# RACIAL JUSTICE REPORT CARD
# for
# ONTARIO

**June 2014**

**Colour of Poverty – Colour of Change**
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## I. INTRODUCTION

The Colour of Poverty Campaign – Colour of Change Network (COP-COC) is a community based province-wide network of organizations and individuals which formally came together in 2007 with a view to raising public awareness around issues concerning and affecting racialized communities – in order to best bring about racial equality in Canadian society.

In view of the upcoming provincial election on June 12, COP-COC believes it is critical for all political parties – as well as the media – to pay closer attention to the issues that are most important to members of racialized groups in general. We believe that any political party who wants to form the next Government of Ontario must make clear their policy positions with respect to those matters that have the greatest impact on the lives of members of Ontario's ethno-racially diverse communities. Each party must declare the steps that they will take to address problems such as discrimination, as well as those forms of racialized exclusion and marginalization that are largely institutional, structural and systemic.

With input from various community based organizations and individuals working in various sectors, COP-COC has put together its second Provincial Racial Justice Report Card to examine the record of the three main political parties in Ontario over the most current term of office – by looking at laws and policies that were passed or adopted, as well as the opposition parties' stated policy positions on these laws and policies, and proposed legislation that might have failed legislatively from this past term – as well as the parties' election platforms as announced to date. The Report Card also discusses some of the missed opportunities, namely, initiatives, had they been adopted, would have resulted in great improvement to the lives of members of racialized communities in Ontario.

This Report Card does not purport to provide an in-depth analysis of all of the policies and laws that have been discussed since the last election. Rather, the Report Card seeks to highlight a sampling of key policies and laws that have or will have particular impact – both positive and negative – on members of racialized communities in Ontario.

Based on their record in office and their campaign platforms in the areas identified in this Report Card, the three parties are given the following overall grade on their respective commitments to racial justice:

**Liberals: B-  NDP: C-  PC: F**

## II. ACCESS TO JUSTICE AND INVESTMENT IN LEGAL SERVICES

As racialized communities are over-represented among the low income population, access to justice, including access to legal aid and the fair representation of racialized individuals before courts, administrative tribunals and government agencies, is an important concern for these communities.

In 2013, the Liberal Government announced it would invest $30 million over three years to improve Legal Aid Ontario's Family Law Service Centres and Community and Legal Clinics (Ontario Liberal Press Release 29 July 2013). Unfortunately, this funding has yet to be clearly committed or disbursed by Legal Aid Ontario to community legal clinics which provide poverty law services to low income Ontarians. It is therefore yet to be seen whether this promised funding, despite being a welcome step, will contribute much to correcting the chronic underfunding of the legal aid system and ensuring equal access to justice for low income Ontarians, many of whom are racialized. There is also a specific need to expand the legal aid certificate program for immigration and family law matters.

The Liberal Government has confirmed that on-site legal aid application offices or Legal Aid Ontario staff are now available at 57 Court locations, compared with only eight in 2008 (Ontario Ministry of the Attorney General – Justice on Target website, 2014) Most recently, as part of its second budget proposals which are no longer tabled due to the election, the Liberal Government proposed raising the income eligibility threshold for legal aid services to allow an additional one million low income Ontarians better access to lawyers.

The NDP proposes increased funding for Victim Crisis Response Program as this funding has been flat-lined for more than two decades (Ontario NDP Press Release 5/1/14). The NDP introduced Toby's Law which enshrined gender identity and gender expression as protected grounds in the Ontario *Human Rights Code*, enhancing access to justice for the LGBTQ community. Toby's Law received "co-sponsorship" from the Liberals and Conservatives (Ontario NDP Press Release 13 June 2012)

The Conservative Party proposes revamping the Ontario adoption system to get children in Children's Aid Society care into a permanent family as soon as possible. (Ontario PC White Paper: Paths to Prosperity; A Fresh Start for Children and Youth, 2012) Statistics show that racialized children, and in particular First Nations and African Canadian children, are significantly over-represented in CAS care. The Conservative Party's proposal is silent on addressing the ethno-racial and cultural specific needs of these children. It is imperative that CAS's and the adoption system make concerted efforts to place racialized children in adoptive families that will ensure that their ethno-racial identity and culture are preserved and protected. Further, there is a need to revamp the CAS negative funding system and ensure that families have support earlier in the process so that removal and placement of children outside their family is used as a last resort. Racialized individuals – particularly Aboriginal Peoples and people of African descent - are significantly over-represented in both federal and provincial correctional institutions.

The Federal Correctional Investigator recently noted that this "reflect[s] gaps in our social fabric and raise[s] concerns about social inclusion, participation and equality of opportunity" (Annual Report of the Office of the Correctional Investigator 2012-2013).

