CANADIAN JOURNAL OF
Disability Studies
Published by the Canadian Disability Studies Association | Association canadienne d'études sur le handicap

Canadian Journal of Disability Studies

Published by the Canadian Disability Studies Association
Association canadienne d'études sur le handicap

Hosted by The University of Waterloo

www.cjds.uwaterloo.ca

“I'm Treated like Less of a Human Being”: Poverty, Isolation, and

ne peté, isolement et privatisation dans le programme d’allocation

Kendal David, MSW
PhD Candidate, Social Work
Carleton University
kendaldavid@cmail.carleton.ca
ORCID 0000-0002-7158-7553

Abstract

This study critically examined how the Ontario Disability Support Program (ODSP) works for disabled people living in institutional settings. It involved a critical discourse analysis of policy texts and interviews with 19 participants, including institutionalized ODSP recipients (n=16) and institution staff (n=3). This article focuses on manifestations of neoliberal ableism in recipients’ experiences with ODSP's institutional allowances. The study found that recipients must use their limited personal allowances to compensate for routinely inadequate shelter and food provided by institutions. Further, the severity of poverty enforced by ODSP’s institutional allowances makes it impossible for recipients to afford other necessities like transportation or a personal phone, which contributes to their social isolation. Ultimately, this research demonstrates how ODSP plays a crucial role in extractive institutional care systems that draw on public resources in service of profitability for institution owners, at the expense of disabled people’s benefits and social inclusion.

Résumé

Keywords

Introduction

Although social assistance programs are a primary pillar of income support in Canada, research has largely overlooked how these programs operate within institutional settings. This gap is particularly concerning given that disabled people living in institutions are subjected to distinct and significantly lower social assistance rates than those living in non-institutional settings. This article examines how the Ontario Disability Support Program (ODSP) structures income supports for disabled people living in institutional settings, revealing how the institutional allowances they are subjected to perpetuate material deprivation and social isolation.

While disabled people living in market, subsidized, or supportive housing may receive standard social assistance rates, those in institutional settings like long-term care homes and domiciliary hostels are allocated "personal needs allowances" or “special boarder allowances” instead. Institutional allowance rates vary across Canadian provinces from $91CAD to $380CAD monthly and are supposed to cover all expenses beyond room and board. In Ontario, institutionalized ODSP recipients receive $149 monthly in personal needs allowances—a rate structure predicated on the assumption that institutions adequately fulfill residents' basic needs (David, 2026). These rates are significantly lower than ODSP’s standard allowance rates, which are set at a maximum of $1,408 per month for a single person (as of July 2025).

This study examines how ODSP's institutional allowance policies manifest in the everyday experiences of recipients and institutional staff. Grounded theoretically in critical

and feminist disability studies, I analyzed data from interviews with 19 participants (n=16 ODSP recipients and n=3 residence staff). The findings reveal profound disparities between policy assumptions about institutional care and the realities of recipients, who must stretch meagre allowances to compensate for institutional neglect while navigating isolation from their communities. This study contributes to both scholarly understanding and advocacy efforts which aim to transform policies that keep disabled people in Canada poor and isolated.

Contemporary Institutionalization in Ontario

The contemporary landscape of institutionalization in Ontario is convoluted and fragmented. While many large state institutions in Ontario closed in the last 50 years, significant gaps in all forms of health and social care services force people out of their homes and into institutional settings where the lines are blurred between care provider and landlord (ARCH Disability Law Centre, 2007; Ontario Ombudsman, 2016). Disabled and poor people also experience discrimination in Ontario’s rental market, making it hard to secure affordable housing (ARCH Disability Law Centre, 2007; Ontario Human Rights Commission, 2012). As such, disabled people today remain subject to institutionalization in sites like group homes, long-term care facilities, psychiatric facilities, domiciliary hostels, and transitional housing (Haley, 2020; M. Linton, 2021; Spagnuolo, 2016). These disparate settings share a few characteristics: they primarily (or exclusively) house disabled tenants, unrelated people share living spaces, and they integrate health or social

services1 with housing (Farkas & Coe, 2019; Linton, 2023). Disabled people report that they avoid institutionalization at all costs, describing it as a “worse-case scenario” (Gibson et al., 2011, p. 214) that they only accept “in the absence of no better alternative” (Hay and Chaudhury, 2015, p. 681).

This patchwork of institutional services is the result of deliberate neoliberal policy interventions over the last half century. As Fritsch et al. (2022) describe, the “gradual shift away from the model of institutionalization has been accompanied by neoliberal political and economic transformations that characterize contemporary societies of control” (p. 16). Large total institutions operated by the state were once a coherent element of “welfare state logics (…) in which government agencies held some responsibility for their subjects” (Fritsch et al., 2022, p. 15)—in this case, to contain, control, and eradicate disabled subjects. By contrast, the role of the state within contemporary institutionalization is shaped by a neoliberal ethos; the neoliberal state guts public welfare systems and reponsibilizes individuals for their own survival, well-being, and sociality because “the more good quality social services are universally available, the less chance there is for private enterprise to make profits in those areas” (Braedley & Luxton, 2010, p. 15). These co-constituting phenomena (deinstitutionalization and the rise of neoliberalism in Canada) transformed state responsibilities to contain disabled people within large institutions into private responsibilities of capacitation and inclusion to be borne by disabled people and their families. As deinstitutionalization efforts won the gradual

[1] Or normative rehabilitation programs and surveillance/control mechanisms aimed to capacitate residents to meet their full ‘entrepreneurial’ potential (see Fritsch et al., 2022).

closure of large institutions in the province, neoliberalism was taking hold as the hegemonic political rationality in Ontario; as such, these closures facilitated the privatization and marketization of health and social care services. Private organizations—non-profits and businesses alike—emerged to provide congregate residential services to disabled people who were otherwise deprived of the housing, health, and social care services necessary to survive in their communities. This ultimately created a market for private organizations to sell institutional services for disabled tenants to the provincial government, who pays per-diem rates for filled beds.

