

Taking a Closer Look at Client Barriers:

Ontario Works SPDAT Report

September 2018

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Introduction

Taking a Closer Look at Client Barriers provides a snapshot of the most significant challenges experienced by individuals receiving Ontario Works through County of Wellington Social Services. This report also provides a look at employment outcomes, goal setting and life skills interventions. While this report doesn't make specific recommendations, it provides examples of initiatives and interventions currently in place to address the issues identified. This report aims to provide local data on barriers and challenges experienced by Ontario Works recipients, for use in service planning and to support community initiatives and programmes focused on poverty reduction, health and employment in the City of Guelph and the County of Wellington.

Methodology

Sample

The data presented in this report represents a sample of 96 individuals who completed the Full Single Adult SPDAT assessment, administered by an Ontario Works caseworker trained on the use of the tool. Life Skills and Addiction Services clients were not included, as those programmes are already geared towards clients with the most acute issues and concerns. The adults assessed were either single or single parents with younger children and no spouse or partner. The vast majority (75%) of the individuals assessed were expected to be searching or preparing for employment as part of their Ontario Works participation agreement. The sample contains an equal number of men and women to facilitate gender-based analysis on the barriers identified. Scores used to inform the data for this report do not include children or other family members and represent only the individual completing the assessment.

96 adults in receipt of Ontario Works completed the SPDAT assessment, with 48 men and 48 women participating. The average length of time on assistance was 2.5 years, with 43% on assistance for longer than 2 years. The average age for the entire single and sole support adult was 36 years. For all single and sole support adults on the Ontario Works caseload, the average length of time on assistance was just over 2 years, with 37% on assistance for longer than 2 years.

While this initial report relies on a sample of 96 individuals on the Ontario Works caseload, this research may be expanded in the future to more precisely examine different family types, geographic locations and specific demographic cohorts.

The SPDAT Assessment

The Service Prioritization Decision Assistance Tool (SPDAT) was originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, but has been successfully adapted to other fields of practice. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence¹. The responses are self-reported by the client and are recorded by the assessor. The SPDAT was chosen based on an evaluation of eight different assessments used by practitioners in the community and other Ontario Works service managers. A number of considerations were taken into account, including the life domains covered in the tool, the

¹ Service Prioritization Decision Assistance Tool (SPDAT) Version 4.01, OrgCode Consulting 2015.

universality of the tool, and the tool output. The evaluation included discussions with tool developers as well as community organizations that were administering assessments. The SPDAT was found to best serve the objective of identifying client barriers and challenges, due to its design and focus on acuity across 15 different life areas. While the tool's foundation is housing stability and housing interventions, the SPDAT is one of the few tools available to front-line staff that identifies concrete barriers across four domains and 15 areas of vulnerability in order to determine the level of acuity for individuals and prioritize service interventions more broadly. The SPDAT assesses conditions within the following domains:

- **Wellness**
 - Mental Health & Wellness and Cognitive Functioning
 - Physical Health & Wellness
 - Medication
 - Substance Use
 - Experience of Abuse and Trauma
- **Risks**
 - Risk of Harm to Self or Others
 - Involvement in Higher Risk and/or Exploitative Situations
 - Interaction with Emergency Services
 - Legal involvement
- **Socialization and Daily Functioning**
 - Personal Administration and Money Management
 - Social Relationships and Networks
 - Self-Care and Daily Living Skills
 - Meaningful Daily Activity
- **Housing**
 - History of Homelessness and Housing
 - Managing Tenancy

Number scores ranging from 0 (low acuity) to 4 (high acuity) are provided for each component, with a total score indicating the combined level of acuity for an individual across all 15 areas.

Data Limitations

The SPDAT relies on self-reported scores for each question, and thus the data represents only what each individual is comfortable disclosing, and may not include the totality of their experience. Experiences vary widely between individuals and individuals who may have experienced life events of similar severity may have very different perceptions of the impact of these events on their own lives. Individuals may under report or over report their experiences and scores may reflect this.

In a report published by the Homeless Hub in 2018 in the Journal of Social Distress and the Homeless, the authors present their findings on the reliability and validity of the VI-SPDAT, a shorter version of the assessment tool used in this report. They find that “several questions on the VI-SPDAT were not strongly related, or were related in an unexpected way (e.g., the presence of a health condition was associated

with lower vulnerability), with the concept of vulnerability and/or with the VI-SPDAT subdomains.”² A thorough analysis of the full SPDAT done locally found similar issues. As a result, questions with low validity and relevance to the objective of this report were not included in the analysis. Scores were collapsed where appropriate to group acuity levels and generate meaningful analysis. The developers of the SPDAT were in the process of revising the tool as of August 2018.