Poor reintegration planning can have serious effects on the safety and security of our community, and it is therefore imperative that culturally specific programming and supports that aim to reduce and prevent recidivism through the utilization of culturally appropriate, evidenced based practices that foster opportunities for positive development and change be made available to racialized inmates in provincial correction institutions. To date, none of the provincial political parties have addressed this over-representation and lack of culturally specific programming.

All political parties' priorities for access to justice will become clearer as their election campaigns pick up steam. These political parties should clearly state their election proposals in debates and literature in the coming weeks and should pay particular attention to the access to justice concerns of the following vulnerable groups that are often characterized by an overrepresentation of racialized members: women subjected to violence; victims of crime; refugees and new immigrants; individuals involved with the criminal justice system.

## III. HEALTH AND WELL-BEING

Healthcare remains a major policy priority in Ontario and healthcare spending constitutes the largest share (42%) of program spending by the provincial government.[1] . The total provincial healthcare spending for 2012-2013 was $48.7 billion. Ontario is also recognized as having one of the best healthcare systems in Canada in terms of quality and "value for money" for its public healthcare.[2] In spite of this, there are many inequalities in healthcare insurance coverage, healthcare access and health status among residents of Ontario.

Racialized communities – particularly those who are immigrants, low-income or stuck in precarious jobs – are acutely impacted by these inequalities in healthcare access and health status. This is mainly due to three reasons: First, eligibility for publically funded health insurance program in Ontario (the Ontario Health Insurance Program -OHIP) is unevenly tied to immigration status/categories and strict residency requirements. Second, 32% of healthcare services/spending in Ontario is not publically funded including dental care, eye-care, out-of-hospital prescription drugs, and medical devices. Third, little progress has been made in terms of putting health equity and social determinants of health framework into routine practice within healthcare system.

[1] Canadian Institute for Health Information, 2014; Institute for Competitiveness and Prosperity, 2014
[2] Commission on the Reform of Ontario Public Services, 2012; Fraser Institute, 2013

***Healthcare Policy Track Record and Current Election Platforms***

In line with the Excellent Care for All Act (passed in 2010) and the Ontario Action Plan for Healthcare introduced in 2012, the Liberal Government introduced major reforms in the healthcare system. These reforms have focused on reducing unnecessary utilization of hospitals, emergency room and long-term care facilities (by redirecting patients to community and home care settings, and to other newly created non-hospital based primary care settings such as Family Health Teams and Nurse Practitioner led clinics), reducing wait times, and improving efficiency and coordination in care (primarily expanding Local Health Integration Networks and Health Links). These reforms are informed by recommendations from the Commission on the Reform of Ontario Public Services led by Don Drummond.

The Liberal Government also launched a 10 year comprehensive mental health service strategy in 2011 (called Open Minds, Healthy Minds) with $93 million funding for the first three years focusing on children and youth mental health. In January 2014, the Liberal Government made a bold move by introducing the Ontario Temporary Health Program for refugee claimants (majority of who are from racialized backgrounds). This program has proven to be a timely and much needed policy solution to counter the negative impacts from the cuts to the Interim Federal Health Program. In April 2014, the Liberal Government finally came through with a $60 million capital improvement funding to create 21 new community health centres (CHCs) and 22 satellites – a commitment made a decade ago under the former health minister George Smitherman. The current election platform for the Ontario Liberal Party builds on these previous reforms to reduce hospital use and wait and improve efficiency and coordination.

During the past couple of years, the Ontario NDP party played a key role in introducing a number of healthcare related bills but most of them were focused on health behavior issues like making restaurant menus more transparent, ending the sale of flavoured tobacco products, banning tanning beds for youth. Their key demand for supporting the 2013 Ontario Budget proposed by the Liberal government was to have Ombudsman oversight over healthcare reforms. Many of the policy proposals in the current NDP party election platform mirror those of the Ontario Liberal Party but with a stronger focus on cutting ER wait times and implementation of a “five day home care guarantee.”

In line with their white paper titled *Paths to Prosperity: Patient-Centred Health Care*, the Ontario PC party election platform is focused primarily on “reducing the per capita cost of health care.” They plan to do this by eliminating “wasteful” middle managements including LHINs and CCAC and instead building high-performing regional hospitals.

These past and proposed policy actions from the three political parties have potentials to improve healthcare efficiency and service coordination, but fall short in terms of overcoming healthcare access barriers and health inequities faced by racialized Ontarians.

***Inequities in Accessing Publicly Funded HealthCare by Immigrants, Refugees and Non-Status***

Far from having a universal healthcare system, eligibility for publically funded health insurance program in Ontario (i.e. OHIP) is unevenly tied to immigration status/categories and strict residency requirements. OHIP eligibility varies unequally based on following immigration status/categories:

Ontario remains one of the only three provinces in Canada (along with Quebec and BC) that impose a three month wait for OHIP for permanent residents landing in Ontario. Groups such as the Right to Health Care Coalition (RHCC) have been calling on the Government to eliminate the three-month wait. None of the three parties is prepared to say that they would repeal the 3-month waiting period if elected.

