on vulnerable families, children and individuals – indeed to all of us – would be much greater.

⁹ "Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study," Daniel J. Dutton, Pierre-Gerlier Forest, Ronald D. Kneebone and Jennifer D. Zwicker, Canadian Medical Association Journal [CMAJ] January 22, 2018 10 Op. cit., "Effect of provincial spending..." Dutton et al.

Poverty | FOCUS ON CHILDREN AND THEIR FAMILIES

Poverty remains widespread in Ontario affecting families and their children. Many struggle to survive. They live below a low-income cut-off, the poverty line, where they will likely devote a larger share of their income to basic necessities (food, shelter, clothing) than the average family.¹¹

In Canada, there are 4.8 million people who live in poverty¹². That's 1 in 7 Canadians, or 13.9% of the entire population of the country.¹³ A family or individual income is considered 'low income', if it is less than half of the national median income.¹⁴

In Ontario, more than 475,000 children or 17.2% live in poverty about 1.2 million children (17.4%) live in poverty. An adult working full-time (35 hrs/week) for the full year who only makes \$25,480 a year is considered low income.

Many municipalities in Ontario have become 'unequal' as poverty divides them.¹⁵ In Toronto, for example, where 1 in 4 children live in poverty, children from families of people of colour are more than twice as likely to be living in poverty: 23.3% cent compared to 11.4%. About 84% of Indigenous families with children are living in poverty.¹⁶

“Each individual Christian and every community is called to be an instrument of God for the liberation and promotion of the poor, and for enabling them to be fully a part of society. This demands that we be docile and attentive to the cry of the poor and to come to their aid.” Pope Francis, Apostolic Exhortation *Evangelii Gaudium*, The Joy Of The Gospel, #187 – November, 2013

These statistics reflect the precarious state of many families in Ontario. These families and their children have been marginalized by poverty. Ending child poverty has been discussed since the end of the last century. Candidates in this election must show a commitment to move forward with legislation that ends child and family poverty.

11 This is based on the low-income cut-offs (LICOs) which are income thresholds below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family, that is, 20 percentage points more than the average family on food, shelter and clothing. The LICO uses seven family sizes and five different populations of the area of residence which is intended to capture differences in the cost of living among community sizes. The LICO is calculated using typical family expenditures (food, shelter and clothing) for seven family sizes and five community sizes and results in a table of 35 cut-offs. This operation is done twice: once for before-tax cut-offs, once for after-tax cut-offs. {cf., Low Income Lines: What they are and how they are created, No.2, Research Paper 75F0002M, Statistics Canada. July 2016} 12 Poverty Trends 2017, Citizens for Public Justice. Ottawa 2018. 13 The low income measure (LIM) is the most commonly used low income measure. It is 50% of median adjusted household income, where “adjusted” indicates that household needs are taken into account, so a household of six has greater needs than a household of two. The LIM is calculated three times for market income, before-tax income, and after-tax income. They calculated using an annual survey of household income. The low income measure after tax (LIM-AT) is a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where ‘adjusted’ indicates that a household’s needs are taken into account. {cf., Low-income measure after tax (LIM-AT), 2011 NHS Dictionary, Statistics Canada 2018.} 14 The poverty rate is defined by Statistics Canada, using the Low-Income Measure (LIM). It which defines poverty rate as less than half of the national median Canadian household income which is set at \$45,712. 15 “Unequal City: The Hidden Divide Among Toronto’s Children and Youth,” the 2017 Toronto Child and Family Poverty Report Card. Social Planning Toronto, November 2017 16 “Ending Child & Family Poverty Is Not Negotiable - Building Stronger Foundations for Ontario Families,” Report Card 2017 on Child and Family Poverty in Ontario, Campaign 2000. November 2017; and, “Toronto child poverty divided along racial lines,” Child poverty rate in Toronto is twice as high in racialized families according to a new study based on the 2016 census, Laurie Monsebraaten, Social Justice Reporter. Toronto Star, November 15, 2017

INCOME SECURITY | PRECARIOUS EMPLOYMENT AND POVERTY

Income security refers to a household that can provide the means to keep themselves fed and safely housed. With some 30% of workers in Ontario engaged in ‘precarious work’, which means that they are poorly paid, they are income insecure, unprotected, and cannot support their family. They fill permanent job needs but are denied permanent employee rights.

The numbers of Ontario families with children and individuals who rely on low, fluctuating incomes continues to grow. They face greater labour market instability, less job security, and more non-standard, precarious work. Essential needs are increasingly out of reach for them, making it harder to climb out of poverty.

To respond to this situation, the province asked a select panel of people with expertise on the income security system, including people from Ontario’s Indigenous community, to propose a way out. In their report, [Income Security: A Roadmap for Change](#), they recommended steps to be taken and a timetable to improve Ontario’s income security system and better support the diversity of people using it.

The panel said, “the human toll caused by inadequacies in the current system, including the deprivation, despair and lost opportunities for individuals and families living in poverty. Higher health care, social service and justice system costs and lower tax revenues follow as a reminder of the poor outcomes people are experiencing. The bottom line is that poverty is expensive and it costs us all.”¹⁷

In Ontario, the ‘income security system’, consists of ODSP (Ontario Disability Support Program) and OW (Ontario Works). It also includes inputs from a variety of federal and other programs (Employment Insurance, Child Tax Benefit, Canada Pension Plan, Workplace Safety, Insurance among others).

The ‘Roadmap’ recommended that a Minimum Income Standard in Ontario to be adopted and implemented over the next 10 years through a combination of supports across the income security system. It said that a housing benefit should be introduced to assist all low-income people with the high cost of housing, whether or not they receive social assistance, so they are not forced to choose between a home and other necessities.

It advised that income support for children be provided outside of social assistance, so that all low-income families can benefit fully regardless of income source. It said the provincial government should work with the federal government through the 2017 Working Income Tax Benefit (WITB) so that it plays a greater role in contributing to income adequacy for low-income workers in Ontario.

“We all have a shared interest in supporting everyone’s ability to thrive and contribute to the social fabric of our communities and the economic well-being of our province. Almost everyone has at least one family member, friend or neighbour who is grappling with poverty.” Income Security: A Roadmap for Change – October 2017

The 'Roadmap' stressed that it was critical to make essential health benefits available to all low-income people, so those in deepest poverty have access to services they need. It underscored that procedural fairness should be embedded in all aspects of the income security system through adequate policies, procedures, practices and timely appeal mechanisms.

The election is an opportunity to select candidates who will ensure that a new provincial government will finally put in place the means to ensure income security for all in Ontario. That means modernizing Ontario's response to working poverty and protecting the poorest from falling further behind.

In casting your vote, you should make yourself aware of what candidates are committed to continue to move forward to create an income security system and identifying a clear path forward with concrete steps to bring it about.

Employment Justice | PRECARIOUS WORK

The social teaching of the Church and admonition of every pope since Pope Leo XIII have emphasized the moral imperative to pay all workers a living wage. When this happens, the lives of workers and their families improves as well as the local, regional and national economy.

The aim of raising the **minimum wage** and amending the Employment Standards Act (BILL 148) is to improve the lives of workers, especially low income and those involved in ‘precarious’ working conditions.¹⁸

The general minimum wage was set at \$14 per hour on January 1, 2018, and is scheduled to increase to \$15 per hour on January 1, 2019. Prior to this year, the minimum wage rate increased from \$11.40/hour to \$11.60/hour in October 2017. In 2003, the minimum wage was set at \$8.75 per hour, and in March 2009 to \$9.50. In March 2010, it was \$10.25 per hour. In 1995, the minimum wage was frozen at \$6.85, where it stayed for the next eight years.