It is hard to know exactly how many people live in institutions in Ontario or what happens within them. The regulatory and funding framework that upholds Ontario’s ecosystem of institutions is incredibly complex. The names of programs are vague, euphemistic, constantly changing, and fail to clearly describe the realities of services. It is rare for a single large for-profit custodial building to be just one type of institution, like a domiciliary hostel or a Home for Special Care. In many cases, these institutions (which sometimes have hundreds of residents) are simultaneously a domiciliary hostel, boarding house, Home for Special Care, and provide transitional housing for patients leaving hospitals. They offer generic room, board, and services, and each tenant’s funding

package2 determines what type of “bed” they fill and how much the institution is compensated for it. An assortment of public funding streams flow through each institution, making it possible for two people sharing a room and eating the same meals to, on paper, receive different “types” of services.

Nishida (2022) refers to the assemblage of “for-profit and nonprofit care organizations that carry out subcontracted tasks to manage publicly funded care with the revenue from government entitites” (p. 48) as a “care industrial complex” Other critical disability scholars describe the systems of contemporary institutionalization as sites of extractive capitalism, where private interests extract profit from debility and disability by filling beds, charging governments per-bed fees, and spending as little as possible on care (Adler-Bolton & Vierkant, 2022; Russell, 2019). Russell's (2019) analysis identifies how the medical industry "bolstered capitalist business interests and shoved less exploitable workers with impairments… out of the workforce" (p. 89) and into institutions—where their containment alone contributes to economic growth. Adler-Bolton and Vierkant (2022) extend this analysis through their concept of extractive abandonment, demonstrating how social policies "are designed not toward the anticipated benefit to the targeted population,

[2] Many domiciliary hostels (otherwise called rest homes, boarding homes, second-level lodging homes, and residential care facilities, among other names) were originally designed for low-income elderly residents as alternatives to increasingly privatized retirement and elder care facilities in the 1950s and 60s. They were relied on as a core supply of custodial housing for institutionalized people with psychiatric disabilities as they were discharged from Ontario’s Provincial Psychiatric Hospitals beginning in the 1970s (City of Hamilton, Community Services Department, 2011). Although, in theory, someone could pay out-of-pocket for their room and board in a domiciliary hostel with employment or retirement income, the vast majority of tenants receive social assistance (City of Hamilton, Community Services Department, 2011; Hwang et al., 2009).

but instead to create pathways… to generate market value through the investment of public funds" (p. 31) in private care services.

The privatization of institutionalization in Ontario also been accompanied by the neoliberal erosure of social assistance programs, which intensified in the late 1990s (Coulter, 2009; Maki, 2011; Smith-Carrier & Lawlor, 2017). As I discuss in this article, social assistance policies play a crucial role in facilitating a system of extractive abandonment by directing benefits to private institutional operators instead of disabled people. However, the specific mechanisms through which institutional social assistance policies operate and their impact on disabled people's lives remains unexamined in Canadian poverty research. Indeed, the connections between institutionalization, poverty, and social assistance have largely been neglected.

Conditions of “Care” in Ontario’s Institutions

Contemporary shelter, food, and care conditions in Ontario vary widely across institution types, service providers, and between individual residences. The decentralization and privatization of institutional care has made living conditions difficult to monitor and compare, but there are some studies illuminating issues within specific sites. Some small residences (i.e., fewer than 6 tenants) may be able to provide more personalized meals or have less overcrowding, but they may subject residents to more intense restrictions and reduced privacy. Conversely, shelter conditions in for-profit boarding homes and domiciliary hostels are especially grim: residents are subjected to insect infestations,

inadequate food provisions, building disrepair, and poor temperature control (City of Hamilton, 2011; Finkler, 1994 as cited in McCreary, 1998; Lightman, 1992). It is worth noting that community magazine Phoenix Rising published first-hand reports from these facilities in the early 1980s, critiquing both the deprivation of residents and the financialization of supposed alternatives to institutionalization (see, e.g., Grant, 1982, Weitz & Jackson, 1982).

A lack of privacy continues to be a problem in today’s institutions, with resident reports documented in long-term care (Barber et al., 2021; Hay & Chaudhury, 2015), domiciliary hostels (Edge & Wilton, 2009; Nelson et al., 1998), and group homes (ARCH Disability Law Centre, 2008). Residents are often forced to share a bedroom with one or several other people with little if any choice in who they bunk with, and institutions frequently lack secure storage space for tenant belongings which puts them at higher risk for theft (ARCH Disability Law Centre, 2008; Edge & Wilton, 2009). Institutions typically provide residents with low quality meals, produced en-masse, with limited variation, on a narrow and rigid schedule (Edge & Wilton, 2009; Hay & Chaudhury, 2015; Linton, 2022; Lowndes et al., 2013). Reduced flexibility and bulk-purchasing is more common in large institutions and those with private for-profit ownership, where scale and profit margins are of greater concern. Underfunding in health and social care is related to nutritional neglect: one study found that increased funding for food in Ontario long-term care facilities improved the variety and nutritional value of meals (Wright-Thompson & Piché, 2011).

Contemporary institutions perpetuate social isolation, severing residents from familial connections and making community participation difficult if not impossible.

Residents report isolation from their communities beyond institution walls and a lack of meaningful daily activities (ARCH Disability Law Centre, 2008; Gibson et al., 2012; Lowndes et al., 2013). Across settings, residents report that a lack of accessible housing options contributes to their fears of being evicted, reducing their willingness to make complaints or requests, and compounding the coercive power of landlords/residence owners (ARCH Disability Law Centre, 2007; City of Hamilton, Community Services Department, 2011; Ontario Human Rights Commission, 2012). People with disabilities are also subjected to physical, emotional, and sexual abuse across institution types (ARCH Disability Law Centre, 2007, 2008; Lightman, 1992). The sum of these conditions is a profound neglect for the survival and well-being of disabled people.

Institutions and Social Assistance

Canadian poverty research has largely excluded institutionalized people, reinforcing the invisibility of this subset of the disabled population. Studies on social assistance rarely acknowledge the existence of institutional allowances. Standard non-institutional ODSP rates are widely criticized by advocates and researchers for being far too low for recipients to live safely and comfortably (Disability Justice Network of Ontario, 2025; Halpenny, 2023; Laidley & Tabbara, 2024; ODSP Action Coalition, n.d.). This inadequacy is so widely recognized that all non-governing provincial parties committed to doubling ODSP rates in their latest election platforms (Bhargava, 2025). Recipients struggle with unstable housing, feel cut off from social connections, and face difficulties maintaining their mental and

physical health (David et al., 2024; Herd et al., 2020; Wilson et al., 2009). Applying for ODSP is challenging and stigmatizing (David et al., 2024; Halpenny, 2023; Lightman et al., 2009). Ontario’s social assistance programs have also been criticized for their intrusive monitoring and surveillance of recipients (Abdillahi, 2022; Maki, 2021).