Those who come to Ontario through temporary resident streams (live-in caregiver program, temporary foreign workers etc) are eligible for OHIP but their eligibility is strictly tied to type of work contract (only those working full-time), fulfillment of their work contract, and rigid residency requirements (number of days present in Canada). Those who fail to meet these requirements (for e.g., someone quitting due to abuse by employer) may lose OHIP coverage. Further, for those temporary residents who intend to apply for permanent residency, there is no OHIP coverage during the *in-between time* when they complete their temporary resident work contract and until they receive their permanent residency status.

In 2012, the Federal Government introduced sweeping reforms to the immigration policy (Bill C-31) and to the Interim Federal Health (IFH) program. Instead of a *universalist* framework of IFH coverage for refugees, these reforms create varied categories of refugee claimants with unequal access to refugee claim process and to healthcare coverage. In particular, federal healthcare coverage was eliminated (except in cases of public health or public safety risk) for refugee claimants from Designated Countries of Origin (DCO) and rejected refugee claimants; supplemental coverage was removed for privately sponsored refugees (PSRs). Canadian Doctors for Refuge Care and other researchers have shown that these changes are resulting in damaging impacts refugee claimants and resulting in heavy administrative burden and costs on the healthcare system.

Refugee claimants are not eligible for OHIP. In solidarity with several other provinces, the Liberal Government in Ontario took bold action and introduced the Ontario Temporary Health Program (OTHP) in January 2014 with the specific goal to “address gaps in health care coverage for refugee claimants and rejected refugee claimants created by the downscaling of the Interim Federal Health Program (IFHP).” While OTHP does make up for most of the gaps in healthcare coverage for refugee claimants (including those from DCO countries) and rejected refugee claimants, the uptake of this program by hospitals, walk-in clinics and other healthcare centres has been slow.

Non-status people refer to those without legal immigration status currently. The vast majority of them arrived in Canada through authorized channels but then faced barriers in accessing legal pathways to permanent residency. A recent study estimated that there may be well over 500,000 non-status people in Canada, majority of them in Ontario. A number of qualitative studies show just like other residents of Ontario, non-status people make valuable contributions to the economy and social fabric (e.g. as soccer coaches). However, non-status people in Ontario are not covered by OHIP (or other health insurance programs) and thus face acute barriers to healthcare services. There is growing evidence that non-status residents in Ontario not just face higher levels of risk to many health issues (due to many barriers they face and due to the stress of not having legal status) but may forego accessing healthcare due to cost, fear and other barriers. Consequently, many end up showing in hospital emergency with complications and serious chronic health conditions. Canadian-born children to non-status parents are eligible for OHIP but can face barriers accessing care for fear that their parents might face deportation or other negative consequences.

An uneven patchwork of services is available for non-status people in Ontario mostly offered by community health centres and special volunteer clinics run by physicians and medical residents. Healthcare provider groups such as the Women's College Hospital Uninsured Network, Hospital Collaborative on Vulnerable and Marginalized Populations, Toronto Public Health have joined advocacy groups like Status Now and No One is Illegal to call for improving healthcare access for non-status residents of Ontario. None of the three parties have discussed any policy actions to expand healthcare to non-status families in Ontario.

***Inequalities in Privately Funded Healthcare Services***

Ontario has among the lowest rate of publically funded healthcare services at 68% (compared national average of 70%). In other words, 32% of healthcare services/spending in Ontario is not publically funded including dental care (except dental surgery in hospitals), eye-care, out-of-hospital prescription drugs, and medical devices. Some healthcare services are partially or conditionally funded through public insurance such as in the case of ambulance service and “other/extended healthcare provider services” (e.g. physiotherapy, chiropractor, and podiatrists). For some of these services not covered by OHIP, children under 18 years, seniors 65 and over, those on some kind of social assistance (Ontario Works, Ontario Disability Support Program), and families that meet the provincial low-income cut off line may receive some subsidy or coverage either through Ontario Ministry of Health itself or through other provincial ministry (e.g. Ontario Ministry of Community and Social Services).

Ontarians with stable, permanent types of jobs may receive extended dental/health insurance coverage from their employers. However, adult workers (18 years and older) who are stuck in precarious, temporary types of jobs (without employer funded extended health insurance coverage) or low-to-middle income working families that do not meet the provincial low-income cut off line can be left without coverage for these services.

Racialized families tend to be over represented in these categories and thus may have limited or no access to healthcare services that are not publically insured.