Overview

Based on the representative sample of clients assessed for this report, mental health, physical health, experience of abuse and trauma and homelessness emerged as the most significant barriers. The findings show that 73% of individuals indicated some concern with their mental health, with one quarter reporting acute mental health challenges that impact daily living. More than half of individuals stated that current or past experiences of abuse or trauma impact their ability to function on a daily basis, including the ability to find and maintain employment and housing, and develop meaningful relationships with others. Two-thirds of individuals reported that they live with medical conditions that impact their daily living. These findings suggest that reliance on assistance is increasingly fueled by long-standing and complex barriers to employment. The Wellington County Ontario Works caseload is not unique in this respect- the patterns identified at the local level are mirrored across Canada and Ontario:

- The poorest people in Ontario are more likely to have health risks, less access to important health services, multiple chronic conditions and shorter life expectancy³
- Low income persons are four times more likely to report poor or fair health status than are high-income persons⁴
- Living in poverty can quadruple a child’s risk of being exposed to trauma⁵
- 235,000 Canadians experience homelessness in a year and 35,000 are homeless on any given night⁶

Service managers across the province are conducting local research to examine client barriers particular to their area and caseload, including Toronto Employment and Social Services which has embarked on a large-scale study of single adults on their Ontario Works caseload.

² New Research on the Reliability and Validity of the VI-SPDAT: Implications for Coordinated Assessment. Homeless Hub, 2018. <http://homelesshub.ca/blog/new-research-reliability-and-validity-vi-spd-at-implications-coordinated-assessment>

³ Health Quality Ontario, Income and Health 2016. <http://hqontario.ca/Portals/0/documents/system-performance/health-equity-report-en.pdf>

⁴ Association of Ontario Health Centres, A Journey through poverty, 2009.

<https://www.aohc.org/sites/default/files/documents/Journey%20Through%20Poverty.pdf>

⁵ Children’s Health Policy Centre, Simon Fraser University, 2011. <http://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-3-11-Summer.pdf>

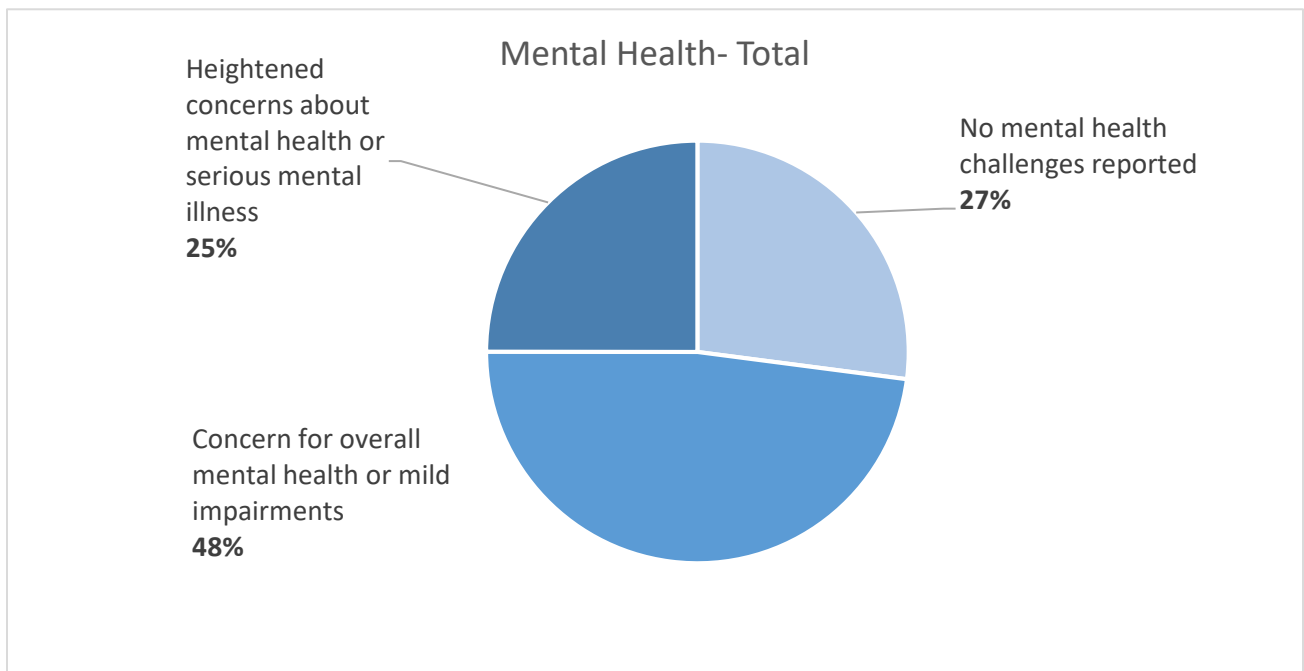
⁶ Canadian Homelessness Research Network, The State of Homelessness in Canada 2016.