Social Assistance in Institutional Research

Research on the contemporary conditions of institutionalization in Ontario has tangentially identified poverty as a significant factor in residents’ lives (Haley, 2017; Linton, 2021; Spagnuolo, 2016). Despite this connection, there is a dearth of research specifically examining income supports and poverty within institutions. Some studies with disabled people living in long-term care homes have identified that inadequate social assistance payments force recipients to live without basic personal effects, struggle with the costs of transportation to leave the residence to participate in their community and maintain relationships with family and friends (Hay & Chaudhury, 2015; Marshall & Baffour, 2011). Hay and Chaudhury’s (2015) study with young disabled people living in long-term care in British Columbia found that nearly all participants accessed social assistance as their primary source of income. Researchers identified a “lack of finances” (p. 685) as a primary barrier for community integration, noting that poverty “controlled [residents’] life, and they were not able to buy personal items” (p. 683). An American study with young long-term care residents found that participants were only allowed to keep a small portion of their

disability checks ($55USD) which “forced many young residents to do without needed items, such as clothing and toiletries” (Marshall & Baffour, 2011, p. 267).

There has not been any research about ODSP within institutional settings. This research begins to address this gap, examining how ODSP policy texts index and express power, and how they manifest ableism in recipients’ lives. This inquiry was focused on developing a richer understanding of the relationship between institutionalization and income supports, and the relationship between ODSP policy and the realities of its implementation.

Theoretical Approach

This study is grounded in feminist and critical disability studies, a field of scholarship that examines:

> not bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations.... with the goal of producing knowledge in support of justice for people with stigmatized bodies and minds. (Minich, 2016, paragraph 6)

This approach guides my analysis toward examining how income support policies become sites of social control which categorize, moralize, and stratify diverse corporeal experiences. Feminist disability studies (FDS) is particularly relevant to analyzing ODSP's institutional allowance policies because it draws attention to how neoliberal state welfare systems differentially value and support (or obstruct) different forms of care and

interdependence. Feminist disability scholars (e.g., Kim, 2021; Nishida, 2022; Schalk & Kim, 2020) highlight how race and gender shape understandings of needs and dependence, as well as how global financial capitalism disrupts communities of care. Taking an FDS lens in this work guides me to ask: Whose needs matter to the state? In what ways does ableist neoliberalism shape whose well-being is framed as a national responsibility, and conversely, who is responsibilized for their own survival? Who is subject to institutionalization and incarceration, and what does this mean for their survivability and sociality? (see also David, 2025 for further detail about my approach to FDS).

FDS scholars have identified how ableist and neoliberal ideologies frame disabled persons as vulnerable, needy, and costly to the collective and to the state, arguing that these representations are relevant for analyses of social services (Kim, 2021; McRuer, 2018; Morris, 1991). FDS-informed research considers how discourses of dependence and independence frame some people’s access to public supports as a drain on collective resources and other people’s access to supports as deserving entitlements or as investments in a broader productive project. This framework helps illuminate how different forms of state welfare not only offer varying levels of material support but can actively disrupt social connections through, for example, institutionalization or family separation by other means (e.g., incarceration, child apprehension). Because of FDS’ emphasis on interdependence, it is crucial to attend to the ways that different forms of state welfare not only offer more or less material support to different people, but also how they pull at the seams of their social fabric. People sustain ecologies of interdependence in the most

desolate places, but not everyone is equally subject to the neoliberal state’s violent obstructions of connection and survival.

Methodology and Design

This article reports on findings from the second phase of a doctoral dissertation study examining how the Ontario Disability Support Program (ODSP) structures income supports for disabled people living in institutional settings. The research employed critical discourse analysis (CDA)—a methodology grounded in critical linguistics and sociological theory that examines relationships between power and discourse, and their role in shaping social practices and phenomena (Meyer, 2001; Wodak, 2011). CDA is inherently political, making it suitable for examining how dominant power structures like ableism manifest in social policy (Meyer, 2001).

The broader study was conducted in two phases. The first phase analyzed contemporary and historical policy texts regulating Ontario’s social assistance policies to identify how institutionalization is discursively constructed within them (David, 2026). Building on those findings, the second phase focused on understanding how policy discourses manifest in the experiences of those directly implicated in the policies, namely ODSP recipients who live in institutions and people who work within them. This phased approach aligns with CDA's interpretive and inductive nature, where "data collection and analysis might be a permanently ongoing procedure" (Meyer, 2001, p. 18), allowing researchers to modify their approach based on emerging insights. This article focuses on

the second phase of the study, drawing on interviews to complement the policy analysis, ultimately developing a richer and more human picture of ODSP’s institutional allowances.

Data Collection

Following approval from the Carleton University Research Ethics Board-A (Clearance #121697), I conducted semi-structured interviews with 19 participants between September and December 2024. All participants gave written or verbal consent to participate. ODSP recipients living in institutional settings (n=16) completed interviews, along with institution staff (n=3).

Participant Selection

I used purposive sampling to select participants based on the following eligibility criteria: participants must:

1) have experience applying for and/or receiving ODSP at any time in the last 5 years while living in a residential care institution in Ontario for longer than 3 months,
   OR have experience working for ODSP, or working at a residential care institution in Ontario with people applying for or receiving ODSP,
   AND
2) be able to complete an interview in English about their experiences, either in-person, by phone, or by video call software (online).

I aimed to recruit between 15-20 ODSP recipients and between 5-10 staff. This proportion approximately reflects the discursive over-representation of recipients/applicants in policy texts analyzed during Phase 1 of the study (see David, 2026). I distributed recruitment

materials through social media, my professional networks, and through community posters. People who were interested contacted me via email or phone, and I provided them with detailed study information and consent forms provided prior to scheduling interviews. No ODSP workers responded to my calls for recruitment.

Interview Process

I conducted semi-structured interviews in-person (n=12), by phone (n=4), and using video conferencing software (n=3) based on participant preferences. On average, interviews were 41 minutes in length. While some were quite long (nearly two hours), a small number of my interviews with ODSP recipients were very short (around 15 minutes). In these cases, the people I was interviewing were facing especially challenging circumstances and were understandably not very talkative. All participants received a $25 honorarium (cash or gift card, based on their preference), which they were entitled to keep regardless of whether they completed the interview or withdrew from the study (there were no incomplete interviews or withdrawals).