***Lack of Publicly Funded Dental/Oral Care Program***

Since Ontario lacks a publically funded dental/oral care program, dental insurance coverage and dental/oral care access is very unequal. Association of Ontario Health Centres (AOHC) report that 1 in every 5 Ontarians doesn't visit a dentist because of cost and there are almost 58,000 visits per year to hospital emergency rooms for dental problems. Immigrants and low-income groups (in which racialized people are over represented) have the lowest dental insurance coverage. CCHS data for Ontario reveal that almost one third of Ontarians (32%) have no dental insurance. Immigrants were more likely to not have dental insurance than non-immigrants (40.9% vs 29.7%). Consequently, one fourth of immigrants (25.3%) only visited dentists in an emergency compared to 17.2% for non-immigrants.

Ontarians with household income between $15,000 to $29,000 were least likely to have dental insurance (65.2%), even lower than those with household income less than $15,000 (60.5%), and most likely to report cost as a barrier to dental care. Many residents earning less than $15,000 may be under Ontario Works and Ontario Disability Support Program and are eligible for basic dental/oral health coverage offered through these programs. Only about 50% of people whose household income less than $30,000 were likely to visit a dentist in the last year (compared to 84% for those making $80,000 and higher) and about 40% reported visiting dentist only in emergency (compared to 7.7% for those making $80,000 and higher). Overall, those without insurance are almost 4 times more likely (38.9% vs 10.7%) to visit dentist only in emergency.

The Liberal Government introduced the Healthy Smiles Ontario program in 2008 to provide dental coverage for low-income children 17 and under who don't have other dental coverage. Adult members from low-income and middle families who do not receive OW or ODSP or who are not covered through employer/privately funded extended health/dental insurance may lack any dental insurance coverage. In particular, many Ontarians stuck in precarious, temporary, contract, on-call types of jobs lack public or private dental insurance coverage. Racialized and immigrants workers tend to be over represented in precarious, temporary types of employment and thus are more likely to lack dental insurance coverage.

Ontario needs a publically funded universal dental care insurance program. Immigrants and racialized families from low-income backgrounds and those stuck in precarious jobs will specially benefit from this program. None of the political parties have proposed creating a universal dental care program or overcoming these barriers to dental care based on income, immigration status and other variables.

### *Lack of Publicly Funded Drug Program*

There is currently no universal drug coverage or national catastrophic drug coverage in Canada (Romanow, 2002; Phillips, 2009). Instead, a "patchwork" model with private and public prescription drug coverage exists that result in unequal access to medically necessary medications in the outpatient setting (Romanow, 2002; Law, Cheng, Dhalla, Heard, & Morgan, 2012). During the National Pharmaceutical Strategy meeting held in September 2008, health ministers committed to reversing this. However, due to disagreement in cost sharing among provinces, this commitment remains unimplemented (Phillips, 2009; Azores, 2013).

According to AOHC, almost one in four Ontarians (23%) do not have drug insurance and that almost 1 in every 10 cannot afford to fill their prescriptions. Ontarians 65 years and older and those on OW, ODSP and in long-term care facility and home care services are eligible for prescription drug coverage under the Ontario Drug Benefit program (ODB) as per Ontario Drug Benefit formulary. Also, Ontario has a provincial catastrophic drug plan in the form of Trillium Drug Program. Under this program, low-income Ontarians can receive prescription drug subsidy but have to share the cost of their prescription by paying an annual prescription cost called a deductible and co-payments ($2) for each prescription (MOHLTC, 2002). Many low-to-middle income families may not be eligible under this. Similar to gaps in dental insurance, Ontarians stuck in precarious jobs are often not covered by employer funded extended health insurance programs and thus may lack any prescription drug coverage. Racialized Ontarians and newcomers tend to be over represented in this category

Ontario needs to take a leadership role in creating publicly administered universal pharmacare program at the provincial level to reduce drug costs and to ensure that all Ontarians (particularly low-income and precarious employed Ontarians) have equitable access to prescription drug coverage based on healthcare need regardless of their income and occupation. None of the three parties have discussed policies in overcoming these gaps in drug coverage.

### *Gaps in Implementing Health Equity and Social Determinants of Health Frameworks*

The Commission on the Reform of Ontario Public Services led by Don Drummond made strong recommendations to boost prevention focused healthcare services, proactively address social determinants of health and promote health equity. For example, the Commission highlighted that "only 25% of the population's healthcare outcomes can be attributed to the healthcare system" called attention for addressing social and environmental factors that account for three fourth of the causes. These recommendations from the Commission have received little attention, funding and implementation from the Liberal Government.

The MOHTLC did develop the Health Equity Impact Assessment Tool. However, uptake of this tool has been limited to a few LHINs in Toronto. For example, in line with promoting health equity, the Toronto Central LHIN is mandating hospitals and CHCs

within its region to start piloting a new client registration form that collects data on key socio-demographic indicators include race/ethnicity, sexual orientation, income, education level, and housing status.