Many workers today are engaged in what is called ‘precarious work’ or ‘precarious employment’. It is characterized by a lack of continuity, low wages, lack of benefits and possibly greater risk of injury and ill health. How precarious a job may be gauged by the job’s level of earnings, level of employer-provided benefits, degree of regulatory protection and degree of control or influence within the labour process. The primary types of precarious work are self-employment, part-time (steady and intermittent) and temporary employment.”¹⁹

Clearly precarious employment²⁰ or precarious work can negatively affect a family’s quality of life and increases stress about financial decisions. It comes as no surprise that poverty rates of workers in non-standard employment are two to three times higher than the poverty rates of workers in standard employment.

“The way in which we treat our most vulnerable neighbours...speaks volumes about the very nature of our society. Ethically and morally, a society is judged by how it treats its most vulnerable and marginalized members.... we have a long way to go before we can claim with any honesty that we are applying moral treatment in dealing with the least fortunate among us.” Persistent Poverty: Voices from the Margins, ISARC – 2010

Regarding migrant temp workers and their access to services for undocumented workers, the province should work to ensure that regardless of immigration status, these very vulnerable people have access to provincial services without fear of being asked for proof of status. It should work closely with municipalities that have already put similar policies into place.

Candidates should be aware that current labour force trends and indicators suggest that precarious work is increasing as people, especially those with only a high school education, juggle several jobs, seeking ever more temporary, part-time and casual work and are often not paid for work completed.

18 To assist faith-based, non-for-profit organizations that receive provincial funding in handling the increased minimum wage, the government should provide an increase in transfer payments to allow them time to comply fully with new legislation without undermining the quality and affordability of their services. 19 Law Commission of Ontario | Commission du droit de l'Ontario, A. The Rise of Precarious Work, II. Identifying Vulnerable Workers and Precarious Work, Vulnerable Workers Interim Report. August 2012. 20 Most working-age low-income people are engaged in non-standard employment with low and fluctuating incomes. They are among the estimated 30% of workers in Ontario in 'precarious work'. From 1997 to 2015, non-standard employment grew at an average annual rate of 2.3% per year, nearly twice as fast as standard employment (1.2%). Today, there is a wide range of people experiencing precarious work, from new graduates involuntarily working part-time to individuals working multiple jobs to make ends meet.

BASIC INCOME

A basic income, ‘guaranteed annual income’, or ‘basic universal income’ for families and individuals living below the ‘poverty line’ and without resources is an assurance that they will be able to meet their basic needs, regardless of their employment status.

A low-income family, for example, could receive a direct payment of a fixed amount²¹ or get a tax credit²² for a fixed amount. Payments would be made either to individuals or to families.²³ Since there are no requirements, basic income payments could be relatively simple to administer and to receive²⁴.

Ontario launched a guaranteed annual income pilot project in three Ontario cities beginning in the Spring of 2017. The Ontario Basic Income Pilot (OBIP) will give up to 4,000 low-income earners in Hamilton, Lindsay and Thunder Bay a basic annual income of \$16,989 less 50% of any earned income. Couples earn \$24,000 and people living with disabilities earn up to \$6,000 on top of the basic amount.

A single person with two children earning \$20,000 per year would earn approximately \$6,000 of basic income. The pilot project is meant to replace payments available through Ontario Works (OW), which provides financial assistance for low-income earners, and the Ontario Disability Support Program (ODSP). Eligible participants will continue to receive the Ontario Drug Benefit and dental benefits, but do receive OW or ODSP payments.²⁵

Basic income programs were initiated and studied in several countries. In Canada, the idea was first tested in the 1970s in Manitoba which showed that there were small financial gains for those on social assistance and significant gains for the working poor.²⁶ Hospitalization rates decreased,²⁷ there was an improvement in the high school graduation rate,²⁸ and work disincentives were modest (1-5%).²⁹

21 Also called a “demogrant”, payment is generally non-taxable, while any earnings above the payment amount are taxed. See Evelyn L. Forget, Dylan Marando, Tonya Surman & Michael Crawford Urban. Mowat Centre. School of Public Policy & Governance, University of Toronto. Pilot lessons: How to design a basic income pilot project for Ontario. Mowat Research #126. September 2016. (3)
22 Also called a “negative income tax”. 23 Eligibility can be determined by family income (which is a good measure of whole-household resources), or by individual income (which better reflects individual situations and reduces pressure to remain in abusive relationships). Government of Ontario. Basic Income Consultations: What We Heard. March 2017. (12) 24 Op.cit, See Evelyn L. Forget, Dylan Marando, Tonya Surman & Michael Crawford Urban. Research #126. 25 Ontario is testing a tax credit model. In this model, individuals will receive \$16,989 per year, less 50% of any earned income. Couples and families will receive more, as will people with disabilities. People who receive these benefits will not be able to continue receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) payments, but they will be eligible for the Ontario Drug Benefit which accompanies OW and ODSP. Government of Ontario. [2017, December 6]. Ontario Basic Income Pilot. Retrieved from <https://www.ontario.ca/page/ontario-basic-income-pilot#section-2>. 26 Ibid., Forget, Marando, Surman & Urban. Research #126. September 2016. 27 Ibid (7) 28 Ibid 29 Evelyn L. Forget, Dylan Marando, Tonya Surman & Michael Crawford Urban. Mowat Centre. School of Public

HOMELESSNESS | ADEQUATE, ACCESSIBLE, AFFORDABLE HOUSING

Housing is a key determinant of health and well-being. It is a fundamental right as outlined in the social teaching of the Church. Adequate housing is essential to a person's sense of dignity, safety, inclusion and ability to contribute to the fabric of their community and society itself. Housing is a basic need of every individual in our society and a greater need than even employment.

Adequate housing is essential to the reduction of poverty and social exclusion. Insufficient housing is associated with poor overall health, unmet health care needs, and a higher use of hospital emergency facilities. The number of households in core housing need in the province rose by 2016 and had risen to over 130,000. This problem requires action both to increase the supply of affordable housing and to alleviate demand.

Unstable, crowded housing levels force people to be constantly on the move to find places to stay, even for a night. Lack of stable housing make it very difficult for homeless people to be a part of the labour force nor able to seek further education.

More than 171,360 Ontario households are waiting for a home that they can afford. Waiting lists have grown by more than 45,000 households in 12 years, and applicants face an average wait of nearly four years. In many communities, the wait is much longer.

HAVING A PLACE TO CALL HOME

If you ask most people if they have an idea of who might be homeless, or how many people are homeless in Ontario right now, they probably would not know. That's because their experience is often limited to the indigent men they encounter on the street.

Most homelessness, in fact, is hidden, that is, it is not out on the streets but lived out among those who move from place to place, 'couch surf', and generally can rarely bank on a place to stay. People who are homeless are most often unable to acquire and maintain regular, safe, secure and adequate housing.

Numbered among those who are homeless are likely to be young mothers with small children living in deplorable conditions. Homeless among youth is growing and getting larger all the time. There are many First Nations Indigenous people who have been compelled to move off reserves to urban centres.

There are many factors that contribute toward homelessness. Many who have lost jobs, for instance, are among the homeless as poverty is a primary force. Other factors include race and prejudice which deny people the possibility of making a living thus relegating them to live homeless and in poverty. The net result is chronic homelessness all across Canada but especially in Ontario and Toronto.

‘Homelessness describes the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is an affront to human dignity and impinges on a person’s basic human rights.’

Ontario’s Fair Housing Plan, April 20, 2017

A household is said to be in Core Housing Need³⁰ if housing falls below at least one of the adequacy, affordability or suitability, standards and they would have to spend 30% or more of their total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).”

Homelessness describes the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is an affront to human dignity and impinges on a person’s basic human rights.³¹

An increased availability of adequate and affordable housing helps end poverty, because without proper housing, individuals and families are thwarted in their attempts to improve the quality of their lives generally. Poverty is linked closely with inequality, particularly for women, especially lone mothers and elderly women, Indigenous First Nations persons, racialized groups and people with disabilities. People with low social and economic status often have very limited choices in the private rental housing market and must rely on forms of social housing.³²

Homelessness also affects all of us through its negative impact on Canada’s economy. As of 2013, homelessness costs totalled \$7.05 billion a year, which includes the costs of such things as shelters, emergency services (fire, police, EMS), and health care. Government knows that it is better to have people housed with a place to call home than have them homeless.