The interview guides were informed in part by Phase 1 findings (David, 2026) and tailored for different participant groups. Questions for ODSP recipients focused on their experiences interacting with ODSP while living in institutional settings, managing personal expenses with institutional allowance rates, navigating institutional living conditions, and maintaining social connections and community participation. Questions for institutional staff focused on their role in supporting ODSP recipients, observations of how institutional

allowance policies impacted residents, and challenges within the current system. Interviews were audio-recorded, transcribed verbatim, and de-identified prior to analysis. In keeping with CDA's iterative approach, the interview process remained flexible, allowing for exploration of emerging themes while maintaining focus on understanding the relationships between policy discourse and participant experiences. All participant names are pseudonyms.

Data Analysis

My analysis process followed an iterative and abductive approach consistent with discourse-historical analysis (Wodak, 2011). I used NVivo software to analyze interview transcripts, which were systematically coded through multiple rounds of analysis. The first round involved developing an initial codebook informed by Phase 1’s policy analysis, which I refined during the first round of transcript review. This codebook was then refined through subsequent rounds of analysis—combining similar codes, adding new codes based on emerging themes, and reorganizing codes to better reflect relationships between concepts. This iterative process allowed for the identification of important tensions between policy assumptions and participant experiences. For example, while ODSP policies assume institutions adequately provide for residents' basic needs, participant narratives revealed significant gaps in care provision.

Participant Description

In total, I interviewed 16 ODSP recipients and 3 institution staff. I asked participants self-identified demographic questions. Of the 16 ODSP recipients I interviewed, 9 were men and 7 were women. 8 of the ODSP recipients were white, 5 were Indigenous, and 3 were African, Black, or Caribbean. The average age of ODSP recipients interviewed was 43. Thirteen participants were institutionalized at the time of interview. Of those thirteen, seven were living in privately-owned for-profit domiciliary hostels, three in public psychiatric hospitals, two in non-profit long-term care homes, and one in a non-profit group home for people labelled with developmental disabilities. The smallest institution was a non-profit group home with less than ten residents, and the largest was a long-term care home with over 250 residents. On average, participants were living in institutions with about 105 residents. The remaining three ODSP recipients were living in community, supportive, or social housing at the time of interview, with recent past experiences of institutionalization. Of those three, two had recently been homeless and experienced institutionalization within the shelter and transitional housing systems. I also interviewed three people who work as frontline social service providers within institutions with residents on ODSP, including one white man and two racialized women. Staff worked in a variety of non-profit settings, including group homes for people with developmental disabilities, bail houses, homeless shelters, and transitional housing facilities.

Findings

Drawing from interviews with ODSP recipients and institutional staff, this study reveals three key manifestations of ableism in how institutional allowance policies are implemented and experienced: (1) the acceptance of inadequate shelter and food provisions by institutions, particularly in for-profit settings; (2) the enforcement of material deprivation through low allowance rates that make it nearly impossible for recipients to afford basic necessities; and (3) the perpetuation of social isolation through policies that restrict access to communication technologies. These findings demonstrate the essential role that ODSP plays in maintaining extractive institutional care systems which profit from the segregation and impoverishment of disabled people, and highlight the stark disconnect between policy discourses about institutional care and the lived realities of recipients.

Basic Needs

ODSP denies institutionalized recipients access to standard social assistance benefits, instead directing shelter and food allowances to private (non-profit and commercial) institutional providers. The policy assumes that recipients only need meagre personal needs allowances because institutions are compensated to house and feed residents. However, interview data demonstrates how residents must routinely spend their limited personal allowances to compensate for or cope with institutional neglect, purchasing necessities that are either not provided or provided inadequately by their residences. This creates a cycle of chronic poverty, as the extremely low allowance rates make it nearly

impossible for recipients to save money or transition out of institutional settings. The following sections detail how this manifested across three key areas: food provision, shelter conditions, and staff support.

Food

Institutionalized ODSP recipients reported using their allowances to buy food to supplement or replace institution-provided meals. Overall, interviewees described limited choice, poor quality, and insufficient quantity of food provided by institutions. Meals were often served in narrow windows on a rigid schedule dictated by the institution. Interviewees acknowledged that assistance with meals is an essential facet of their care. Some residents shared that they moved into institutional care primarily because of promised support with food preparation. For several, a sudden change in their health or social support while living in the community (e.g., injuries or illness, death of a caregiver) reduced their capacity to get groceries and prepare meals.

In many cases, interviewees expressed resentment about having to spend parts of their personal ODSP allowances to replace or supplement institutional food. This was especially frustrating when the institution served poor quality, mass-produced meals. Cole’s description of unpleasant food offerings exemplifies the misalignment between ODSP policy assumptions and the realities of institutional care:

> They *say* we don’t need to buy groceries, but we really do, because the food sucks here. You get a plate of chicken and the plate’s half full of water, the potatoes aren’t very good. It’s all just… cheap. The cheapest food you can get.

Similarly, Mikayla identified disparities between claims about institutional care and its realities:

> When I can put a little money aside, I'm ending up paying for food, when technically food is covered. But it's not ethnically inclusive. The food is poison, in my opinion. And I can't afford to starve. I feel like I'm treated like less of a human being. Like they're doing us a favor, so whatever they throw at you, you should just take it.

Here, Mikayla highlights the stakes of this neglect (“I can’t afford to starve”) and its dehumanizing ableist undertones (“I’m treated like less of a human being”). Other institutional rules impacted participants’ ability to purchase food, making it harder to stretch allowances until the end of the month. For example, some interviewees paid high fees for food delivery services, because restrictions on their “privileges” to leave the institution prevented them from getting to the grocery store or a restaurant.

The ongoing exploitation of resident labor within institutions also reinforced cycles of impoverishment. Two interviewees reported being employed as custodians and food service workers for the institution they lived in, with hourly wages between $0.75 and $2.50. These sub-minimum wages are legally permissible through sheltered workshop exceptions in Ontario’s labor code (Employment Standards Act, 2000) under the guise of rehabilitation or employment training programs. Between sub-minimum wages and abysmal rates of ODSP allowances, recipients felt trapped in these jobs, unable to make enough money to live comfortably or save for the future, despite regularly working and receiving social assistance.