<http://homelesshub.ca/SOHC2016>

Mental Health

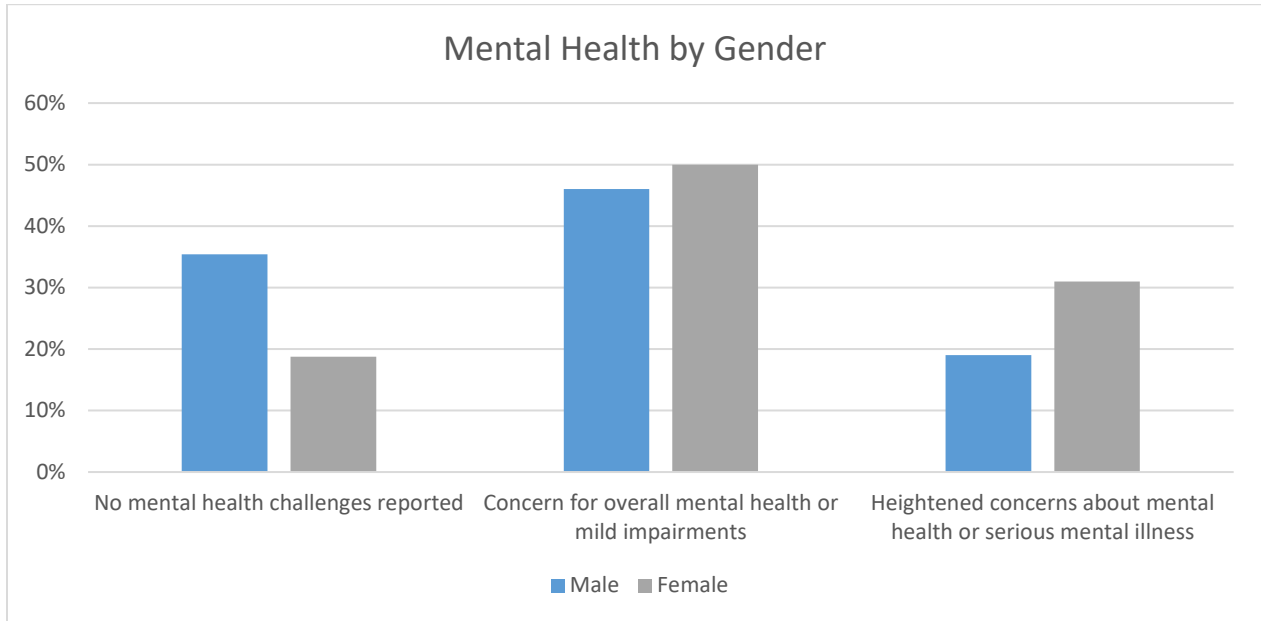
Of the total sample, approximately three-quarters (73%) of individuals identified some concerns for their overall mental health or that they were engaged with mental health supports. 25% reported acute mental health challenges, including serious mental illness.

Mental health and poverty are connected—people with the lowest incomes, such as Ontario Works recipients, are more likely to experience depression, anxiety, mood disorders, Alzheimer’s or dementia and schizophrenia⁷. The most recent data from the Canadian Community Health Survey indicates that 66.6% of the population in Guelph and 76.2% of the population in Wellington County rate their mental health as “very good” or “excellent”⁷. The inverse is true for the individuals profiled in this report, where only 27% report no mental health challenges.



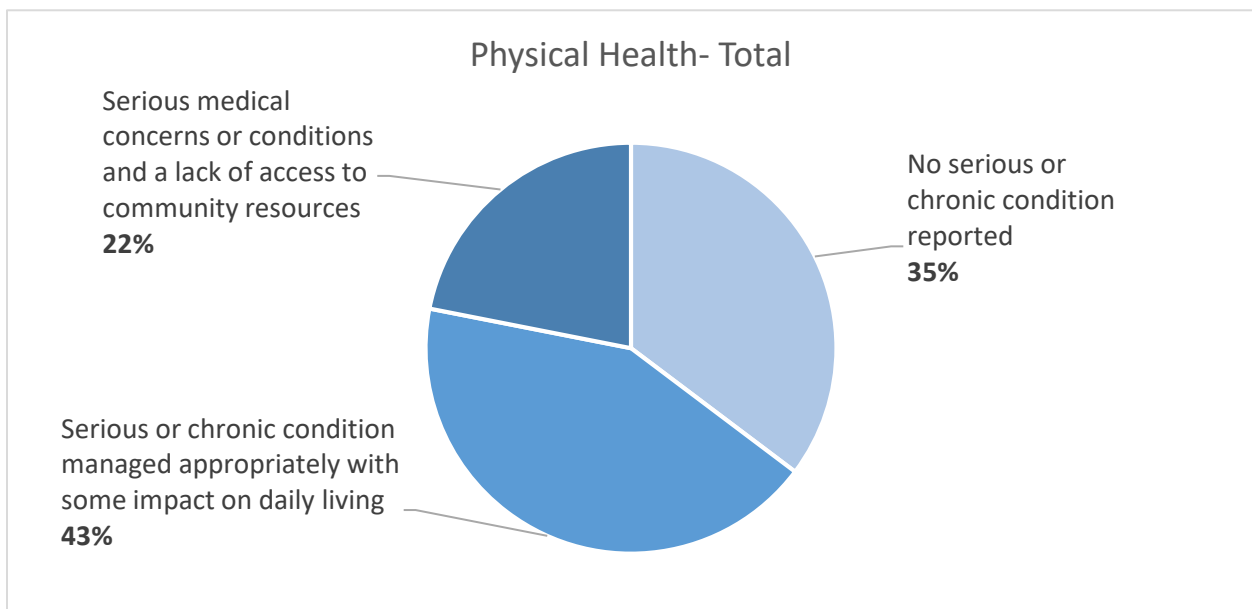
⁷ Toward Common Ground Data Portal, Mental Health. <http://www.towardcommonground.ca/en/data-portal/mental-health.aspx>

There was a marked gender difference in how men and women reported their mental health challenges. A significantly higher percentage of women reported concerns with their mental health at 81%, compared to men at 65%.



