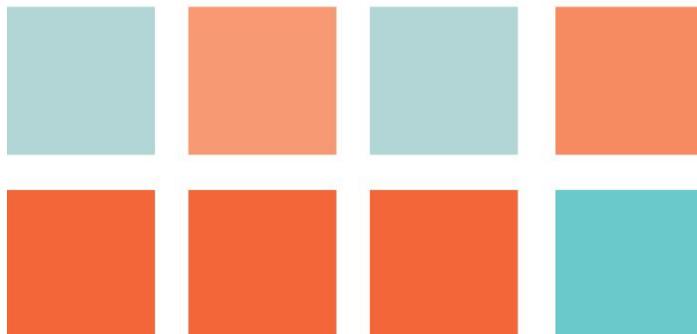


Registered Nurses' Association of Ontario (RNAO)

**Income Security for Better Health**

Written Submission to the Ministry of Community and  
Social Services on a Basic Income Pilot

January 31, 2017



## **RNAO Recommendations on Basic Income Pilot:**

Immediately act on multiple poverty fronts:

- Increase Ontario's dangerously low social assistance rates (Ontario Works and the Ontario Disability Assistance Program) to reflect the actual cost of living and then index for inflation. RNAO supports the recommendation of the Interfaith Social Assistance Reform Coalition (ISARC) and the Income Security Advocacy Centre (ISAC) to invest \$1 billion in social assistance in Budget 2017 as a necessary first step. Within this amount, \$700 million should be invested in an 10 per cent increase in basic needs and shelter allowance rates. The remaining \$300 million should be invested in rule changes to ensure basic fairness, remove punishments, better support relationships and work, and allow savings.
- Improve access to affordable housing and stimulate job creation by investing one per cent of Ontario's budget (\$1.39 billion) to address the backlog of existing affordable housing units in need of repair and to create new affordable housing stock.
- Raise the minimum wage to \$15 per hour with no exemptions regarding age or sector.
- Cover all classes of workers and employers under *the Employment Standards Act* and *Labour Relations Act*. Update those acts to protect all workers, including access to personal emergency leave, paid sick days, and enhanced enforcement of strengthened labour laws.
- Develop and implement a plan (preferably via changes to the ESA) to deliver the same wages, benefits and working conditions to workers in nonstandard employment as those in standard employment, under the same terms and conditions (e.g., doing the same work with the same seniority).

Implementing a basic income pilot project for Ontario:

- Provide a basic income pilot for Ontario with strong ethical safeguards. Ensure that no participant is worse off and make sure that there is no erosion of the current social safety net for the broader population.
- The primary objective or purpose of the basic income pilot must be to eliminate poverty and its negative impacts on individual, family, and community health. While data and insight into other issues and trade-offs may be gathered, secondary considerations must not drive the design of the program.

- Basic income pilot amount must be aligned with adequacy for health and dignity no less than 100 per cent of the low-income measure (LIM).
- In order to honour Ontario's commitment to reconciliation and improve Indigenous health, implement Hugh Segal's recommendation that the design of a basic income pilot adapted to the realities of Indigenous communities be "under the full prerogative of the First Nations Chiefs of Ontario."
- Include a formal representative from the Registered Nurses' Association of Ontario as a full member of the Basic Income Pilot Advisory Council, given their in-depth expertise and reach across all geographies and populations in Ontario.

## Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO appreciates the opportunity to provide feedback to the Ministry of Community and Social Services on a basic income pilot. The process has put a spotlight on divergent policy frameworks and public discourse<sup>1 2 3 4 5 6 7 8 9 10</sup> to inform what is essentially a discussion about values and human rights. Bringing this proposal forward has given additional energy, purpose, and passion to the critical question of what kind of society do we wish to build?