Shelter

Overall, shelter conditions documented in this study demonstrate systematic neglect of disabled residents by both the state and private institutional owners. Many shared about their experiences with ODSP in their current living arrangements as well as past ones. Commonly reported issues included uncleanliness, bug infestations, lack of privacy, lack of secure storage space, poor temperature regulation, underfunded staff supports, and a lack of personalization. Shelter quality varied depending on the type of residence. One participant who lived in a non-profit group home was satisfied with his living conditions, though he qualified that this was likely an exception, based on his previous experiences. The poorest conditions were reported by interviewees living in for-profit domiciliary hostels, where conditions more closely resembled those of temporary shelters than permanent housing. Some interviewees hypothesized that in for-profit facilities, building safety, cleanliness, and comfort seemed to be sacrificed to maximize owner profits.

Uncleanliness and Heat. Interviewees living in domiciliary hostels and those who had experience living in short-term shelters were most likely to discuss concerns with cleanliness and temperature regulation. Jean-Marc was particularly frustrated about living in a poorly maintained domiciliary hostel. He gave me a guided tour of common areas in the building to show me some of his concerns. In one of the common rooms, he pointed out several sticky-tape bug traps hanging from the ceiling, completely covered in dead insects, which he said had not been replaced since he moved in almost a year ago. Earlier in our interview, Jean-Marc shared: “We have bugs… a lot of bed bugs. None of the

windows have screens, and there’s no air conditioning. It gets hot, and then there’s bugs, because there’s no screens [when we open windows to cool off].” He said that the infrequency of cleaning services has a concentrated impact on the shared bathrooms, where garbage accumulates between clean-ups. Other domiciliary hostel residents also brought up issues with temperature regulation, specifically the absence of air conditioning which made buildings unbearably hot in the summer. When I met with Kevin, we sat in his residence’s dining hall near a small window air conditioning unit about the same size as the one I used to cool my studio apartment. In his case, the AC unit was the only one for a building with more than 75 residents.

Lack of Privacy, Secure Storage. All interviewees living in long-term care or domiciliary hostels (n=9) described a lack of privacy in their residences. The most fundamental issue was the requirement to share bedrooms; all but one reported having to share their room with another person. Those with experience in short-term shelters described even more intense crowding conditions, often sleeping on cots in large rooms with dozens of other people. Close quarters and resource scarcity intensified interpersonal conflicts between residents, with most interviewees reporting frequent disputes with other tenants and a desire for more staff support to help resolve them. Privacy violations within institutions extended beyond bedroom sharing. When he toured me through the domiciliary hostel he was living in, Jean-Marc pointed out several shared bathroom doors with broken locks, making it impossible for residents to use the bathroom without fear of intrusion. For Mikayla, a young person living in long-term care, the lack of privacy in her residence created barriers to intimate relationships and dating. For many, the absence of

privacy was compounded by a significant lack of secure storage space, leaving residents vulnerable to theft.

Doesn’t Feel Like Home. Interviewees in permanent residences described them as impersonal, uncomfortable, and lacking in qualities that would make it feel “like home.” Mikayla described her long-term care residence: “The place is functional. It doesn't feel like home. I feel like I’m in a very low-budget hotel.” Of the institution she has lived in for over a year, Elizabeth said, “I’d rather sleep in my own place, in my own bed, with my own belongings.” Participants’ descriptions of their residences included recurrent carceral references. Cole described his room:

> They look like jail cells here. There’s one bed, it’s got two shelves. There’s a door, a very heavy door with a little glass window that you look out into the hallway. There’s a big window in your room that doesn’t open.

Jean-Marc identified several issues that prevented his residence from feeling like “home,” most of which he attributed to inadequate government funding and owners’ apathy about the safety and comfort of the building. He drew my attention to water damage visible through the ceiling, incomplete paint jobs, and uneven flooring.

Staff Shortages. Apart from short-term shelters, the institutions that interviewees lived in were available only to disabled tenants and integrated varying levels of “specialized care” alongside room and board.[3] In institutions where more intense “specialized care” was provided (e.g., psychiatric institutions, long-term care, some group homes), residents

[3] For a detailed analysis of the ODSP’s use of the term “specialized care residences” as a euphemism for institutions, see David (2026).

also experienced more restrictions on their autonomy. In domiciliary hostels, the “specialized care” typically consisted of little more than cleaning services and an on-site nurse for medication administration. Most interviewees expressed gratitude for the frontline staff, food service workers, and custodians that worked in their residences, and blamed the gaps in their care on underfunding and service skimming by owners. Sebastian noted that the staff at his long-term care home “do their best” to care for residents. Some long-term tenants of domiciliary hostels described how they watched services get cut over the last several decades, highlighting times when owners have fired personal support workers and reduced hours for custodial staff.

Elizabeth explained how staffing shortages restricted her leisure and social time, and further isolated her from the community:

> We should be able to go into the community on the weekends and go do fun stuff like go to the river and go swimming in the summer… and go to Tim Hortons or McDonald's for coffee or a meal… I have my privileges to go out. I can go out on my own for more than two hours, if they have staffing. [I want there to be] more staffing.

Power Dynamics in Profit-Motivated Care

The privatization of institutional care creates particularly exploitative conditions where owners profit from neglecting care while collecting payments from ODSP and other government programs. Interviewees living in for-profit facilities expressed profound frustration at the large portion of their ODSP payments (almost $900) paid to owners while

they received substandard care in return.[4] Dawn lived in in a for-profit building and explained through tears: “It feels like they're highway robbing me for my rent… I'm paying more than $800 to share a one-bedroom.” Jean-Marc bluntly characterized this dynamic: “The system is almost like a dumping site for people.”

Alarmingly, interviewees reported that residence owners weaponized ODSP Pay Direct arrangements to further control, infantilize, and potentially exploit tenants. Pay Direct is an opt-in program where ODSP recipients choose to have part or all of their monthly social assistance payments transferred directly to landlords, housing service agencies, and utility companies to cover rent and other bills. Multiple interviewees reported being coerced into Pay Direct arrangements, so their entire ODSP cheque was deposited to the owner-operator who was then responsible for distributing their personal needs allowance. The distribution process itself then became a tool of degradation - Esther and Michael described having to line up every week with other residents to receive quarter portions of their monthly allowance in cash (because operators did not trust them with their full monthly payments).