That becomes clearer when considering the cost of rushing a homeless person to hospital. Just compare the cost of affordable housing with the high cost of institutional response (hospitals, clinics, incarceration, etc.) that annually total between \$66,000 and \$120,000, or emergency shelters from between \$13,000 to \$42,000. Housing the homeless in transitional and supportive housing cost only \$13,000-18,000. Whereas, affordable housing costs only totalled between \$5,000-\$8,000.³³

MOVING FORWARD

Ensuring that everyone had a place to call home was for years a primary consideration of the federal and provincial governments. In 1993, however, the federal government announced it would no longer fund any new social housing. Then, in 1995, the Ontario Government cancelled the provincial housing program. Both of those actions reversed years of commitment toward housing. It led to a crisis situation so that from 1996 to 2000, there was no funding for new social, affordable housing in Ontario.³⁴

Toward the end of 2003, there was a growing awareness at both provincial and federal levels of the need to develop policies and enact legislation to create more affordable housing to meet the growing needs of people across the province.

Ontario develops housing with support from the federal government through the Federal-Provincial Investment in Affordable Housing Program. At the provincial level, other housing

initiatives include the Investment in Ontario Housing Policy Statement, the Affordable Housing Program, the Community Homelessness Prevention Initiative (CHPI)³⁵, the Homelessness Partnering Strategy, Fair Housing Plan,³⁶ and the Long-Term Affordable Housing Strategy (LTAHS)³⁷. In addition, there is the Housing First approach promoted by the federal government and the provinces.

The federal government has declared its intention to reinvest in housing through a National Housing Strategy that would replace the current federal provincial housing funding arrangements. The 1995 agreements governing federal provincial housing agreements are scheduled to end in 2033. The federal government is already decreasing its contribution to affordable housing by some \$500 million each year until that date. It is assumed that the National Housing Strategy will replace these agreements.

HOUSING FIRST AND MENTAL HEALTH

One of the best examples of efforts to help people struggling with mental health and addiction issues is Housing First, a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing without preconditions,

and then provides supportive services and connections to community-based supports that people need to keep their housing and avoid returning to homelessness.³⁸

The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. Its goal is to secure housing for people experiencing homelessness immediately, rather than delaying housing until clients are “housing ready”.³⁹ Housing First programs house participants in independent, permanent housing in the community and provide additional support services to assist with physical and mental health, substance abuse, educational and employment needs.

Drawing on the principles of ‘Housing First’ is Canada’s At Home/Chez Soi initiative⁴⁰ that looked at the best way to provide housing and services for people who face mental illness and homelessness. Based on interviews with 2,285, it examined ways to get people housed in every major city in the country.

It is especially effective for people experiencing homelessness who also have mental health and addictions issues. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections.

ABOUT AFFORDABLE HOUSING

The need for safe, secure, and sustainable rent-g geared-to-income (RGI) housing that is both adequate and accessible has perhaps never been greater in Ontario than it is today. The cost of market-driven housing can swallow up more than 50% of a family’s budget, leaving little for food or transportation. It’s why food banks are still in place more than twenty years after they began as a ‘temporary’ solution.

Housing is always an election issue, but affordable housing is usually put on the ‘back burner’. Yet, the numbers of families and individuals in need of affordable and supportive housing is growing. A young mother, who is parenting two little children, and whose income hovers around the ‘poverty line’ knows that finding a decent place to live is very often out of reach.

What is meant by rent-geared-to-income (RGI) is essentially a subsidy that is administered by local and regional governments across Ontario. To be eligible for RGI affordable housing, a person must have an income that is below provincial household income limits⁴¹ for the area in which they live. Low-income renters are able to pay rent based on 30% of their household's gross monthly income. Rent for tenants on social assistance is based on the Ontario shelter allowance.

WAITING ...AND WAITING FOR HOUSING

More than 171,360 Ontario households are waiting for a home that they can afford.⁴² Waiting lists have grown by more than 45,000 households in 12 years, and applicants face an average wait of nearly four years. In many communities, the wait is much longer. It's estimated that there are between 170,000 and 180,000 or more Ontario families, seniors and couples, and single adults on waiting lists for rent-geared-to-income housing.

In Durham, there are over 6,000 households waiting to move into some 4,480 RGI housing units. In 2016 in Durham Region, for instance, the average wait was almost eight years to get into a rental unit. For a family, the average wait is almost seven years or longer, while for seniors, it's almost six.⁴³

In Toronto, it's estimated that there are more than 180,000 people on waiting lists for RGI housing; there were over 92,000 applications at the end of 2017. The average wait time for chronological (non-priority) households in the City of Toronto, for example, was 8.4 years in 2015.

While the average wait time for chronological applicants housed in 2015 was 3.9 years, households that submitted applications for affordable housing last year will wait an average of 5.2 years before they are housed. In urban, high-demand regions of Ontario, the predicted wait time for recent applicants is as high as 14 years!

Families and individuals waiting for housing can be further delayed because of special needs. Priority is given to women with children fleeing domestic violence. It's also given to seniors who are in urgent need of housing. No one disputes the need for a special priority policy, ⁴⁴ although new ways to do this are being reviewed.

In 2015, households that received priority designations under Ontario's Special Priority Policy (SPP) because they were escaping domestic violence, still waited an average of nine months before they were offered affordable (RGI) housing. Earlier this year, the Province announced that they are piloting a special housing benefit for women fleeing domestic violence that will make it possible for them to receive assistance more quickly and allow for greater choice in where they want to live.

INCLUSIONARY ZONING

In Ontario, municipalities are now able to provide more affordable housing by requiring developers of housing to include affordable housing units in residential developments through 'inclusionary zoning'. Enacted in Ontario through the *Promoting Affordable Housing Act*, it changed the Ontario Planning and Development Act.

Under new regulations, municipalities will be able to mandate that affordable units for low- and middle-income families are included in new housing developments to create mixed-income communities.

Municipalities will have the flexibility to i) decide the total number of affordable housing units to be included in some residential developments; ii) how long units stay affordable, and what measures and incentives can be used to offset the costs of the development of affordable units; iii) determine if, and how many, affordable housing units can be built on another site; and, iv) expand housing options and increase the supply of affordable housing in their communities.

The new inclusionary zoning bylaws will apply to developments of 10 or more units, although “municipalities could choose to set a higher threshold based on local circumstances.” A welcome change to the initial regulations is that municipalities can also apply inclusionary zoning to any type of residential development, both ownership and rental, based on local needs and priorities.

Inclusionary zoning has been used successfully in many U.S. cities to respond to shortages in affordable housing. New York City, for example, requires developers to set aside 20% to 30% of housing in select areas as permanently affordable by controlling the sale or rental price to below market rates.

Catholic Charities through its Social Justice and Advocacy Committee has consistently advocated for inclusionary zoning. After a disappointing initial set of regulations, the final version of the regulation truly puts affordable housing front and centre.

PORTABLE HOUSING BENEFIT

The ‘Roadmap for Change’ report suggested that a portable housing benefit be created to offset the difference between the actual cost of housing and a family’s income. This benefit would assist low-income people facing the high cost of housing, whether they receive social assistance, so they are not forced to choose between a home and food or other necessities.

The recent 2018 budget includes the use of a portable housing benefit and funds for distinct housing priorities, including affordability, repair and construction of housing. The enormity of Ontario’s housing shortfall requires a variety of solutions that involve more than new housing construction. It will be important for a newly elected government to continue moving forward.⁴⁵

TYPES OF HOUSING | TRANSITIONAL HOUSING

Transitional Housing primarily helps people in need of support because of chronic physical or mental illness, or substance abuse problems. It is an integral part of the programming outreach of some member agencies of Catholic Charities.