Gaps in implementing health equity and social determinants of health frameworks have direct negative implications for racialized communities in Ontario. This is because racialized people face deep and persistent inequalities in terms of key social determinants like income, employment security, housing, access to education, language barrier, and racism/discrimination (Galabuzi, 2006; Block, 2012). For example, compared to average Ontarians, those from racialized backgrounds are two or more timely likely to be unemployed, underemployed, over-represented in minimum wage jobs, and living below poverty line (Galabuzi, 2006; Block, 2012). There is now strong evidence and affirmation (including by Ontario Medical Association) that determinants like poverty and economic marginalization are the leading cause of poor health outcomes and health inequity. The deep socio-economic inequalities faced by racialized groups put them at higher risk for many acute and chronic illnesses including early onset of diabetes and diabetes complications, gastro-intestinal ailments, heart diseases, depression and cancers. These socio-economic inequalities can also pose financial and other barriers to accessing healthcare for racialized communities and can push racialized people to delay or forego care even for publically funded healthcare.

There is also growing evidence that language barriers, lack of culturally sensitive healthcare services, and discrimination faced while accessing healthcare can also prevent timely and effective access to healthcare for racialized communities in Ontario, particularly among newcomers. The lack of diversity in the healthcare workforce and accreditation barriers faced by internationally trained healthcare professionals (particularly those from non-European/racialized backgrounds) further limit us from achieving health equity goals. Currently, only 30% of physicians and 11% of nurses are internationally trained professionals.

While both the NDP and the Liberals have offered a range of policy initiatives to address poverty and hence tackle one of the key social determinants of health, there are few proposals that speak directly to racialization of poverty and proactively addressing other of the structural inequities facing racialized communities.

## IV. HOUSING & HOMELESSNESS

Poverty is a leading cause of homelessness, precarious housing and inadequate housing conditions. In Canada, racialized communities experience poverty in disproportionate numbers. Their housing conditions reflect this reality.

People of colour accounted for approximately 12% of Canadian households in 2006. Fifty-three percent of them live in Ontario. Statistics Canada data shows that in 2006, people of colour households paid 29% more for shelter, on average, in 2006 (at $1,126 per month) than did non-racialized households (at $875). Just over 50% of people of

colour households in Canada live in homes which are not affordable (leading to homelessness) and/or inadequate (require repair or maintenance) and/or unsuitable (overcrowded, among other issues). This compares to 28% of non-racialized households. In 2006, 23% of racialized households were in core housing need—living in homes below adequacy, suitability or affordability standards and unable to afford an acceptable alternative. By contrast, only 11% of non-racialized households in Canada were in the same position in 2006.

Groups like the Right to Housing (R2H) Coalition of Ontario and the Advocacy Centre for Tenants Ontario (ACTO) are working to address these challenges. However, the efforts of housing rights groups alone are not enough to effect real, lasting change. Action by government is the key to reducing inequity and ensuring everyone has a safe, well-maintained home which they can afford. Unfortunately, the Government of Ontario has taken extremely modest steps forward in addressing the housing crisis. They have also taken some serious steps back.

Some minor positive changes were made to Ontario's residential tenancy laws with respect to annual rent increases and accessing justice at the Landlord & Tenant Board. The new rule for annual rent increases, which capped rent increases at 2.5% was a modest step to help keep homes affordable. In 2013, the Liberal Government heeded calls by advocates and allowed the Landlord & Tenant Board to waive fees for low-income Ontarians.

However, the elimination of the Community Start-Up & Maintenance Benefit (CSUMB) in 2012 was a serious blow to Ontarians living on social assistance. The CSUMB provided funds both to prevent eviction and disconnection of utilities due to arrears as well as for payment of first and last month's rent. When the program was cut, municipalities were given reduced funds for housing & homelessness programs, but were not required to create a similar, mandatory benefit. In addition, the Liberal Government missed an opportunity to provide fairness for social housing tenants when it failed to allow the Landlord & Tenant Board to consider tenant arguments when faced with eviction due to improperly calculated rent subsidies. In their proposed 2014 budget and election platform, the Liberals said they would provide $42 million annually for municipal housing and homelessness programs and finalize a cost-share agreement with the federal government for a 5-year extension of the Investment in Affordable Housing (IAH) program to build housing.

The NDP 'Plan that makes Sense' includes a promise of $2 Million per year to "help municipalities enforce inspections to ensure landlords respect their commitments to tenants". The NDP introduced two bills in the Legislature that would have addressed some of the housing problems faced by racialized communities. One bill would have required land developers to dedicate a portion of any new housing development to affordable housing units. This policy would have had the dual effect of increasing the amount of affordable housing available, while promoting inclusive and diverse communities. The NDP also introduced a bill to restore fair rules for all renters. Currently rent can be raised by any amount for tenants living in buildings constructed

after 1991. This results in rapidly rising rents in newer communities and creates the potential for tenants to be 'economically evicted.' Both of these bills failed to advance far enough to become law.