[4] Domiciliary hostel owners in Ontario are also paid via a municipal subsidy program to “top-up” social assistance payments for room and board for low-income tenants. Municipalities negotiate funding agreements with private providers and administer subsidies, which are cost-shared with the province. For example, in Ottawa, municipal agreements currently allow private providers to charge up to about $1900 per month per tenant (per diem rate of $61.47). For an ODSP recipient with no other income, their monthly board and lodge cheque of around $900 goes to the hostel owner, and then the municipal subsidy component covers an additional $1000 per month. Tenants are only able to retain $149 as a personal needs allowance, regardless of their income source or the rate of subsidy.

Nathan's experience illustrates how owners exploit residents' housing precarity to establish these abusive arrangements. He described how the residence owner capitalized on his risk of homelessness to coerce him into setting up Pay Direct:

> The catch was, for me to live here, I don't pay rent for two months, and then she takes everything afterwards. The ODSP cheques go right to the owner. It was good for the first two months living here when I first moved in, but… not anymore. It's like having a warden.

The lack of transparency heightened Nathan's concerns about exploitation and financial abuse: “She has the money! So little do I know, they could be taking extra.” Previous research and personal testimony in community publications suggests these coercive practices are common in Ontario’s domiciliary hostel and boarding home system (City of Hamilton, 2011; Grant, 1992; Lightman, 1992; McCreary, 1998; Weitz & Harvey, 1982). The Lightman Commission (1992) on rest homes specifically recommended that the provincial government prohibit operators “from involvement in the distribution of the personal needs allowance to hostel residents” (p. xvii) to prevent financial abuse. Yet decades later, these exploitative practices continue, enabled by ODSP policies that prioritize the convenience of room and board payments for owners over recipient autonomy.

Personal Needs Allowances

Institutionalized ODSP recipients are expected to use their personal needs allowances to cover the cost of all basic items beyond food and shelter. This includes but is not limited to clothing and footwear, personal care products (e.g., deodorant, shampoo, toothpaste,

soap), menstrual care products, transportation (e.g., bus pass, taxi fare), cell phones and other communication technologies, internet and phone plans to keep those items connected, special food items, and hairdressing. It is impossible to stretch $149 per month to cover all these essential items, so recipients are forced to pick and choose between them, often going without.

Personal care items, clothing, and transportation

Recipients interviewed across institution types were responsible for using their ODSP allowances to supply their own hygiene and personal care items like soap, shampoo, toothpaste, and deodorant. Shared access to basic supplies varied dramatically across institutions. At one end of the spectrum, some facilities provided items like shampoo; at the other extreme, one domiciliary hostel I visited did not have hand soap (or even empty dispensers) in some of their bathrooms. Dylan, who worked in group homes for people with developmental disabilities, noted how some clients would benefit from increased rates to help with the cost of medical supplies:

> You shouldn’t have to worry about waiting for next month’s ODSP to come in so that you can afford to order a new feed bag, so you don’t have to use the same feed bag for three weeks straight when you’re supposed to use it for one.

Rationing essential personal care and health supplies was a theme in interviews. For example, Mikayla described how the constraints imposed by her ODSP allowance forced her to compromise on menstrual care products:

> I have to buy lower quality products so that the money can last longer. Once, I got a cheaper bulk brand of pads for my period and I ended up having an allergic reaction to it. I was pissed because I couldn't use it anymore, which means money was wasted. I always ask, can I actually afford the cheaper alternatives?

Recipients described how they could not afford to buy clothing or shoes to live comfortably and safely, especially in cold winter months. Clothing and shoes were repeatedly raised as important but lower priority than food, or bus passes, and too expensive to buy without saving.

Several people used part of their ODSP allowance to buy bus passes—either a monthly pass typically subsidized by their municipality, or single bus tickets as-needed. Only one interviewee reported using institution-provided bus passes, which were only made available for pre-approved trips for medical reasons. How participants framed the relative cost of a bus pass elucidates variations in living conditions, levels of support in different institutions, and differential access to other forms of support beyond ODSP. For example, Neil framed his municipality’s monthly bus pass subsidy as an important affordability program, which made his ODSP payments feel “fairly generous [because of these] other programs that kick in.” However, Neil also worked part-time, was paid above minimum wage, had Passport funding (a limited reimbursement benefit only available for select people with developmental disabilities), and lived in a group home run by a

charitable organization that fundraises to support its programs. By contrast, Kevin, who lives in a for-profit domiciliary hostel and theoretically had access to the same bus pass subsidy program, said: “I don’t get a bus pass because it is a lot of money.”

Communication access

Living in deep poverty means institutionalized ODSP recipients had limited access to communication technologies like a personal cell phone, tablet, or computer. As a result, they struggled to stay connected with their families, friends, and service providers, including ODSP caseworkers. Most participants who lived in institutions that lacked secure storage spaces (i.e., domiciliary hostels and short-stay shelters) did not own a personal phone at the time of interview, and several reported having past cell phones and SIM cards stolen. Some interviewees relied on other funding sources to cover the cost of their phone plans, like the Passport program.

ODSP intensifies the isolation inherent to institutionalization. Most of the institutions that interviewees lived in offered free low-quality internet, but residents still needed to have their own personal device (e.g., phone, tablet, laptop) to access it independently. For Cole, who was institutionalized thousands of kilometers away from his community, staying connected to his family was a top priority. He owned a phone and used more than half of his ODSP allowance to pay for a data plan, because the free institutional internet was too unreliable for video calls with his child. Reflecting on the poor internet connection, he said: “It just makes me miss my family even more, you know? (…) I wish I could just be close to my loved ones and not feel alone.” Other interviewees also

described social losses because they could not afford a phone or connection plan. Nathan’s family ties were harder to maintain, for example: “I haven’t seen my brother in six months. I have no phone to keep in touch. I haven’t had a phone in so long, I can't afford one.” Roger tried to use the building landline to stay connected: “They have a landline where we can make calls, but we can’t make long-distance calls. Most of my family is long-distance. I haven’t seen some of them in over 15 years.”