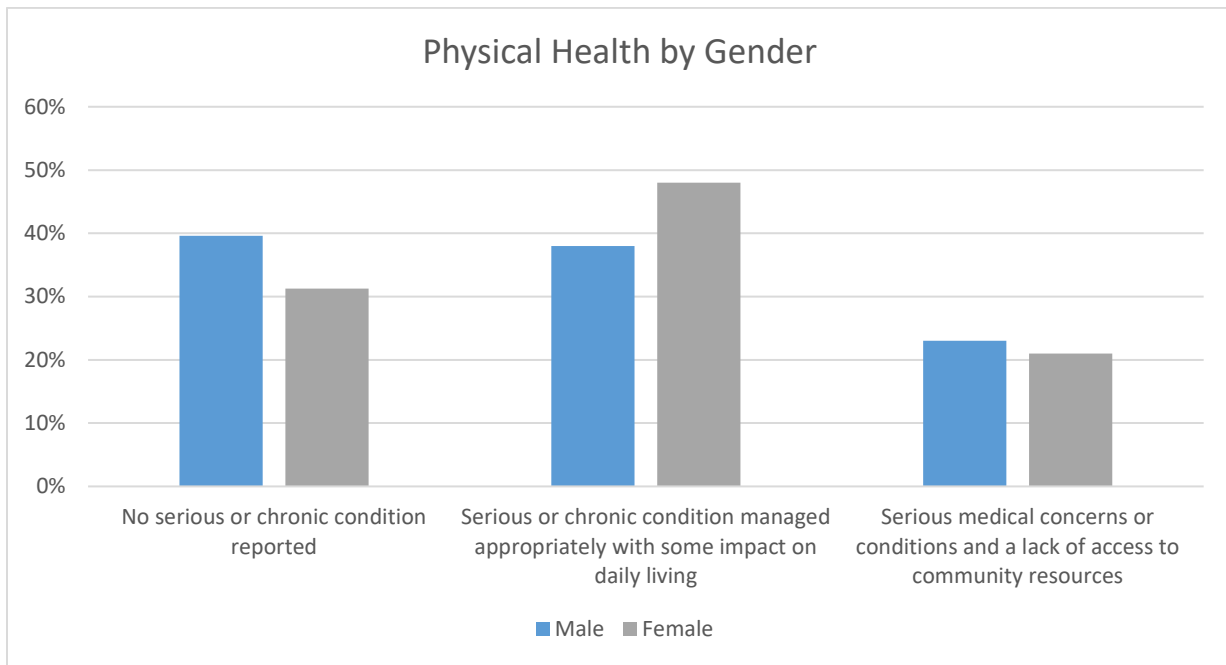
Physical Health

Two-thirds (65%) of individuals identified the presence of a medical condition that impacts their daily living, and nearly a quarter (22%) reported serious medical concerns and a lack of access to community resources to assist with managing their health care needs. This stands in contrast to the general population in Guelph and Wellington County, where 61.5% and 70.1% respectively rate their physical health as “very good” or “excellent”⁸ while just over one-third (35%) of individuals assessed in this report indicated that they had no serious or chronic conditions. More than half of women and less than one quarter of men report having challenges managing their prescription medications appropriately, including issues with dosing, requiring intensive assistance to manage/take medication, misuse of prescription drugs and selling or sharing medication. A significantly higher percentage of men (17%) identified serious health impacts as a direct result of substance use, compared to women (4%). The majority of individuals reported that they had at least one interaction with emergency services (such as police, paramedics, visit to ER, use of crisis lines or services) in the last year, with 13% reporting frequent interactions in the last six months.



⁸ Toward Common Ground Data Portal, Self-Rated Physical Health.
<http://www.towardcommonground.ca/en/data-portal/disease.aspx>

Nearly half of women (48%) identified a medical condition impacting everyday living, compared to men at 38%.