Consistent with RNAO's mission,<sup>11</sup> ENDS,<sup>12</sup> and provincial political platforms,<sup>13 14</sup><sup>15</sup> RNAO remains committed to building a healthy and vibrant Ontario where nobody is left behind. The fundamental principles that are the foundation for RNAO's recommendations for healthy public policy include: equity; dignity; accountability, transparency, democracy; upstream, visionary policies; fairness and respect for Indigenous Peoples; and health and health care for all.<sup>16</sup>

## Critical action needed now on multiple poverty fronts

Hugh Segal situates his discussion paper on a basic income pilot for Ontario using diplomatic language to describe a harsh reality. "It is hard to conclude that the income support that is now available for those living in poverty is adequate in any meaningful way, despite recent improvements introduced by the province."<sup>17</sup> That is why appointed members of the Income Security Reform Working Group have asked for immediate social assistance increases in the 2007 budget<sup>18</sup> and why frustrated Ontarians have demonstrated outside basic income pilot consultations in Hamilton<sup>19</sup> and Sudbury.<sup>20</sup>

Nurses know that meaningful action on poverty is critical to sustaining lives, supporting health, and enabling human dignity. Hugh Segal's discussion paper on a basic income pilot reported that 15.9 per cent of Ontario adults between 18 to 64 years were living in poverty in 2014 according to the Low Income Measure (LIM).<sup>21</sup> For the same year, there were 513,850 Ontario children under the age of 18 years who were living in poverty (LIM).<sup>22</sup> While this 18.8 per cent poverty rate is an improvement from the 20 per cent of 2013, this still leaves more than 1 in 6 children living in poverty across the province.<sup>23</sup> That is why Ontario's RNs, NPs and nursing students continue to implore our elected leaders to accelerate our collective action to address the poverty that is still a daily reality for 1.57 million Ontarians.<sup>24</sup>

Public health units across the province each year continue to document the gap between the cost of nutritious food and shelter in the context of low social assistance rates and precarious, low paid employment. In 2016 in Toronto, for example, a one-person household receiving Ontario Works (OW) would have a deficit of \$464 per month, as average monthly rent would require 123 per cent of income, and the amount required to purchase healthy food would take 38 per cent of income.<sup>25 26</sup> As of September 30, 2016, a single person receiving OW must currently try to survive on \$706 per month.<sup>27</sup> A single person enrolled in the Ontario Disability Support Program must try to get by on \$1,128 per month.<sup>28</sup> The single person receiving ODSP would have a monthly deficit of \$194, as average monthly rent would take up 93 per cent of income, and healthy food would take up 24 per cent of income.<sup>29</sup> A couple with two children and a full-time minimum wage earner would bring in \$1,950 per month from employment, of which 52 per cent would be required for rent and 29 per cent to purchase food.<sup>30</sup>

A snapshot of food banks in Canada and in Ontario found that use remained higher in 2016 than when the recession started in 2008.<sup>31</sup> In March 2016, 335,944 individuals accessed a food bank in Ontario, which is a 6.9 per cent increase since 2008.<sup>32</sup> Food bank use, however, has been found to be a poor indicator of food insecurity as it underestimates the scope of the problem.<sup>33</sup> Interviews with 371 families living in low-income in Toronto, for example, found that 75 per cent had experienced food insecurity<sup>34</sup> but only 23 per cent had used a food bank.<sup>35</sup> According to the Canadian Community Health Survey for 2014, the number of food insecure households in Ontario was 594,900 households.<sup>36</sup> As might be expected, the lower household income is in relation to the Low Income Measure, the greater the likelihood of severe food insecurity.<sup>37</sup> Using data from 2013 and 2014, the proportion of households reliant on social assistance who were food insecure in Ontario was 64 per cent.<sup>38</sup> In 2014, the proportion of food insecure households reliant on wages and salaries in Ontario was 58.9 per cent.<sup>39</sup>

The minimum wage in Ontario was frozen at \$6.85 per hour from 1995 to 2004, which corresponded to a 17 per cent cut in purchasing power. From February 2004 to March 2010, important increases brought the minimum wage to \$10.25 per hour. After staying flat for four years, the minimum wage increased to \$11.00 per hour as of June 1, 2014 and then increased to \$11.25 as of October 1, 2015 and then \$11.40 per hour as of October 1, 2016.<sup>40</sup> While the increases and indexing of the minimum wage were welcome, RNAO continues to support the community call to set the minimum wage 10 per cent above the Low Income Measure.<sup>41</sup> RNAO estimates that figure to be about \$14.78 as of November 2016 in contrast to current minimum wage of \$11.40 per hour which is 15.1 per cent below the estimated November 2016 pre-tax LIM.<sup>42 43</sup> Using the same methodology with the after-tax LIM, RNAO estimates that LIM + 10 per cent would be \$14.23/hour for a single person with no dependents. For comparison purposes to make basic ends meet, a living wage<sup>44</sup> for two working parents with two children was estimated to be \$18.52 per hour in Toronto (2015),<sup>45</sup> \$17.65 per

hour in Peterborough (2016),<sup>46</sup> \$17.47 per hour for the Niagara Region (2016),<sup>47</sup> and \$16.18 per hour in Sudbury (2015).<sup>48</sup>