In addition to the impacts on their personal relationships, these communication barriers also affected recipients’ ability to contact their ODSP caseworkers. Almost every recipient I interviewed felt neglected by their caseworkers because they were seemingly impossible to get in touch with, especially for those without a personal phone or device to access the internet. For Kevin, the barriers to contacting his ODSP caseworker were a significant source of daily stress. When we met, he was about to turn 65 and facing an impending transition to seniors’ programs and benefits. He had been calling his ODSP caseworker for months to ask about how this would impact his income, but she never answered. He left voicemails, but without a personal phone for her to call back, his messages went unanswered. As time went on, he became more frustrated:

> I don’t have a phone for my caseworker to call me and talk to me. I phoned [from the residence landline] and asked her to write me a letter telling me what would happen when I turn 65 at the end of the month and I start getting Old Age Security. I haven’t gotten anything. I can’t talk to her, and I feel very upset that I can’t get in touch with her.

These communication issues also prevented several recipients from accessing discretionary benefits they may be entitled to, which require additional paperwork and

coordination with an ODSP caseworker, like the Special Diet Allowance.

Discussion

My analysis highlights three key facets of ableist and neoliberal logics integral to ODSP’s institutional allowance policies and how they impact recipients. First, ODSP policies accept that institutions inadequately house and feed disabled residents, and in some cases, the policies enable institution owner-operators to profit from this neglect. The privatization of institutional care has created a system where making money depends on minimizing expenditure on resident care. My findings show what this skimping looks like in practice: disabled residents are served low quality meals, live in overcrowded and poorly maintained buildings, with little if any secure storage space for their personal belongings. These findings echo previous research about the poor quality of food provision in Ontario’s congregate residences (Edge & Wilton, 2009; Hay & Chaudhury, 2015; Linton, 2022; Lowndes et al., 2013), and the first-hand accounts of tenants published in Phoenix Rising, who write “the meals served there usually consist of starch—bread potatoes, spaghetti” (Grant, 1982, p. 10). Some facilities also neglected to provide basic hygiene supplies like hand soap and menstrual products—a practice repeatedly documented in boarding homes over the last four decades (Grant, 1982; Lightman, 1992; Weitz & Harvey, 1982) that persists today.

While issues with the quality of room and board exist across institution types, they were most stark in for-profit settings where profit motives seem to directly conflict with

resident wellbeing. Owners turn a profit in part by spending less on food and shelter (and care) than the sum of fees they collect from residents – a significant portion of which flows through social assistance. There are few ways for for-profit institutional owners to generate new profit without neglecting residents' basic needs and/or exploiting front-line staff.[5] The issues with institutional quality identified in this study provides an updated picture of past reports on domiciliary hostels (City of Hamilton, 2011; Lightman, 1992; McCreary, 1998) and group homes (ARCH Disability Law Centre, 2007).

ODSP policies perpetuate extractive capitalism and a care industrial complex (Nishida, 2022) by using public funds to compensate private operators for filling institution beds regardless of the quality of services provided, allowing them maximize profits by minimizing care. The poor quality of care documented in this study aligns with Hsu et al.'s (2016) systematic analysis of Ontario's long-term care sector, which found that for-profit facilities consistently provide lower levels of care than public or non-profit homes despite receiving the same funding. My study only included seven ODSP recipients living in for-profit institutions; future research should consider a broader examination of these sites across Ontario. Critical feminist and disability scholars have examined normative

[5] However, institution owners typically own buildings on large land plots, so property value seems to be a motivating factor and source of revenue for owners. While this angle is acknowledged in one study of rooming houses in Toronto (Parkdale Neighbourhood Land Trust, 2017), more research is needed to parse out the mechanisms at play for boarding houses, domiciliary hostels, and other private institutions. Rooming houses typically only charge tenants for rent, and because social assistance payments are stable and low, it is often profitable to convert or demolish buildings and push low-income tenants out and hike rental prices. However, boarding homes and other specialized care residences may be more motivated to retain disabled tenants because owners charge governments for the costs of other services provided. I have come across property listings for boarding homes which mention the “stable income sources” of tenants on social assistance as an attractive feature for buyers interested in turning a profit from property investments. Further exploration of this issue is needed.

discourses about dependence and independence, which frame some public programs as a *drain* on collective resources and others as entitlements or even *investments* in a collective project of productivity or nation-building (Kim, 2021; McRuer, 2018; Thobani, 2007). Disabled people’s needs are frequently conceptualized as too costly for society to bear (for critiques, see, e.g., Adler-Bolton & Vierkant, 2022; Fritsch, 2019; McRuer, 2018), but my findings help refocus concerns about wastefulness toward the care industrial complex (Nishida, 2022). Who is a drain on collective resources, if not the investors in privately-run institutions, who aim to turn a profit by neglecting the needs of disabled residents while cashing their social assistance cheques?

Second, by enforcing institutional allowance rates that make it impossible for recipients to afford necessities, ODSP demands deprivation and further debilitation. This study's findings demonstrate how the inadequacy of institutional allowances forces recipients to live without items necessary for their safety, dignity, and community participation. Recipients must choose between necessities, not luxuries. This extends what we already know about enforced disability poverty through social assistance. While researchers have documented how standard ODSP rates make recipients live below the poverty line (Csiernik et al., 2017; Laidley & Tabbara, 2024), these findings highlight the extreme deprivation of social assistance programs in institutional settings. The impossible choices faced by interviewees echo past research findings about young disabled people in long-term care being unable to afford basic personal items (Hay & Chaudury, 2015; Marshall & Baffour, 2011). This study just begins to scratch the surface of disability poverty in Ontario’s institutions. Every province in Canada has an institutional allowance program

that warrants analysis and scrutiny. Further, institutionalized people should be reintegrated into Canada’s primary source of data on disability, the Canadian Survey on Disability (CSD), from which they have been excluded since 1991 (Government of Canada, 2023). Given the importance of the CSD for advocacy and policymaking, the federal government should include institutionalized so we have a more accurate picture of disability poverty across the country; this would also strengthen scholarly analyses that rely on this dataset (e.g., Scott et al., 2022; Wall, 2017).