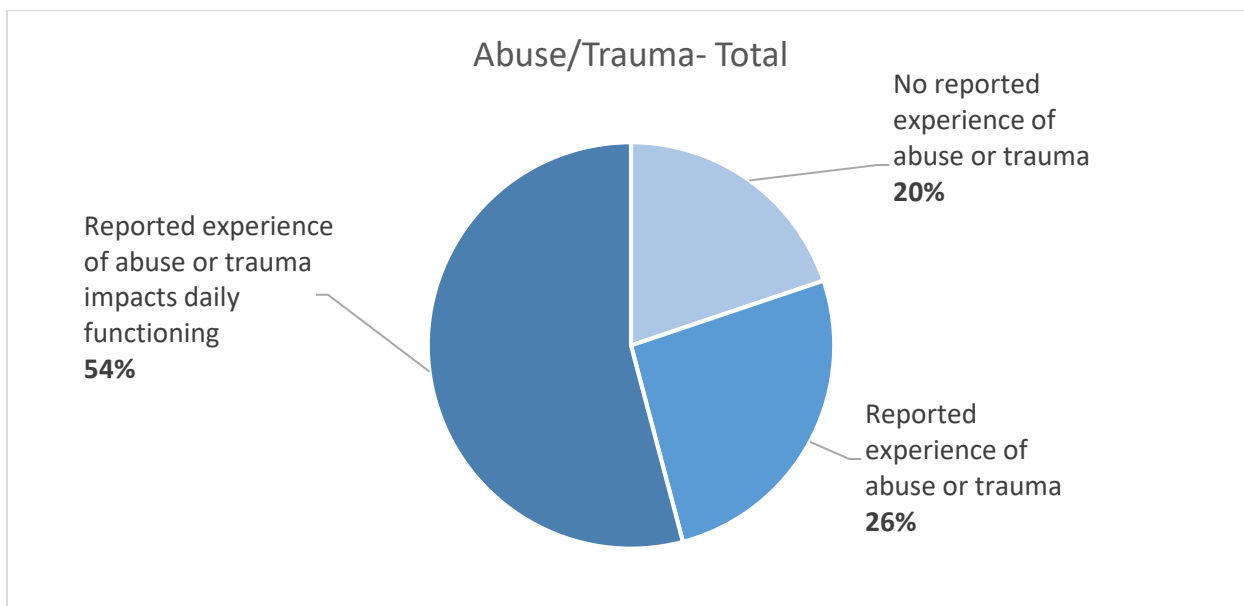
Approximately two-thirds of people in receipt of social assistance in Ontario are food insecure, compared to 17% of the general population in Guelph⁹, making social assistance recipients more vulnerable to chronic conditions. Food insecurity also poses challenges for managing chronic conditions, including foregoing critical expenses like medication in order to eat¹⁰. This is not surprising given that single individuals on Ontario Works can receive a maximum monthly allowance of \$721 to account for all living expenses, including shelter costs and food. The impacts of food insecurity on health can be generational and have lasting impacts on children growing up in food insecure households. Experiences of hunger in childhood have a lasting impact on mental health, manifesting in greater risks of depression and suicidal ideation in adolescence and early adulthood¹⁰. Food insecurity is one challenge that illustrates the link between physical health and its long-term impacts on other areas of the lives on individuals living in poverty.

⁹ Toward Common Ground Data Portal, Food Insecurity. <http://www.towardcommonground.ca/en/data-portal/food-security.aspx>

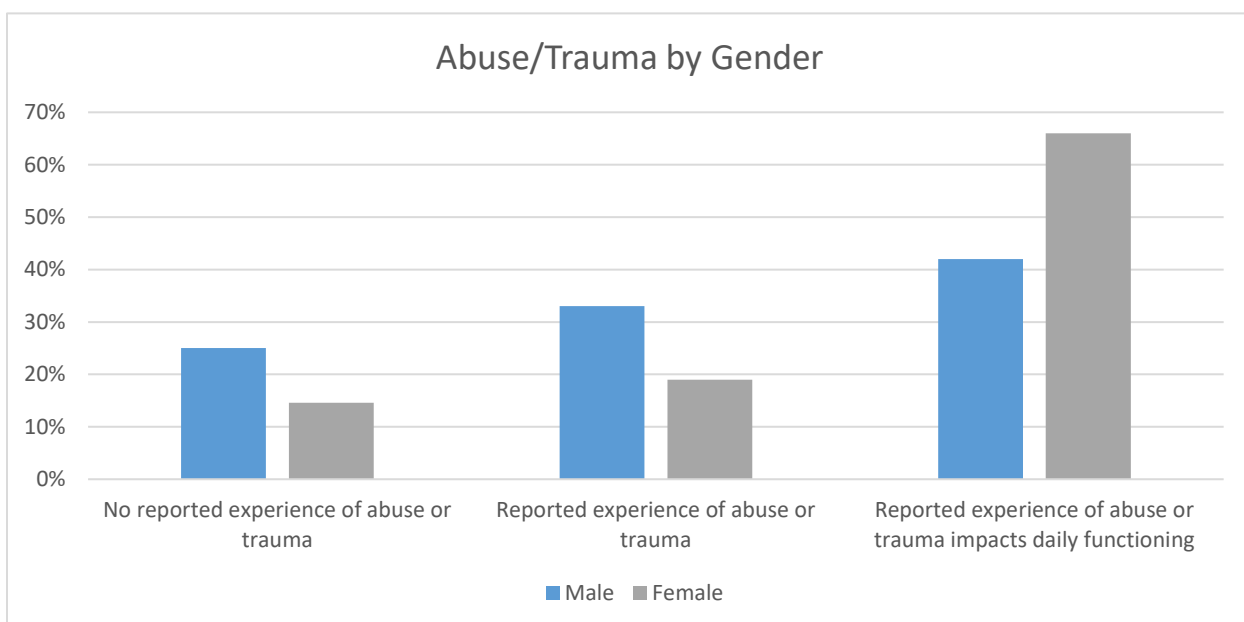
¹⁰ PROOF Food Insecurity Policy Research, Fact Sheets. University of Toronto. <http://proof.utoronto.ca/resources/fact-sheets/#socialassistance>

Abuse and Trauma

A very high number of individuals report experiencing abuse and/or trauma with a significant impact on their ability to function on a daily basis, including ability to hold down a job, maintain housing or engage in meaningful relationships with others. The assessment asks individuals to identify if they have experienced emotional, physical, sexual or psychological abuse at any point and the impact of these experiences on their lives currently.