An immediate increase to \$15 per hour wage with increased attentiveness to ensuring fair legislation and enforcement of labour standards would strengthen the notion that good jobs represent a pathway out of poverty. Other jurisdictions that have announced regulatory increases to a \$15 per hour minimum wage include Alberta (2018),<sup>49</sup> New York City for large employers (of 11 or more) (2018),<sup>50</sup> Los Angeles County for large employers (of 26 or more) (2020),<sup>51</sup> and California for large employers (of 26 or more) (2022).<sup>52</sup>

The minimum wage must apply equally without exemptions by age or sector. Ontario is the only province/territory that permits employers to pay a lower minimum wage to young workers.<sup>53</sup> The vast majority of jurisdictions in Canada (except for British Columbia, Ontario, and Quebec) do not allow a lower wage for those who serve liquor.<sup>54</sup>

As in many other jurisdictions, many Ontario workers find themselves in jobs that neither pay well nor are secure and full-time. So prevalent is this problem that Ontario struck a Changing Workplaces Review to study non-standard employment. The Special Advisors for that Review issued an interim report in July 2016, outlining the current situation and policy options.<sup>55</sup> The Special Advisors will issue a final report in 2017. RNAO's submission<sup>56</sup> had a number of nursing-specific recommendations, as well as a series of recommendations calling for all workers to have equal protections under the *Employment Standards Act* (ESA) and the *Labour Relations Act* (LRA), with no exemptions.

Despite over \$4 billion in provincial funding for affordable housing since 2003, waiting lists in Ontario grew by 45,257 households from 2003-2015.<sup>57 58</sup> In 2015, there were 171,360 households across the province on waiting lists for rent-gear-to-income housing.<sup>59</sup> The average wait time for applicants housed in 2015 across Ontario was 3.9 years, however, the predicted wait time for recent applicants in high demand regions is as high as 14 years.<sup>60</sup>

RNAO believes one way to reverse this trend is to invest one per cent of the province's budget. The money will help create new affordable housing stock and address the backlog of existing affordable housing units in need of repair.<sup>61</sup> RNAO recommended this to the Ministry of Municipal Affairs and Housing when it was updating the province's Long-Term Affordable Housing Strategy. The Ontario Non-Profit Housing Association calculated for 2013 that a provincial commitment of \$1.3 billion per year, over ten years (or roughly one per cent of province's annual budget), would be required to assist all households living in Persistent Core Housing Need and help address homelessness.<sup>62</sup> Based on the 2017-2018 fiscal outlook from the Fall Economic Statement,<sup>63</sup> a one per investment of the province's budget for housing would be \$1.39 billion.

Given the clear evidence of better health outcomes linked with income security,<sup>64</sup>  
<sup>65</sup> RNAO recommends action on the following multiple poverty fronts immediately:

- Increase Ontario's dangerously low social assistance rates (Ontario Works and the Ontario Disability Assistance Program) to reflect the actual cost of living and then index for inflation.<sup>66</sup> RNAO supports the recommendation of the Interfaith Social Assistance Reform Coalition (ISARC)<sup>67</sup> and the Income Security Advocacy Centre (ISAC) to invest \$1 billion in social assistance in Budget 2017 as a necessary first step. Within this amount, \$700 million should be invested in an 10 per cent increase in basic needs and shelter allowance rates.<sup>68</sup> The remaining \$300 million should be invested in rule changes to ensure basic fairness, remove punishments, better support relationships and work, and allow savings.<sup>69</sup>
- Raise the minimum wage to \$15 per hour with no exemptions regarding age or sector.