Transitional Housing is like the ‘front door’ to health-funded supportive housing, with a mandate to assess long-term needs, so that those who need long-term supports can find permanent, supportive housing and those who don’t can find affordable housing. It would require a significant increase in the amount of transitional housing.

TYPES OF HOUSING | SUPPORTIVE HOUSING

One of the most overlooked types of housing is supportive housing. Available in designated residential buildings (apartments or group homes), supportive housing programs assist people who require daily personal support and essential homemaking to live independently.

Eligible individuals include the frail elderly, people with physical disabilities, people with acquired brain injuries, mental health issues and those living with HIV/AIDS. Personal support is provided on-site and is available up to 24 hours a day, depending on individual need. Care may be

provided directly by the residential building or by another service and is offered in addition to any visiting home health care.

There is rapidly growing need to add new supportive housing units. While the federal and provincial governments have said they are committed to developing new units, the development needs to move much faster. There is an estimated need for 30,000 new supportive housing units across the province.

The people helped through this program are among the most vulnerable and need the units now.

TYPES OF HOMELESSNESS | YOUTH HOMELESSNESS

A major issue today is youth homelessness. On any given night, more than 6,000 Canadian youths are homeless. In fact, young people account for 1 in 5 of people living in homeless shelters. Over the course of a year, the number of young people who are homeless in Canada can reach as high as 40,000. On any given night, there may be up to 7,000 homeless youth.

Most have fled or have been forced out of homes where they experienced abuse and childhood trauma. Some 60% were involved with child welfare. Mental health issues are also a major factor. Among the youth who are over-represented are Indigenous First Nations' youth.

About 40% of homeless youth were under 16 when they first experienced homelessness. They can easily be lured into drugs, sex trafficking and gangs. Unlike adult homelessness, youth homelessness can be viewed as a temporary condition rather than a chronic one, and the set of solutions can include educational components that may not be as effective with a chronically homeless older population.

Another important consideration that applies uniquely to youth homelessness is that young people are still developing. The risk-taking and reactive behaviours and poor impulse control that are often associated with developing minds are a contributing factor to youth homelessness, making addressing developmental issues critical to any solution.

Regarding Indigenous people, there is a need for long-term, on-going consultation with First Nations communities. This should include specific review with First Nations and urban Indigenous service delivery partners to ensure that the assistance and accommodation reflect the unique experience of Indigenous peoples.

TYPES OF HOMELESSNESS | INDIGENOUS HOMELESSNESS

Indigenous people living in urban areas experience higher levels of mobility and precarious housing conditions than non-Indigenous people. There is overrepresentation of Indigenous families in shelters. The Truth and Reconciliation Commission Report highlights the connection between loss of traditional territories, unemployment, and attendance at residential schools to the high levels of unstable housing among Indigenous people in Canada.

Indigenous homelessness is a human condition that affects First Nations, Métis and Inuit families and individuals lacking stable, permanent, appropriate housing, and the means or ability to acquire housing. Indigenous homelessness is not defined so much as lacking a structure of habitation, rather, it is better understood as families and individuals, and whole communities, isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. It prevents them from reconnecting culturally, spiritually, emotionally or physically with their Indigeneity or lost relationships.⁴⁶

INDIGENOUS, HOUSING, AND HEALTH

Unstable housing has been associated with poorer overall health, unmet health care needs, and higher emergency department use. There are over 1 in 3 Indigenous adults in Toronto who are precariously housed or experiencing homelessness compared to 1 in 25 (4%) of Canadian adults in a similar situation.

High levels of mobility often coincide with unstable, crowded housing and can impact participation in the labour force and education system. About 44% of stably housed Indigenous adults in Toronto reported living in social housing. About 14% lived in crowded dwellings compared to just 4% for the rest of Canada.

In terms of housing and mobility, more than half (52%) of Indigenous adults living in Toronto have moved at least once in the past year in contrast to about 14% of adults in all of Toronto. About 34% moved three times or more. The most common reasons for Indigenous adults to move to Toronto, for instance, was to be closer to family and friends (40%); employment (33%); education (26%); healthcare (12%); safety (9%); and housing (5%). There is an urgent need to address barriers facing Indigenous peoples in accessing existing housing services and programs in municipalities in Ontario.⁴⁷

30 'Definitions of Variables,' Core Housing Need Status, Canada Mortgage and Housing Corporation 2018 31 Ontario's Fair Housing Plan: April 20, 2017 32 "Poverty and access to housing," OHRC's Housing Consultation, Ontario Human Rights Commission submission to the Ministry of Municipal Affairs and Housing's Long-Term Affordable Housing Strategy. December 2009. 33 "Cost Analysis Of Homelessness," Homelessness 101, Homelessness Hub, Canadian Observatory on Homelessness | Homelessness HUB. March 2017 34 The housing situation in Canada has been labelled "a national emergency" by the United Nations in its periodic review of Canada's compliance with the International Covenant on Economic, Social and Cultural Rights (ICESCR) and a "national crisis". (cf., Miloon Kothari, Special Rapporteur, United National Special Rapporteur on adequate housing, "Preliminary Observations at the end of his Mission to Canada 9 – 22 October 2007," A/HRC/7/16/Add.4 [Preliminary Observations]). 35 The Community Homelessness Prevention (CHPI) Initiative is a provincial program that combines funding from former separate housing and homelessness programs into a single program. Like the Investment in Affordable Housing Program, CHPI allows service managers to allocate funding based on the specific needs in their communities. 36 Ontario's Fair Housing Plan was a comprehensive package of measures to help more people find affordable homes, increase supply, protect buyers / renters and bring stability to the real estate market. 37 The Long-Term Affordable Housing Strategy (LTAHS) The priorities in the LTAHS reflect a commitment to increasing housing stability for a number of groups including youth, Indigenous Peoples, the chronically homeless, and individuals exiting provincial institutions through the development of a Supportive Housing Policy Framework, an Indigenous Housing Strategy, and increased funding for the Community Homelessness Prevention Initiative and the Investment in Affordable Housing Program. 38 Housing First' is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. It is an approach first popularized by Sam Tsemberis and Pathways to Housing in New York in the 1990s, though there were Housing First-like programs emerging elsewhere, including Canada (HouseLink in Toronto) prior to this time. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues as it is for anyone. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections. Housing First in Canada, 'Supporting Communities to End Homelessness,' Stephen Gaetz, Fiona Scott, Tanya Gulliver. Canadian Homelessness Research Network, 2013 Canadian Homelessness Research Network Press. 39 Housing First is an approach that focuses on moving people who are chronically and episodically homeless as rapidly as possible from the street or emergency shelters into permanent housing with supports that vary according to client need. The focus is primarily on the chronically homeless persons, often with disabling conditions, for example, chronic physical or mental illness, substance abuse problems, who are currently homeless and have been homeless for six months or more in the past year, i.e., that have spent more than 180 nights in a shelter or place not fit for human habitation, and episodically homeless persons, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year. 40 At Home/Chez Soi is an innovative and ground-breaking study that changed the way we view homelessness. Using a \$110 million federal grant, this was a four-year, five city (Vancouver, Winnipeg, Toronto, Montreal and Moncton) research demonstration project on mental health and homelessness. National At Home/Chez Soi Final Report, Mental Health Commission of Canada. April 3, 2014 41 The new household income and high need income limits are based on information provided by Canada Mortgage and Housing Corporation as required under the Social Housing Agreement. The limits were updated and amended in December 2017 to Ontario Regulation 370/11 under the Housing Services Act, 2011. 42 Ontario Non-Profit