The PC Party, in their 2013 White Paper on 'Building Great Cities' argued that the solution to the housing problems facing Ontarians is to encourage the private sector to build and manage affordable housing. They support the use of housing allowances for low-income Ontarians to use to rent private apartments but have not made commitments to ensure tenants are protected from unaffordable rent increases. In their election platform they say that homelessness is a symptom of a broken mental health care system, failing to recognize that the combination of high rents, low wages, limited supportive housing and low vacancy rates are the real issues.

None of the parties' housing policies directly addressed the racialization of poverty, and to date, provision of new affordable housing, supports for people to stay housed or increased tenant protections have not been identified within their election platforms. Housing is a human right, but there is much to do in order to realize this right. If we want to build a healthy, equitable and inclusive Ontario, policies must be implemented to reduce poverty, precarious housing, and homelessness to ensure that racialized communities can obtain and keep good, affordable homes.

## V. HUMAN RIGHTS SYSTEM AND PROTECTION

Human rights continues to be an important issue in Ontario – particularly to those Ontarians who are most vulnerable, such as seniors, new immigrants, racialized persons, low-income Ontarians, indigenous and Aboriginal peoples, to name a few. Human rights, however, remains a sideline issue for political parties in Ontario who are focused solely on issues such job creation, tax cuts and healthcare.

Bill 107 overhauled the human rights system in Ontario. It came into effect on June 30, 2008, and the full impact of these changes is just starting to become apparent. The Liberal Government appointed Andrew Pinto to conduct a review of the new system which culminated in his *Report of the Human Rights Review 2012*.[3]

The changes to the human rights system meant that people must file applications directly with the Human Rights Tribunal of Ontario (HRTO) instead of going to the Human Rights Commission of Ontario ("Commission"). The Commission previously had the responsibility of shepherding these claims through the process and had the legislative authority to investigate any allegations of discrimination raised by a complainant. Under the new system, applicants are required to investigate their own complaints – shouldering the burden of gathering enough evidence to support their application before the HRTO. Proponents of Bill 107 claimed that direct access would give everyone "their

[3] Pinto, Andrew, *Report of the Human Rights Review 2012,* November 2012, online: http://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/human_rights/Pinto_human_rights_report_2012-ENG.pdf ("Pinto Report")

day in court". A review of the annual reports and statistics of the HRTO, the Commission and Human Rights Legal Support Centre (HRLSC) reveals whether this is the case.

In 2010, a summary hearing process was introduced allowing the HRTO to dismiss applications following a summary hearing if it is of the opinion that the application has no reasonable prospect of success. A respondent may also make a Request for Summary Hearing for the same reason. This has created an insurmountable hurdle for very vulnerable and marginalized applicants – especially where the applicant is self-represented. If an applicant fails to attend a summary hearing, his or her application will usually be dismissed as abandoned.

Another development in human rights since the last provincial election is the jurisprudence concerning s. 45.1 of the *Code* which prevents parties from bringing their application to the HRTO where the matter has been appropriately dealt with by another tribunal. Section 45.1 has resulted in the deferral and dismissal of cases before the HRTO; thus creating another barrier to access to justice with respect to human rights. In the 2012-2013 fiscal year, 416 cases at the HRTO were deferred pending the outcome of some other proceeding.[4]

According to the Social Justice Tribunals of Ontario 2012-2013 Annual Report, changes to these procedures have resulted in a reduction of the active caseload of HRTO by ¼ since early 2014. Statistics further show that in the first three quarters of the 2013-2014 fiscal year, 2383 applications have been received and 2501 cases have been closed by HRTO and 77% of applicants were self-represented at the time of application.[5] The number of self-represented litigants at the time of application has been approximately 70% or higher since 2009. While 85% of respondents had lawyer or paralegal representation at mediation, only 50% of applicants were represented in the 2012-2013 fiscal year.

In response to concerns raised by racialized communities and disability rights advocates, the Liberals promised under Bill 107 to establish two secretariats, one dealing with race and another with disability issues under the Commission. To date, these secretariats have yet to be set up, and the Pinto review recommended that the Government abandon its promise.

The AODA Alliance contacted the three main political parties in March of 2014 requesting election commitments on disability accessibility as related to the *Accessibility for Ontarians with Disabilities Act (AODA)*.[6] The Liberals, the Ontario NDP and the PC

[4] *Ibid*, at page 19.
[5] Fiscal Year 2013-2014 – Quarterly to Date, Human Rights Tribunal of Ontario. Online: http://dev.hrto.ca/hrto/index.php?q=en/node/196

[6] AODA Alliance, Letter to Ontario Party Leaders to Request Election Commitments on Disability Accessibility dated March 3, 2014, online: http://www.aodaalliance.org/strong-effective-aoda/03042014.asp

party all responded to the AODA Alliance's letter. The AODA Alliance sought eight specific commitments from the three parties.