Ensure all workers have the same protections and benefits enjoyed by workers with standard employment:

- Cover all classes of workers and employers under *the Employment Standards Act* and *Labour Relations Act*. Update those acts to protect all workers, including access to personal emergency leave, paid sick days, and enhanced enforcement of strengthened labour laws.
- Develop and implement a plan (preferably via changes to the ESA) to deliver the same wages, benefits and working conditions to workers in nonstandard employment as those in standard employment, under the same terms and conditions (e.g., doing the same work with the same seniority).<sup>70 71 72</sup>
- Improve access to affordable housing and stimulate job creation by investing one per cent of Ontario's budget (\$1.39 billion) to address the backlog of existing affordable housing units in need of repair and to create new affordable housing stock.

### **Implementing a basic income pilot with strong ethical safeguards**

In his consultation process, Hugh Segal "found no indication that any group, or political party, would oppose trying to find a better way of reducing poverty and its serious negative effects on people's lives, prospects, relationships, health, longevity, and social conditions."<sup>73</sup> RNAO's urgency in addressing income security is driven by the overwhelming evidence that living in poverty is causing Ontarians to die prematurely, live with a greater burden of disease, and preventing the creation of vibrant communities where no one is left behind. The systemic conditions that create poverty, including systemic discrimination has

resulted in groups who experience higher rates of poverty linked to being marginalized by their status as Indigenous; racialized; women, especially female lone parent households; new Canadians; and people living with disabilities.<sup>74</sup>

The health and human rights rationales for eliminating poverty make a compelling enough case for immediate action. In addition, the economic costs of allowing so many Ontarians to live in poverty are significant. The private and social costs of poverty, including costs for health care, crime, lost productivity, and intergenerational poverty in Ontario are conservatively estimated to be between \$32.2-\$38.3 billion (2007 dollars) or between 5.5-6.6 per cent of Ontario's Gross Domestic Product (GDP).<sup>75</sup> In 2008, this works out to poverty costing every household in Ontario between \$2,299 to \$2,895 per year.<sup>76</sup> A more recent estimate of the cost of inaction on poverty just in Toronto conservatively estimates overall costs ranging from \$4.4 to \$5.5 billion per year (excluding intergenerational poverty costs).<sup>77</sup>

The status quo in addressing poverty in Ontario is clearly not working. A person working at the minimum wage of \$11.40 per hour for 35 hours per week in a 52 week year is 15.1 per cent below the LIM.<sup>78 79</sup> A single individual receiving Ontario Disability Support Program (ODSP) benefits receives an annual income of \$14,532 which is equivalent to 66 per cent of the LIM after taxes for an individual living alone.<sup>80</sup> A single person receiving Ontario Works (OW) only receives an annual income of \$9,420, which is equivalent to 43 per cent of the LIM after taxes for an individual living alone.<sup>81</sup>

For these reasons, RNAO supports implementing a basic income pilot with strong ethical safeguards to prevent harm. Recommendations with their corresponding rationale follow:

- Provide a basic income pilot for Ontario with strong ethical safeguards. Ensure that no participant is worse off and make sure that there is no erosion of the current social safety net for the broader population.<sup>82</sup>

While a randomized controlled trial is "the gold standard" in certain biomedical and pharmaceutical contexts, its applicability to complex societal challenges with already vulnerable people is uncertain. RNAO strongly recommends that a robust ethical accountability mechanism equivalent to university and hospital ethics review boards be put into place as soon as possible. In addition to experts in ethics, social policy, population health, and community health nursing, it is critical that people with lived experience be actively engaged in the design, implementation, and evaluation of the basic income pilot. For example, a recognized nursing scholar Dr. Cheryl Forchuk and her colleagues tested an intervention to prevent homelessness among individuals discharged from psychiatric wards. They had to stop their randomized control design early when the intervention group (housing advocate plus fast-tracked income support) had

statistically significant results which suggested that "the participants in the control group were being seriously disadvantaged by usual care."<sup>83</sup>

In addition to ensuring that none of the individual participants are worse off, it is also essential that consideration be given to protecting communities and systems that are public goods from any inadvertent harm. Ensuring that no participant is worse off, including not losing any current benefits or rent-geared-to-income housing, is a critical principle emphasized by Hugh Segal.<sup>84</sup>

- The primary objective or purpose of the basic income pilot must be to eliminate poverty and its negative impacts on individual, family, and community health. While data and insight into other issues and trade-offs may be gathered, secondary considerations must not drive the design of the program.