Housing Association (ONPHA), 2016 Waiting Lists Survey Report. 2017 43 'Wait list for rent-geared units expected to grow,' D. Flaherty, Oshawa Express. August 8, 2017 44 Op.cit., ONPHAH Waiting Lists Survey. Seniors may be waiting for a unit in a seniors-only building, while families are eligible for units with multiple bedrooms depending on the number of children they have. Households with special needs may be eligible for a modified or accessible unit. Most households are waiting on a first-come, first-serve basis, though some have a priority designation due to their unique circumstances, e.g., as for households fleeing domestic violence or experiencing homelessness). In order to remain active on the waiting list, applicants must update their application regularly and provide notice of any changes in income or household size. 45 "Providing Access to Affordable Housing," Chapter IV, Section B: Working with Federal, Provincial, Territorial and Municipal Partners, Ontario Budget 2018, p. 275: Ontario plans to cost-match the Federal-Provincial/Territorial Housing Partnership and the Canada Housing Benefit (previously the Investment in Affordable Housing program) under the federal National Housing Strategy (NHS). This will include a portable housing benefit and funds for distinct housing priorities, including affordability, repair and construction. 46 Aboriginal Standing Committee on Housing and Homelessness, 2012. 47 'Let's Talk Housing for Indigenous Peoples,' Our Health Counts Toronto, Chapter / Housing and Mobility, Dr. Janet Smylie (Well Living House, St. Michael's), Sara Wolfe (Seven Generation Midwives), Toronto. March 2018

HEALTHCARE | IMPROVING CORE HEALTH

Much has been done to improve the quality of health in Ontario. We must ensure, however, that essential health benefits are readily available to everyone and that low-income families and individuals have access to the services they need, especially those persons living in deepest poverty.

There needs to be an expansion of access to mandatory core health benefits to all adults receiving Ontario Works and adult children in families receiving ODSP, and there needs to be added coverage for dentures (including initial and follow-up fittings) for all social assistance recipients.

New core health benefits for all low-income adults should be introduced over the next 10 years, starting with the expansion of prescription drug coverage to adults 25 to 65, followed by the expansion of the 'Healthy Smiles Ontario' program to include adults age 18 to 65 plus adding dentures as part of the benefit; designing and implementing a new vision and hearing benefit for low-income individuals and families; and, expanding access to medical transportation benefits.⁴⁸

LIVING WITH DISABILITIES

We need to improve support for people living with disabilities through maintaining and strengthening ODSP as a distinct program for people with disabilities. Government must ensure that both ODSP and OW are equipped to support people with disabilities and meeting individual goals for social and economic inclusion. Both programs should accommodate the needs of persons with disabilities as part of the person-centred, collaborative approach to support individual goals and aspirations.

ODSP as a distinct program for people with disabilities needs to be strengthened to meet individual goals for social and economic inclusion of people in its care. We must recognize that there is a continued need for a distinct income support program for people with disabilities, an "assured income" approach for delivering financial support to people who meet the ODSP definition of disability.

MENTAL HEALTH

One in three people will face mental health challenges in Ontario this year. Yet mental health and addictions services provided by social service agencies in communities throughout Ontario have been chronically underfunded compared to other parts of the health system.

Frontline social service agencies including some Catholic Charities member agencies must face the daily challenges posed by people with mental health needs. More often than not, it's families who face challenges in filling the gaps left by traditional health care. It's clear that more needs to be done with regard to mental health and especially in helping frontline social services as opposed to hospitals.

Many people find themselves being treated for the first time in a hospital emergency room. Yet, once they leave a hospital, the majority will not likely be seen again by a health care provider for more than six months. This is no way to treat society's most vulnerable.

Mental health is essential to good overall health from childhood to retirement. In the past 10 years, we have seen a 67% increase in hospitalizations for children with mental health disorders. The traditional health care structure has struggled to keep pace.

For decades, mental health and addictions services in communities throughout Ontario have been chronically underfunded compared to other parts of the health system. It has weakened the flexibility of the mental health and addictions system to meet growing needs in the province as waiting time has increased, programs have been cut and people in need of help often fail to get it.

There is general acceptance about the urgent need for quality mental health and addictions services. Rather than funding hospitals or large mental health institutions to provide services, funding should be channelled to community-level social service agencies who can meet these needs and at a fraction of the cost. Through this type of outreach more people will be helped, while keeping provincial costs down.

LIMITED ACCESS TO COMMUNITY AGENCIES

We know that agencies providing mental health services often have limited access to the mental health supports that they need to do effective mental health outreach such as that done by many Catholic Charities member agencies. Access to addiction-specialized medicine is getting better, but access to addiction-specialized psychiatry is still challenging. Agencies still need better access to psychiatry and mental health supports, if they are to be as effective as they can be.

Moving more psychotherapy resources and specialized mental health outreach services into the community would be advantageous. The fact is that most community agencies, including many Catholic Charities member agencies, are seriously underfunded. It has unfortunately become worse over the past few years. Most agencies have had ‘flatlined’ funding, that is no increase in funding from Local Health Integration Networks (LHINs) for the past eight straight years. The situation is clearly not sustainable.

In addition, many community programs offered by not-for-profit agencies who work with people with mental health and addiction problems suffer from historical funding inequities. Funded on a per bed basis, if they offer transitional housing, their treatment programs might receive just \$29,000 per bed, while another government-supported treatment program will receive \$42,000 to 60,000 per bed.

Front-line agencies like many Catholic Charities member agencies have received no increases in funding for the past ten years; their base budgets have been ‘flat-lined’. A newly-elected government must change this situation. A newly elected government must ensure that the Ontario Ministry of Health and Long-Term Care will address these inequities through the proposed four-year plan of Addictions and Mental Health Ontario.

VULNERABLE GROUPS

DEAFNESS AND ACCESSIBILITY

In general, the needs of Deaf Ontarians are not being fully met with respect to language acquisition, direct access to curriculum in education, accommodations in the classroom, access to mental health services in American Sign Language (ASL), and adequate accommodation and cultural sensitivity.

There are an estimated 357,000 Culturally Deaf persons and 3.21 million hard-of-hearing persons in Canada. No fully credible census of Deaf, deafened, and hard-of-hearing people has ever been conducted in Canada.⁴⁹ In Ontario, it's estimated that there are 660,000 persons who are Culturally Deaf and hard-of-hearing (530,210 or 4.74% of the population in 2006).

Nearly 1 out of every 4 adult Canadians reports having some hearing loss, although closer to 10% of people identify themselves as culturally Deaf, oral deaf, deafened, or hard of hearing.⁵⁰ Hearing loss is the third most prevalent chronic condition in older adults and the most widespread disability as aging is the number one cause of hearing loss. The incidence of hearing loss is poised to climb dramatically as our population ages.

There is much work that needs to be done through the Ontario Ministry of Children and Youth Services (MCYS) regarding children acquiring language, for instance, and with the Ontario Ministry of Education regarding access and accommodation in education, and with the Ontario Ministry of Health regarding access to mental health services.

Deaf children are still entering school without age-appropriate language skills. An example is the MCYS Infant Hearing Program that stops language development services when the child enters school, and the Ministry of Education which is not prepared to accommodate students who need more language development to succeed in school. Families need and expect more.

The province has been very slow to implement the 2005 Accessibility For Ontarians With Disabilities (AODA). Enacted in 2005, the Act sets out a plan to improve accessibility standards for Ontarians with physical and mental disabilities to all public establishments by 2025.

The implications for the Deaf community are challenging if AODA is not fully implemented. Deaf Ontarians continue to face barriers at every turn. In terms of employment, they are either unemployed or under-employed at a rate which is outrageously high when compared to the general population and also when compared to those with other disabilities. The majority of Deaf persons in Ontario generally live below 'poverty line'.

Deaf persons face barriers in accessing community and government services even with the customer services standard implemented. While AODA covers Customer Services, Information and Communication, Education, Transportation, Employment, and the Built Environment⁵¹, there is a very long way to go to meet the AODA 2025 deadline for an accessible Ontario.