The vast majority of women reported having experienced abuse and/or trauma (85%), with two-thirds identifying that the experience impacts their daily functioning. While the figures were higher for women, a high percentage of men still reported experiences of abuse and/or trauma at 75%, with 42% identifying impact on their daily functioning.

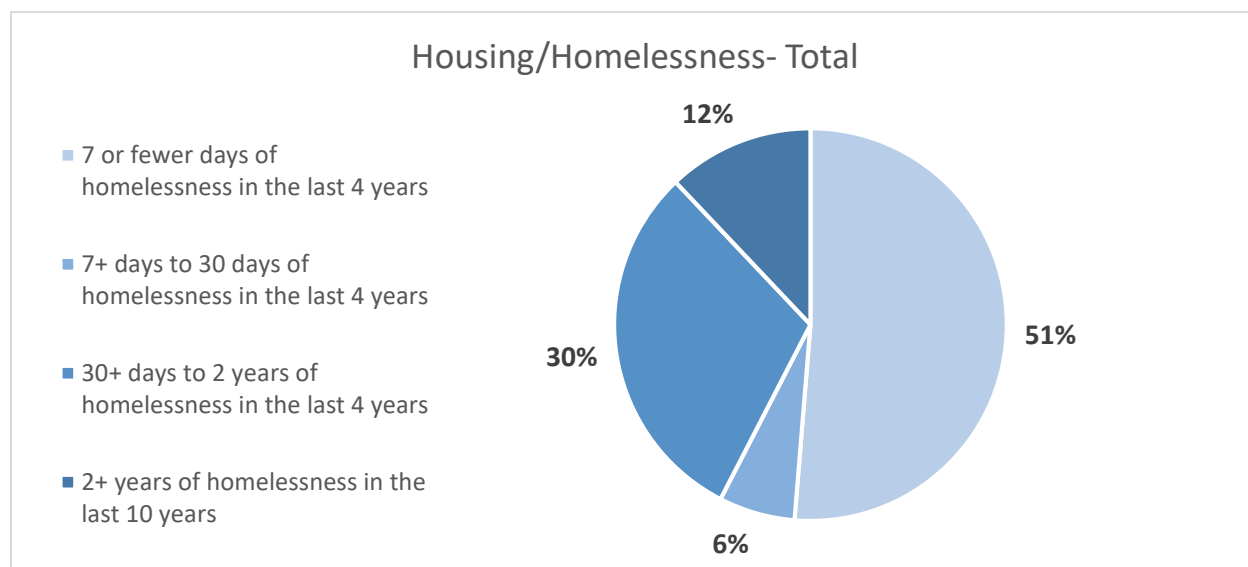


Housing and Homelessness

Those experiencing homelessness often live in conditions that adversely affect their overall health. Climatic conditions, psychological strain and exposure to communicable disease create and lead to a range of chronic and acute health problems, including injury from cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies, sleep deprivation, musculoskeletal pain and poor oral health.

Being unhoused makes it difficult, and in some cases impossible, to access general health care services. Individuals experiencing homelessness are sometimes unable to obtain medical treatment without valid government ID stating an address; pay for items not covered by provincial medical or drug insurance plans; make a health appointment (due lack of an address and phone); and receive coordinated care when comprehensive medical records are not kept in one location with one provider¹¹. Homelessness is also connected to a higher likelihood of experiencing violence or trauma¹². Individuals experiencing homelessness may have challenges participating in the formal labour market for many reasons, including not having an address to put on a resume, lack of a phone number to communicate with employers and no safe place to prepare for job interviews, sleep safely, and recover from illness or injury¹³. Other barriers may include the inability to maintain proper hygiene or nutrition, lack of access to transportation to get to and from work, and inability to follow shelter rules while employed¹⁴ (for example, meal times and sleeping hours at shelters that are at odds with scheduled shift work).

Nearly half (48%) of individuals reported experiencing homelessness at some point in the last 4-10 years. Nearly one third report being homeless for more than a month in the last four years and 12% report more than two years of homelessness in the last ten years.



¹¹ Homeless Hub, Health. <http://homelesshub.ca/about-homelessness/topics/health>