Proponents of basic income across the ideological spectrum tend to see it as a solution to many different problems. Basic income is projected as a fix for everything: "from responding to low-quality labour market to making benefits easier to administer, and from incentivizing work to getting government "out of the business" of providing social programs."<sup>85</sup> Ontario's 2016 Budget description of the basic income pilot reflects some of that diversity:

The pilot project will test a growing view at home and abroad that a basic income could build on the success of minimum wage policies and increases in child benefits by providing more consistent and predictable support in the context of today's dynamic labour market. The pilot would also test whether a basic income would provide a more efficient way of delivering income support, strengthen the attachment to the labour force, and achieve savings in other areas, such as health care and housing supports.<sup>86</sup>

Some proponents support basic income as "an excuse or reason to cancel other forms of social spending and social programming" by casting citizens as consumers empowered "to purchase social welfare needs in the market."<sup>87</sup> Trends that reinforce the power of market forces for ideological reasons linked with neoliberalism such as privatization, deregulation, trade liberalization, lower taxes, and shrinking of the welfare state<sup>88</sup> are of concern to RNAO as they increase social and health inequities. The evidence of systematic reviews in health care have shown that for-profit provision of health services results in higher mortality,<sup>89</sup> <sup>90</sup> worse health outcomes,<sup>91</sup> and greater cost<sup>92</sup> <sup>93</sup> compared with non-profit provision of health services. What can be learned from the experience in health service delivery is that market solutions actually lead to worse outcomes for people with less effective use of public resources. For these reasons, care must be taken that the basic income pilot be monitored to ensure

that neither labour rights nor universal health and social programs be weakened or undermined.

RNAO supports Hugh Segal's premise that "the main objective of the pilot should be its capacity to substantially and efficiently reduce poverty (targets should be specified for the reduction of poverty rates and poverty depth among pilot participants)."<sup>94</sup> Additionally, RNAO endorses Segal's warning that a basic income pilot "is not, and should not be, a "Big Bang" operation that results in a total collapse of health care coverage, unemployment insurance, and other programs that form the basis of Ontarians' broad social support network."<sup>95</sup>

- Basic income pilot amount must be aligned with adequacy for health and dignity no less than 100 per cent of the low-income measure (LIM).

Basic income amounts must not be too basic. The proposed testing of a basic income pilot based on 75 per cent of the LIM for Ontario Works and 75 per cent of the LIM plus \$500 per month for the Ontario Disability Support Program<sup>96</sup> is not sufficient. Until there is evidence to link the actual costs of living with a basic income through the work of the Income Security Reform Working Group<sup>97</sup> or the proposed Social Assistance Research Commission,<sup>98</sup> the province must stop providing dangerously low social assistance amounts. As a baseline, amounts must be aligned with adequacy for health and dignity so that they are no lower than 100 per cent<sup>99</sup> or 110 per cent<sup>100</sup> of the low-income measure (LIM).

- In order to honour Ontario's commitment to reconciliation and improve Indigenous health, implement Hugh Segal's recommendation that the design of a basic income pilot adapted to the realities of Indigenous communities be "under the full prerogative of the First Nations Chiefs of Ontario."<sup>101</sup>

Building on the evidence of the Truth and Reconciliation Commission of Canada,<sup>102 103</sup> the Premier and the government of Ontario on May 30, 2016 made a commitment "to being full partners with Indigenous Peoples on our journey towards reconciliation and healing."<sup>104</sup> In order to this realize this commitment, RNAO urges the government of Ontario to heed Hugh Segal's recommendation that the design of a basic income pilot adapted to the realities of Indigenous communities be "under the full prerogative of the First Nations Chiefs of Ontario."<sup>105</sup>

- Include a formal representative from the Registered Nurses' Association of Ontario as a full member of the Basic Income Pilot Advisory Council, given their in-depth expertise and reach across all geographies and populations in Ontario

RNAO is committed to improving health and decreasing health inequities through collaborative action on the social determinants of health. We look forward to

working with governments, within our communities and with people with lived experience for an Ontario that leaves no one behind.

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