A newly elected government needs to ensure that agencies providing services for the Deaf are not underfunded. It puts limitations on the number of families and individuals who can be served.

They often ‘fall through cracks’ of society’s social safety net as in the ability, for instance, of accessing mental health services and language acquisition services.

DEVELOPMENTAL DISABILITIES

Growing waiting lists and increases in the number of families in crisis are urgent and high risk challenges facing people living with developmental disabilities and their families in Ontario.

There are young people living with a developmental disability who leave school because they need more complex care and older individuals living with aging parents.

It is essential that steps be taken that enable supports and services to reach a broader range of people, encourage and allow new initiatives to be launched and ensure long term financial and support stability of agencies supporting individuals with special needs, which includes some member agencies of Catholic Charities.

“It is often said that societies are judged on how they treat the most vulnerable of their members. The time has come to move beyond apologies and work towards a consistent, co-ordinated, collaborative, and responsive developmental services system, able to effectively and humanely meet the needs of individuals and families in crisis.” Ombudsman of Ontario: Nowhere to Turn Investigation of crisis involving adults with developmental disabilities. – August 24, 2016

Following the 2016 Ontario Ombudsman’s Report: Nowhere To Turn, and a 2017 Operational Survey⁵² undertaken by Ontario Agencies Supporting Individuals with Special Needs(OASIS),⁵³ there was a move from an institutional care model to community-based approach that promoted social inclusion, individual choice and independence for persons living with a developmental disability.

Unfortunately, there have been unintended consequences during this transformation. Long-term failure to provide base funding budget increases makes it difficult for agencies to keep up with rising costs. It also hampers their ability to carry out legislated changes. It also compromises system capacity and the long-term sustainability of a sector clearly identified as already being in crisis.

There has been long term erosion and instability created by multiple years of no base funding to the developmental sector and the impact of nine years of zero budget increases plus lack of funding for pay equity obligations and cost of living increases. It has all taken its toll, resulting in cuts to staffing hours and staff as well as the loss of important programs. Agencies have to devote more time to comply with administrative regulations, which is time taken away from client care.

Adults living with developmental disabilities and their families should be able to live rich and fulfilling lives. It is not going to happen, if funding and supports are only realized when an individual and their family goes into crisis. We need to support people to overcome barriers to full inclusion and citizenship within their communities. We need quality, cost effective supports and services to ensure that people living with a developmental disability are active and present in all aspects of community.⁵⁴

The newly elected government must continue to work toward the development of sustainable strategies to ensure that all individuals needing supports are able to access the system in a timely way, ensure the sustainability of quality supports and services, and develop a long-term plan to increase the opportunities for inclusion and participation of people with a developmental disability in communities throughout Ontario.⁵⁵ It must put in place a mechanism to monitor and adjust annual funding levels on a long-term basis to address the ever-increasing wait list.⁵⁶

VIOLENCE AGAINST WOMEN

There is still a long way to go to end widespread Violence Against Women despite the progress that has been made. A newly elected government must continue the momentum to bring about an end to gender-based violence, and providing support to survivors of violence and addressing the root causes.

In March 2018, the provincial government announced that it would invest \$242 million being over three years in Gender Based Violence Services.⁵⁷ Women still experience multiple forms of violence. By developing holistic supports for them as well as their children, there is the potential, for example, of ending homelessness and preventing long-term homelessness.⁵⁸

There is great need for research that would focus on trauma-informed care and peer support. Since one of the first things to occur following domestic violence, for example, is that a woman, often with her children, must flee their home. There is also a need to focus on successful transition from a situation of homelessness to stability. A 'cultural lens', in addition to one of gender, needs to be added to examining the effects of domestic violence and homelessness.

When we see that shift, we will see mandates for training for judges, police and the those in the judicial system that goes well beyond a token one hour in service, and is woven throughout all that is taught and trained. It's clear that we need to continue to press on ending domestic and other forms of violence against women. It should be front and center for any new government.

OLDER PERSONS | 'SENIORS'

The number of older adults and seniors in Ontario over 65 is projected to hit 4.1 million, or 23.4% of the Ontario's population by 2036. Poverty and homelessness is alarmingly high among seniors.

It is not surprising then that income security is steadily rising and among the most prevalent factors that undermine an older adult's sense of well-being. As they age, many seniors become disconnected from their family, which contributes to their isolation and vulnerability.

Any new government must make a priority to support frontline social service agencies who provide on-going programs to vulnerable older adults. There is especially a growing need to ensure that there is affordable housing for older persons that is safe, accessible, adaptable and barrier-free.

The needs of Ontario's aging population must be a critical consideration in terms of health care services, especially focussing on difficulties faced by seniors in accessing health care services, lack of treatment for a specific medical condition, the need for low-cost dental care, inadequate services for long-term care, continuing care and rehabilitation, and inadequate community-based health care.⁵⁹

The incidence of elder abuse remains a grave concern, fuelled by negative attitudes towards the elderly and coupled with their economic and social vulnerability. While it most obviously means physical abuse including forced confinement; it often means financial abuse such as misusing a power of attorney. It often means emotional abuse, treating an older person like a child or humiliating, insulting, frightening, threatening or ignoring an older person.⁶⁰

Seniors who have limited movement and mobility often suffer from sheer neglect in terms of proper nutrition and medical attention and other necessary care. For older persons who are Culturally Deaf and hard-of-hearing, they often must endure 'communication abuse' because their need to speech-read is dismissed or they are misdiagnosed because they cannot hear and so cannot respond.⁶¹

Increasing numbers of Canadians are caring for aging or ailing family members. It is an issue that is important to both older persons and younger persons alike, especially in light of a rapidly increasing aging population and greater emphasis by government on home care.⁶²

RESTORATIVE JUSTICE

Restorative Justice focuses on the rehabilitation of offenders through reconciliation with victims and the community at large in the context of our criminal justice system.

Restorative Justice should be the primary approach to just, 'right' relationships, to acknowledgment of wrongdoing, and to healing in a community. This vision of relationship is one that fosters more and more the growth of a response to deep hurt and painful confrontations in personal, social, community, and professional life.

In the criminal justice context, since the last provincial and federal election, both governments have put increasing emphasis on the direct and intentional application of restorative justice principles to the criminal justice system. Both have invested in [study and research](#) around the present practices. The federal government is discerning and articulating ways to re-design the system stemming from RJ principles.

The provincial government is dealing with concrete problems plaguing the justice system, such as inmate deaths, the unlimited use of solitary confinement, over-crowding in the jails, and underfunded re-integration programs, especially the bail programs.⁶³ Changes in how to do justice spring from changes in our personal relationships. Political support for the direction that Restorative Justice brings is critical to its further implementation.