Of the three parties, the Ontario NDP makes the most explicit and strongest commitment to ensuring that Ontario is fully accessible by 2025. In their analysis of the responses of the three parties to their request for commitment, the AODA Alliance notes:
Of great importance, the PCs did not commit that they won't cut back any of the gains that we have won since 2005 on disability accessibility. For example, they don't commit not to repeal or reduce any accessibility standards enacted to date. This is significant since the PC Party has committed to substantially reduce Ontario regulations. We have no assurance that our accessibility regulations will be kept off the chopping block.[7]
While the specific commitment requests made by the AODA Alliance do not speak directly or specifically about each party's position on human rights, the willingness of the parties to commit to disability accessibility is indicative of a recognition of the importance of ensuring the human rights of all Ontarians.

## VI. IMMIGRATION, IMMIGRANT SETTLEMENT AND INTEGRATION

Immigration to Ontario has been highly racialized for several years. Racialized immigrants, especially those who have arrived in the past ten years, are more likely to be living in poverty despite higher levels of education compared to non-racialized persons. Employment is the single biggest concern for the majority of immigrants. Racialized immigrants are more likely to be unemployed. They are also more likely to be under-employed and in precarious employment. A growing number of immigrants do not have full resident status in Canada, which can contribute to their poverty.

Access to immigrant settlement and integration services, including employment and language training is an important concern. While the biggest investment for such services comes from the federal government, the provincial government has an important role to play.

While Ontario continues to receive the highest number of immigrants to Canada, the proportion of immigrants has been dropping over the past few years. This is a major concern since it is generally accepted that immigration is one of the factors that drive Ontario's economy.

The Liberal government launched an immigration strategy in 2012, a first for Ontario. The strategy laid out a vision for immigrant selection as well as helping immigrant families to settle successfully. The strategy included a clear commitment to 5% of francophone immigration to Ontario.

[7] AODA Alliance, Analysis of 2014 Election Disability Accessibility Commitments of the Ontario Political Parties, online: http://www.aodaalliance.org/strong-effective-aoda/2014-analysis-of-accessibility-pledges.asp

The immigration strategy was followed by the Liberal government tabling in early 2014, the first ever Immigration Bill by a provincial or territorial government. The Bill received the support of the PC and the NDP.

The Liberal government has increased investment in supports for immigrant families through the Newcomer Settlement Program (NSP). The program is delivered through community-based organizations that help immigrants with basic settlement needs upon arrival, and provide ongoing support where required. The program is an important resource since it does not have eligibility restrictions and may be accessed by all who need it, including immigrants without full status.

The Liberal government has asked the Federal government to increase the cap on the Provincial Nominee Program, which allows provincial and territorial governments to select immigrants from those already in the province such as highly skilled temporary foreign workers and international students. The Liberal government has negotiated an increase in the cap from 1500 when it was first introduced to 2,500 in 2014. The government's immigration strategy calls for a further increase to a total of 5,000.

The Liberal government continues to sustain investment in the Office of the Fairness Commissioner, which was set up in 2007 under the Fair Access to Regulated Professions Act. The Fairness Commissioner continues to work with regulatory bodies to improve internationally trained immigrants' access to regulated professions. The Immigration Bill tabled by the Ontario government proposed to bring healthcare professions into the Act (these professions were not included when the Fair Access Bill was first tabled in 2006)

The Liberal government has increased investment in Bridge Training programs, which connect highly skilled recent immigrants with opportunities to get the training and experience they need to get licensed and find work in their fields.

The PC Party has said that Ontario should increase its immigration numbers through increasing skilled immigrants, and proposes to work with the federal government to increase Ontario's Provincial Nominee Program cap. The Party proposes to make better use of the program.

The PC Party has also proposed to reduce hydro rates and personal income taxes after the budget returns to balance, and has said that these measures would help retain new immigrants to stay in Ontario. The NDP has proposed to reduce hydro rates.

The NDP has said that the province should have greater say in immigrant selection and number, with a view to increasing immigration. The NPD has also proposed to freeze post-secondary tuition and make student loans interest-free. These measures could benefit immigrants who are living in poverty.

## VII. POVERTY REDUCTION

The Liberal Government introduced its first Poverty Reduction Strategy in 2008, with a goal of reducing child poverty by 25% in 5 years. The 2013 Annual Report of the Poverty Reduction Strategy showed a 15.2% drop in child poverty rate in 2011, as compared to the rate in 2008. It reported an 83% increase in high school graduation rate in 2011-12 from the 68% in 2003-2004.

The Liberal Government set up a series in consultation in between September and November 2013 to develop its second Poverty Reduction Strategy. A final report has yet to be released. But in its last budget before the election was called, the Liberals promised a 1 per cent increase for Ontario Works as well as Ontario Disability Support Program benefits recipients. As well, the Ontario Child Benefit, which helps low-income families, would be increased from $1,210 a year per child to $1,310.