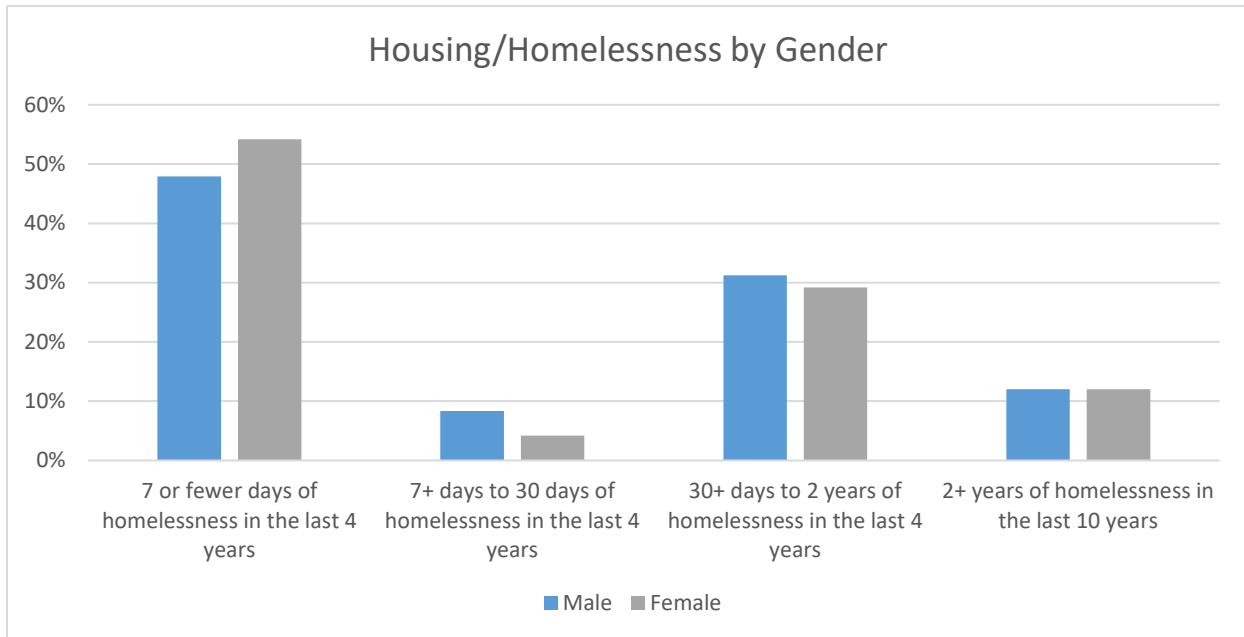
¹² Toward Common Ground Data Portal, Housing and Homelessness.

<http://www.towardcommonground.ca/en/data-portal/housing-and-homelessness.aspx>

¹³ Homeless Hub, Employment. <http://homelesshub.ca/about-homelessness/education-training-employment/employment>

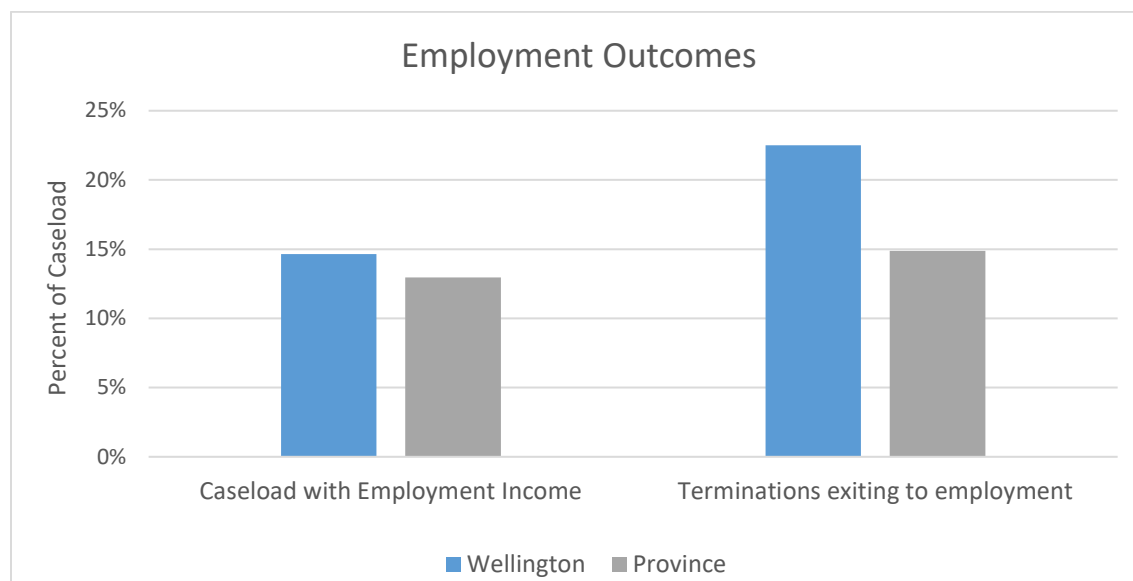
¹⁴ Homeless Hub, Education, Training & Employment. <http://homelesshub.ca/about-homelessness/topics/education-training-employment>

Slightly more men reported experiencing homelessness overall, although for those who had experienced chronic homelessness (two or more years of homelessness in the last 10 years), men and women were equally represented at 12% of the sample. While nearly half of all individuals surveyed reported that they were continuously housed for at least one year, 25% of men identified that they had been re-housed more than three times in the last year, were currently homeless or at imminent risk of homelessness. For women, the percentage reporting high acuity in tenancy was much smaller, at 13%. One third of individuals identified that they required housing supports in the last year.