50 Canadian Hearing Society Awareness Survey 2002. 51 In social science, the term built environment, or built world, refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings to parks. It has been defined as "the human-made space in which people live, work, and recreate on a day-to-day basis." 52 4th Operating Cost Pressures Survey, Ontario Agencies Supporting Individuals with Special Needs (OASIS). 2017 53 Ontario Agencies Supporting Individuals with Special Needs (OASIS) is a volunteer-run, member-driven provincial organization. Its member agencies serve over 65,000 of Ontario's most vulnerable citizens and employ 25, 000 full and part-time staff. Its 195 member agencies currently provide more than 85% of all developmental services funded by the Ministry of Community and Social Services. 54 Submission to Standing Committee on Finance and Economic Affairs on Ontario Budget 2018, Ontario Agencies Supporting Individuals with Special Needs (OASIS). January 2018. 55 Recent statistics show that 48% of people on the waitlist have low to moderate support needs and may never receive services if we continue using a reactive model of crisis management rather than a proactive method of service delivery. The current funding and service models are not sustainable to address future needs. 56 As of March 31, 2016, approximately 14,900 individuals were waiting for Ministry-funded residential supports across Ontario, according to Agencies Supporting Individuals with Special Needs (OASIS). 57 Ontario Launches New Strategy to End Gender-Based Violence Comprehensive Investments Will Support Survivors and Address the Root Causes of Violence March 1, 2018 58 Ontario Launches New Strategy to End Gender-Based Violence Comprehensive Investments Will Support Survivors and Address the Root Causes of Violence March 1, 2018 59 'Specific issues facing older persons,' Consultation Paper: The changing face of Ontario - Discrimination and our aging population, Ontario Human Rights Commission. May 31, 2000 60 Dialogue on Ontario's Elder Abuse Strategy, Lough Barnes Consulting Group. July 2015 61 'Time for Action,' Advancing Human Right for Older Ontarians, Ontario Human Rights Commission. June 2001. 62 'Specific issues facing older persons,' Consultation Paper: The changing face of Ontario - Discrimination and our aging population, Ontario Human Rights Commission. May 31, 2000 63 'Independent Review of Ontario Corrections,' Corrections in Ontario: Directions for Reform, Howard Sapers, Ontario Ministry of Community Safety & Correctional Services. September 2017

INDIGENOUS

MMIWG INDIGENOUS WOMEN

The Murdered and Missing Indigenous Women and Girls (MMIWG)⁶⁴ Commission reveals the intense destructiveness not only on Indigenous women but also on Indigenous people and their culture. We must remain vigilant regarding issues of violence against women and how these are particularly focussed regarding Indigenous women.

Ending violence against Indigenous women is a major concern. Indigenous women and girls are over represented among women who live in poverty and those women who are sexually exploited and trafficked. The situation of the disproportionately high number of Indigenous women incarcerated in the criminal justice system today is of momentous concern. The high level of violations to Indigenous women's basic human rights must be of concern to any new government in Ontario.⁶⁵

In terms of Restorative Justice, the relationship with Indigenous people is of particular concern, because the inmate population in our prison system continues to be disproportionately high. The Murdered and Missing Indigenous Women and Girls (MMIWG) Commission reveals intense destructiveness of person and culture of Indigenous People.

TRUTH AND RECONCILIATION

The deliberations and recommendations of the Truth and Reconciliation Commission (TRC) has prompted a national reflection on how we must build strong connections with Indigenous peoples in Canada and understanding how and where our common experiences intersect.

There are more than 300,000 Indigenous Ontarians. Many non-Indigenous Canadians generally have very little contact with Indigenous peoples.⁶⁶ For those who had, it was largely about missing and murdered Indigenous women (34%). While Canadians are supportive of a better relationship, more needs to be done to develop mutually respectful and beneficial relationship.⁶⁷

In terms of social services and income security reform, there is still much to do and the province's commitments to reconciliation with Indigenous peoples through the Journey Together framework must continue if we are to rebuild relationships with Indigenous peoples.⁶⁸ The income security system will have to address and guard against systemic and institutional racism and recognize the profound impact of colonialism, residential schools and intergenerational trauma.

First Nations should have the opportunity to develop and control their own social service programs. Recognize First Nations' authority to create and implement their own model of Income Assistance. They should also have the option to adopt provisions and develop models that are more fitting and applicable to Indigenous culture.

It would include areas such as broadening program outcomes to include community engagement and social inclusion, as well as supporting individuals to increase their employability. First Nations social service programs should have recognition and support for their ability to provide Income

assistance to singles, couples and families; employment and job-skills training; youth-specific initiatives; mental health and addictions referrals and early interventions; and, community-based initiatives specific to language, culture, tradition and the community's economic and educational context.

In addition, there needs to be adequate funding for First Nations to create an environment within which income security needs are better met. It will clearly bring about a positive response to the local economic and geographic circumstances of First Nations communities. It will also help ensure that Indigenous people get the help they need to maintain an adequate standard of living and are lifted out of poverty.⁶⁹

64 'Interim Report,' Our Women and Girls are Sacred, National Inquiry into Missing and Murdered Indigenous Women and Girls. 65 'Indigenous Women in Solidary Confinement: Policy Background,' Native Women's Association of Canada. Ottawa, August 2017. 66 Ontario Ministry of Indigenous Relations and Reconciliation. 67 The church coalition, KAIROS, has helped raise awareness of Indigenous concerns through the interactive Blanket Exercise which has been done successfully across Canada. They have called on federal, provincial, and territorial governments to make age-appropriate curriculum on residential schools, Treaties, as well as the historical and contemporary contributions to Canada a mandatory education requirement for Kindergarten to Grade Twelve students, based on the Truth and Reconciliation's Call to Action 62.1. Many Catholic District School Boards are involved in incorporating education and educational tools for students in this regard. The Toronto Catholic District School Board, for example, has an Indigenous Education and Arts Departments that had an Indigenous Poster Competition among schools to create a poster that is inspired by the Seven Gifts of the Holy Spirit and the Seven Grandfather Teachings, demonstrating their mutual connections and unique understandings to recognize and celebrate the many achievements and contributions of Indigenous Peoples to Canada; an occasion to acknowledge and enjoy the narratives and wisdom of First Nation, Métis and Inuit Peoples and their Communities. 68 The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples. Ontario's commitment toward working with Indigenous partners to address the legacy of residential schools, close gaps and remove barriers, support Indigenous culture, and reconcile relationships with Indigenous peoples. 69 'Self-Governance and Respect for First Nations Jurisdiction,' and 'Adequate Funding for First Nations,' Executive Summary, Income Security: A Roadmap for Change, October 2017, pp. 18-23

PALLIATIVE CARE | Homeless and vulnerable persons

Palliative care is an approach that improves the quality of life of persons and their families who face life-threatening illness through prevention and relief of suffering, treatment of pain and other problems.⁷⁰ The needs of homeless and vulnerable persons are especially in need of this care. The Catholic Bishops have said that helping someone commit suicide is neither an act of justice or mercy, nor is it part of palliative care.

Palliative and compassionate care is an essential priority. It respects the dignity of all people, and responds to all dimensions of their humanity, including the spiritual. It responds to the most basic hopes and concerns of all humanity – that each dying person be assured of compassion, comfort, support and a human presence in ways that truly respect and protect the dignity and beauty of human life.

Yet, it must be remembered as Canada's Catholic Bishops have said that helping someone commit suicide is not part of palliative care. In responding to the decision of the Supreme Court of Canada on assisted suicide they said that an "act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely...". It is not an act of mercy or one of justice.

"In order to respond to the physical, emotional and moral sufferings of people of all ages, particularly those seriously ill or handicapped, including those in a terminal phase, we call on Canadians, including our elected representatives, to promote palliative care and end-of-life care".⁷¹

Every day, people with life-limiting illnesses are seeking a high quality of life and access to compassionate hospice palliative care⁷² from caring and knowledgeable people – laity, sisters, priests, family, friends, healthcare professionals – through special hospices, homes and places of long-term care.

The needs of homeless and vulnerably-housed persons with life-limiting illnesses are generally overlooked when speaking about palliative care. Yet, it is just this vulnerable population of older persons who need it most.

"Disregard for the duty to cultivate and maintain a proper relationship with my neighbour, for whose care and custody I am responsible, ruins my relationship with my own self, with others, with God and with the earth. When all these relationships are neglected, when justice no longer dwells in the land, the Bible tells us that life itself is endangered." 'On Care For Our Common Home, Laudato Si' Pope Francis' Encyclical Letter Solemnity of Pentecost 2015

The Catechism of the Catholic Church (2276) affirms that "those whose lives are diminished or weakened deserve special respect." As such, the Catechism views palliative care as a "special form of disinterested charity [that] should be encouraged" (2279).⁷³

An excellent example of palliative education and care for the homeless is the program created by the Inner City Health Team of St. Michael's Hospital in Toronto. Through the program, they provide early, integrated and safe palliative care for the homeless and vulnerably housed, based on the fundamental dignity of every person.