The Liberals also increased the minimum wage, effective June 1, 2014 to $11 an hour, while promising annual increases will be tied to the rate of inflation. The NPD, which has previously called for a minimum wage of $14, is now seeking an increase to $12 instead. The PC Party has indicated that it would keep the minimum wage at $11 and tie to inflation. Many community organizations and anti-poverty activists have been calling on the Government to increase the minimum wage to $14, since anything less would still leave workers in minimum wage jobs impoverished. The report by the Law Commission of Ontario on Vulnerable Workers confirms that racialized communities members, women, and immigrants are more likely to work in precarious jobs. While the small increase to the minimum wage is welcome, it is far from sufficient to pull low income families out of poverty.

Moreover, the Liberal Government has yet to adopt the policy proposed by COPC to collect data and measure success of the Poverty Reduction Strategy on an disaggregated basis, in order to capture the racialized and gendered nature of poverty and economic inequities while ensuring that the Poverty Reduction Strategy is working to improve the lives of those who are among the most marginalized.

The income disparities in Ontario arise from structural factors in the Canadian labour market. Racialized groups and women are subject to higher levels of unemployment, a differential employment rate, more likely to work for minimum wages and are disproportionately represented in sectors of the economy where wages are lower and precarious forms of work are more prevalent. In the face of this challenge, no parties to date have agreed to reinstate mandatory *Employment Equity Act* to level the playing field for racialized communities and other disadvantaged groups in getting equal access to employment opportunities.

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AODA Alliance
Access Alliance Multicultural Health and Community Services
Advocacy Centre for Tenants Ontario
African Canadian Legal Clinic
Income Security Advocacy Centre
Metro Toronto Chinese & South East Asian Legal Clinic
Ontario Council of Agencies Serving Immigrants
Right to Health Care Coalition
Right to Housing Coalition
Wellesley Institute

COP-COC also received input and support from many other individuals who wish to remain anonymous. We wish to acknowledge their interest and support.

Finally COP-COC relies on the analysis conducted by our allies in such areas as income security and education, and urges the next government to develop constructive policy directives on the issues addressed in this Report Card and on other critical issues that affect racialized communities of Ontario.

# Colour of Poverty – Colour of Change

Members of the **Colour of Poverty Campaign – Colour of Change Network** commit to bringing a **Racial Equity-Human Dignity-Social Justice** approach and analysis to all of their policies, programmes, practices, actions as well as learning and other activities. With such a shared commitment to **Racial Equity-Human Dignity-Social Justice** – we work to hold each other accountable with respect to our policies, programmes, practices, actions and activities – as well as with respect to the public and other positions we take – that either have or could have a negative racial equity-racial justice impact or consequence.

With such a shared undertaking and commitment – we strive to work with and assist members of all of Ontario's diverse racialized communities – to build shared awareness and understanding of both common circumstances and realities – as well as of the issues, disparities and inequities that have direct and indirect impact on each of their individual and collective life chances, life opportunities and life outcomes.

We work together to facilitate race-conscious remedies for long-standing institutional, structural and systemic disparities and inequities. We understand that to collaborate and coordinate effectively and to work and act consistently and coherently together – we will better achieve the positive racial equity-racial justice impacts and outcomes that we need – thus serving to eliminate as well as prevent barriers to access, and to reduce racial disparities and colour-coded inequality.

## Shared Framework for Racial Equity – Human Dignity – Social Justice

**1.** Reduce racial disparities-inequities by focusing on racial equity-human dignity-social justice outcomes

**2.** Work to expand fair access to institutions and opportunities (ie. educational, regulatory, vocational, training, etc) and public benefits (ie. social housing, health and healthcare, seniors benefits, welfare, etc) for members of racialized communities

**3.** Advance enfranchisement for members of racialized communities (ie. municipal franchise for all residents)

**4.** Promote economic equity and justice (ie. work to uphold and expand employment equity, work to extend the coverage and strengthen the enforcement of employment standards and workplace safety regimes, work to ensure the equitable and timely access to opportunities to practice ones profession or trade, etc)

**5.** Seek investments in opportunity and advancement (ie. expanded equitable access to public services, strengthened work-force opportunities, community development, etc) for members of racialized communities

**6.** Protect against discrimination, racial violence and racial profiling - work to ensure the enforcement of policies to end discrimination based on race, ethnicity, faith, nationality, immigration status and other related grounds

**7.** Recognize and work to deliver Aboriginal and Treaty rights as well as sovereignty and self-determination

**8.** Recognize and meaningfully engage the contributions of all ethno-racial and cultural communities - design initiatives that build upon diverse languages, values & cultural histories & that end racial and cultural inequities

**9.** Work to ensure that racial equity-human dignity-social justice efforts are adequately funded and resourced

**10.** Work to ensure that stated racial equity-human dignity-social justice goals and objectives are measurable and enforceable with mechanisms in place to well monitor related outcomes (ie. disaggregated data collection, strengthened community-based legal clinics, enhanced human rights protection, legal challenge funding, etc)