Employment Outcomes

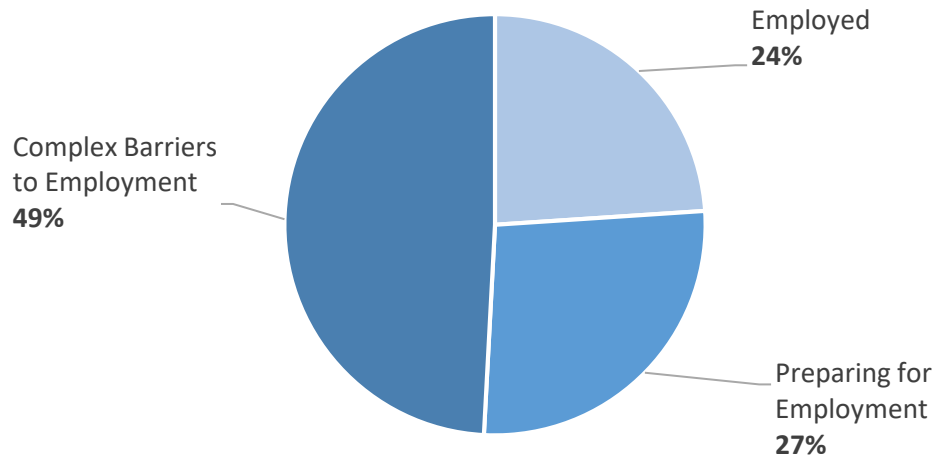
The County of Wellington Ontario Works office provides targeted supports to assist clients with their employment-related goals and to encourage financial independence. In 2017, 14.6% of clients receiving Ontario Works in Guelph and Wellington reported employment earnings. Of those recipients with employment earnings, the average monthly amount reported was \$784 in 2017. In 2017, nearly a quarter (22.5%) of all clients exiting Ontario Works did so because they secured employment or because their employment earnings were high enough to render them ineligible for financial assistance. The graphic below provides a comparison between 2017 outcomes for Wellington and the Province. Our outcomes are a function of both our efforts to work with clients through intensive case management and personalized employment supports, and a robust local labour market.



While Wellington County outperforms the province in the percentage of clients with employment earnings and percentage of clients exiting assistance as a result of obtaining employment, the complexity of barriers experienced by Ontario Works recipients may help to explain the relatively low percentage of clients leaving social assistance for employment. Persistent and long-standing barriers impact the ability of individuals to function on a daily basis, affecting the ability to secure and maintain employment.

A point in time analysis of two sample caseloads, representing approximately 12% of the total Wellington County Ontario Works caseload as of July 2018, revealed that half of individuals (49%) are facing barriers that prevent them from being able to work, including caregiving responsibilities, medical and mental health issues, addictions, criminal record history, homelessness, domestic violence and trauma. Many of these individuals were in the process of applying for ODSP due to physical and/or mental health challenges. One quarter (24%) of individuals were employed full time or part time, and just over one quarter (27%) were preparing for employment through basic education, training, post-secondary studies, and supported job searching. It should be noted that although individuals may be working or preparing for employment, they may still be experiencing significant barriers that impact or restrict their ability to achieve financial self-sufficiency.

Employment Readiness- Total Ontario Works Caseload



Wellington County Ontario Works is a participant in the provincial Addiction Services Initiative (ASI) programme, allowing specialized caseworkers and other Ontario Works staff to provide comprehensive, wrap-around supports for those experiencing complex addiction issues as a barrier to obtaining and maintaining employment. Our Life Skills programme offers the same level of intensive case management for clients with mental health issues and concurrent disorders. Both Life Skills and ASI clients work with their caseworker who ensures access to and engagement in treatment as laid out in each clients' individualized treatment plan. Every ASI participant is also referred to one or more of the addiction services available in the community, and receives support from their caseworker to navigate the assessment and treatment options and processes. These supports are a best practice for intervention with clients with substance misuse and mental health challenges, as they focus on assisting clients to stabilize their life situation with appropriate supports, so that they can then focus on moving forward with employment-related goals.

Ontario Works staff are actively engaged in interventions to support clients in employment readiness, life stabilization and goal setting. In addition to intensive case management, specialized caseloads, and individualized employment supports, Wellington County Ontario Works offers the Getting Ahead programme five times per year, which is a three-week intensive programme where our facilitators work with participants to create an action plan and work towards a sustainable and self-sufficient future. Some participants go on to the Circles Guelph-Wellington programme, which is a community-based initiative with a focus on building relationships across socio-economic boundaries as a means of assisting low-income individuals and families to access skills, networks, and resources necessary to move them out of poverty and towards financial self-sufficiency. This programme is part of a current Local Poverty Reduction Fund evaluation, and evaluation findings have shown it to be a best practice for supporting individuals in their journey to financial self-sufficiency.

Summary of Key Trends

Poor self-reported mental and physical health and life experience marked by abuse and trauma emerged as significant challenges for the individuals assessed.

- The majority of individuals reported concerns with their mental health, with one quarter identifying serious mental illness
- Two thirds of individuals reported living with a medical condition that has impacts on their daily living
- More than half of the women assessed reported having challenges managing medications appropriately
- 80% of individuals reported experiencing abuse and/or trauma, with more than half having trouble with daily functioning as a direct result of that trauma. These figures were much higher for women compared to men, where 85% of women reported experiences of abuse and trauma and two-thirds identifying that it impacts their ability to function on a daily basis.
- Nearly half of individuals reported being homeless at some point in the last 4-10 years. Of these individuals, the largest proportion was those who had been homeless between one month and two years in the last four years.

With the vast majority of individuals presenting with these challenges, it is clear that many Ontario Works recipients have long-standing and complex barriers that may require more intensive and targeted life-stabilization supports in order to assist them in preparing for employment and provide a strong foundation for working towards financial self-sufficiency.

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