The goals of the program are “to increase competency of community homeless agencies to support clients facing end of life; to advocate for accessible, high quality, early, integrated palliative care for homeless and vulnerably housed populations; and to advance the body of knowledge for delivery of palliative care for homeless and vulnerably housed patients”.⁷⁴

The ability to pass from this life to the next in the context of a loving caring people around you is fundamental to every human being. That’s because human life is sacred and from its beginning “it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim ...the right directly to destroy an innocent human being”.⁷⁵

In Ontario and across Canada, we must hold any new government accountable to protecting the conscience rights of those who are primary caregivers, especially physicians, during someone’s passing at the end of their lives.⁷⁶ There is still a lack of hospice palliative care supports and services for the homeless and vulnerable as early as they need these supports and services and in the most appropriate setting.

A newly elected government must be mindful that the province must continue to move forward to create a truly coordinated system for hospice palliative care.⁷⁷ There needs to be continued momentum to ensure and improve the availability and access to equitable, high-quality, sustainable palliative care services. It must make care culturally and linguistically appropriate, especially for Indigenous people.

We must concentrate more not only on ensuring pain control but also on compassionate care for those in palliative care. We must ensure that the planning, coordinating, funding and monitoring of palliative care services is not limited to the perspective that is focused on a specialized medical multidisciplinary approach focussed primarily on providing relief from pain.⁷⁸

70 Op. cit., Definition of Palliative Care. 71 Response to the report by the Parliamentary Committee on Palliative and Compassionate Care, “Not to be forgotten: Care of Vulnerable Canadians”, Canadian Conference of Catholic Bishops (CCCCB). September 22, 2005. 72 Definition of Palliative Care, World Health Organization (WHO), United Nations. 73 ‘Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible,’ (2276), Part III, Life in Christ, Section 2, The Ten Commandments, Chapter Two, “You Shall Love Your Neighbor As Yourself,” Article IV, The Fifth Commandment, Catechism of the Catholic Church, Libreria Editrice Vaticana, Citta Del Vaticano 1993 74 “Palliative Education and Care for the Homeless,” PEACH, Inner City Health Associates, St. Michael’s Hospital, Dr. Naheed Dosani [DosaniN@smh.ca]. 75 “Human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being,” (2258), Part III, Life in Christ, Section 2, The Ten Commandments, Chapter Two, “You Shall Love Your Neighbor As Yourself,” Article IV, The Fifth Commandment, Catechism of the Catholic Church, Libreria Editrice Vaticana, Citta Del Vaticano 1993 76 The Position of the Catholic Church and the stance of the Catholic Bishops Of Canada on ‘the giving of assistance in dying’, submission by the president of the Canadian Conference Of Catholic Bishops (Most Rev. Douglas Crosby, OMI), to expert panel on options for a legislative response to Carter v. Canada. October 19, 2015 77 No Co-ordinated System for End-of-life Care Despite Growing Need, Auditor General Says, News Release, Office of the Auditor General of Ontario. December 9, 2014 78 Killing the Pain Not the Patient: Palliative Care vs Assisted Suicide, Richard M. Doerflinger and Carlos F. Gomez, M.D., Ph.D., United States Conference of Catholic Bishops

CATHOLIC SOCIAL TEACHING

Catholic Social Teaching undergirds the reasons behind our Election Guide because it spurs us on to be in solidarity with all people but especially the poor and vulnerable. Justice is at the core, rooted in the prophetic books of the Old Testament and the Gospel (Matthew 25:31-46), Letters of the New Testament and the early Church back to the 5th Century.

Spurred on by social conditions since the late 19th century, Catholic social teaching took on even greater vigour, beginning with Pope Leo XIII and his landmark encyclical, *Rerum Novarum* (1891) where he critiqued the deplorable conditions of workers then, championing their rights in society.

“Love for others, and especially for the poor,” said St. John Paul II, is made concrete by promoting justice. He reminded us that “the social message of the Gospel must not be considered a theory, but above all a basis and a motivation for action,” today more than ever.

Pope Benedict XVI has written that “the just ordering of society and the State is a central responsibility of politics...Justice is both the aim and the intrinsic criterion of all politics. Politics is more than a mere mechanism for defining the rules of public life: its origin and its goal are found in justice”.

Pope Francis has said that the Gospel is not an unattainable ideal, but something that all of us should seek, especially where there is economic injustice. He said that we “cannot remain silent in the face of injustice and suffering...the Gospel is not a utopia but a real hope, even for the economy. God asks us never “to grow tired of collaborating with everyone for the common good.”

HUMAN DIGNITY

In a world warped by materialism and declining respect for human life, the Catholic Church proclaims that human life is sacred and that the dignity of the person is the foundation of a moral vision for society. Our belief in the sanctity of human life and inherent dignity of the human person is the foundation of our social teaching.

COMMUNITY AND THE COMMON GOOD

In a global culture driven by excessive individualism, our tradition proclaims that the person is not only sacred but also social. How we organize our society in economics and politics, in law and policy directly affects human dignity and the capacity of individuals to grow in community. Our Church teaches that the role of government and other institutions is to protect human life and human dignity and promote the common good.

RIGHTS AND RESPONSIBILITIES

Catholic tradition teaches that human dignity can be protected and a healthy community can be achieved only if human rights are protected and responsibilities are met. Every person has a fundamental right to life and a right to those things required for human decency. Corresponding to these rights are duties and responsibilities to one another, to our families, and to the larger society.

OPTION FOR THE POOR AND VULNERABLE

Catholic teaching proclaims that a basic moral test is how our most vulnerable members are faring. In a society marred by deepening divisions between rich and poor, our tradition recalls the story of the Last Judgment (Matthew 25:31-46) and instructs us to put the needs of the poor and vulnerable first.

PARTICIPATION AND SUBSIDIARITY

All people have a right to participate in the economic, political, and cultural life of society. It is a fundamental demand of justice and a requirement for human dignity that all people be assured a minimum level of participation in the community. Conversely, it is wrong for a person or a group to be excluded unfairly or to be unable to participate in society.

DIGNITY OF WORK AND THE RIGHTS OF WORKERS

In a marketplace where too often the quarterly bottom line takes precedence over the rights of workers, we believe that the economy must serve people, not the other way around. If the dignity of work is to be protected, then the basic rights of workers must be respected – the right to productive work, to decent and fair wages, to organize and join unions, to private property and to economic initiative.

STEWARDSHIP OF CREATION

Catholic tradition insists that we show our respect for the Creator by our stewardship of creation. We are called to protect people and the planet, living our faith in relationship with all of God's creation. This environmental challenge has fundamental moral and ethical dimensions which cannot be ignored.

SOLIDARITY

Catholic social teaching proclaims that we are our brothers' and sisters' keepers, wherever they live. We are one human family, whatever our national, racial, ethnic, economic, and ideological differences. Solidarity means that "loving our neighbour" has global dimensions in an interdependent world.

ROLE OF GOVERNMENT

The state has a positive moral function as an instrument to promote human dignity, protect human rights, and build the common good. Its purpose is to assist citizens in fulfilling their responsibility to others in society. In today's complex society these responsibilities cannot adequately be carried out on a one-to-one basis. Citizens need the help of government to fulfill these responsibilities and promote the common good.

CATHOLIC CHARITIES of the Archdiocese of Toronto supports community services through its twenty-seven member agencies, providing services that improve the social and economic well-being of people in Toronto, Peel, York and Durham regions, Dufferin and Simcoe counties.

For over 100 years, Catholic Charities of the Archdiocese of Toronto has been providing leadership and raising awareness about issues that affect the poor and marginalized in our society, drawing on Catholic Social Teaching and challenging us to build a more just society and safeguard the dignity of every person.

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