Finally, this study found that ODSP policies facilitate the isolation of institutionalized disabled people, which is intensified by a lack of access to communication technologies. Institutionalization is inherently isolating (Rinaldi & Rossiter, 2023); I am referring here to isolation not in the sense that a person is *alone*—indeed, a lack of privacy is the norm—but in the sense that it is *made* extremely difficult and sometimes impossible for people to maintain social ties *beyond* institution walls. Although most of the people I interviewed were not forcibly confined to their residence by physical barriers like fences or security guards (though some were), they were still subjected to restrictions on their social lives through the deep poverty enforced through institutional allowances. Having a personal phone line is not a technological luxury. It is a means of connecting with the world beyond your home, which is especially important when one has very little choice over where they live and with whom. Not being able to afford a phone plan while receiving an institutional allowance is not a personal failure. No personal frugality or individual choices can solve the deep poverty that institutional allowance recipients are subjected to or the isolation that comes with it. Interviewees described significant efforts:

selling labor for sub-minimum wages, spending days calling caseworkers repeatedly even though no one answers. The neoliberal ableist ethos of personal responsibility—which demands that individuals are responsible for improving their living conditions—is an impossible fiction for ODSP recipients who must remain in an institution bed for the owner to get paid.

While past research has identified social isolation as a core issue for institutionalized people (Gibson et al., 2012; Haley, 2017; Lowndes et al., 2013), this study shows how inadequate social assistance policies in Ontario facilitate this isolation. Extremely low allowance rates mean that disabled recipients cannot afford communication technologies, which cuts them off from their families and communities. It also obstructs options for individual and collective advocacy. The provincial government's acceptance and facilitation of this isolation is a profound abdication of responsibility for the survival and social inclusion of disabled people.

A more just society is one where both poverty and institutionalization are obsolete. ODSP’s immiserating institutional allowance program is only conceivable in a world where institutions still exist. Disabled people deserve to live with dignity, comfort, and care in their own homes. While we confront the ways that our social policies prioritize the profits of institution owners over the survival of our disabled neighbors, we must also nurture diverse systems of social support and create more livable communities that are ready to support disabled people the moment institutions close.

References

Abdillahi, I. (2022). *Black women under state: Surveillance, poverty, & the violence of social assistance*. ARP Books.

Adler-Bolton, B., & Vierkant, A. (2022). *Health communism*. Verso.

ARCH Disability Law Centre. (2007). *ARCH’s Submission to the Ontario Human Rights Commission on Human Rights and Rental Housing in Ontario*. http://archdisabilitylaw.ca/sites/all/files/Submission%20of%20ARCH%20Disability%20Law%20Centre%20-%20TEXT19%20September%202007.txt

ARCH Disability Law Centre. (2008). *Written Submission of ARCH Disability Law Centre to the Standing Committee on Social Policy on Bill 77, An Act to provide services to persons with developmental disabilities, to repeal the Developmental Services Act and to amend certain other statutes*. https://www.archdisabilitylaw.ca/sites/all/files/Final%20Paper-for%20LCO-June%2030%2010-FINAL.doc

Barber, B. V., Weeks, L. E., Spassiani, N. A., & Meisner, B. A. (2021). Experiences of health and aging for younger adults in long-term care: A social-ecological multi-method approach. *Disability & Society*, *36*(3), 468–487. https://doi.org/10.1080/09687599.2020.1751074

Bhargava, I. (2025, February 5). Left with $2 at month’s end, this woman’s among Ontarians urging next premier to boost disability payments. *CBC News London*. https://www.cbc.ca/news/canada/london/left-with-2-at-month-s-end-this-woman-s-among-ontarians-urging-next-premier-to-boost-disability-payments-1.7449274

Braedley, S., & Luxton, M. (2010). Competing philosophies: Neoliberalism and challenges of everyday life. In S. Braedley & M. Luxton (Eds.), *Neoliberalism and everyday life* (pp. 3–21). McGill-Queen’s Univ. Press.

City of Hamilton, Community Services Department. (2011). *City of Hamilton Domiciliary Hostel Program Review*. City of Hamilton, Community Services Department, Housing & Homelessness Division.

Coulter, K. (2009). Women, Poverty Policy, and the Production of Neoliberal Politics in Ontario, Canada. *Journal of Women, Politics & Policy*, *30*(1), 23–45. https://doi.org/10.1080/15544770802367788

Csiernik, R., Csiernik, B., & Brideau, M. (2017). A thirty year retrospective on the income adequacy of Canadian provincial social assistance payments to non-institutionalized disabled adults. *Canadian Review of Social Policy*, *77*. https://crsp.journals.yorku.ca/index.php/crsp/article/view/40320

David, K. M. (2025). Mobilizing feminist disability studies for expansive social work scholarship. *British Journal of Social Work*, *55*(5), 2273–2291. https://doi.org/10.1093/bjsw/bcaf046

David, K. M. (2026). What do institutions have to do with it? A critical disability analysis of institutionalization in Ontario’s social assistance policies. [Manuscript submitted for publication. Also available as a component of the author’s dissertation – School of Social Work, Carleton University].

David, K. M., Martin, B., McDowell, T., Ferdosi, M., Ederer, R., & Ma, A. (2024). “I was trusted for once”: Imagining more humane income supports through the Ontario Basic Income Pilot. *Social Policy and Society*, 1–16. https://doi.org/10.1017/S1474746424000551

Disability Justice Network of Ontario. (2025, January 31). *DJNO Submission to National Housing Council’s Neha Review Panel*. https://www.djno.ca/post/djno-submission-to-national-housing-council-s-neha-review-panel

Edge, S., & Wilton, R. (2009). “Reengineering” Residential Care Facilities: A Case Study of Hamilton, Ontario. *Canadian Journal of Community Mental Health*, *28*(1), 137–149. https://doi.org/10.7870/cjcmh-2009-0011

Employment Standards Act, S.O. 2000, c. 41 (2000). https://www.ontario.ca/laws/statute/00e41

Farkas, M., & Coe, S. (2019). From Residential Care to Supportive Housing for People With Psychiatric Disabilities: Past, Present, and Future. *Frontiers in Psychiatry*, *10*, 862. https://doi.org/10.3389/fpsyt.2019.00862

Fritsch, K. (2019). Governing Lives Worth Living: The Neoliberal Biopolitics of Disability. In D. R. Brock (Ed.), *Governing the social in neoliberal times* (pp. 38–62). UBC Press.

Fritsch, K., Monaghan, J., & van der Meulen, E. (2022). Resisting the criminalization of disability: Cripping disability injustice toward accessible decarceral futures. In K. Fritsch, J. Monaghan, & E. van der Meulen (Eds.), *Disability injustice: Confronting criminalization in Canada* (pp. 3–46). UBC press.

Gibson, B. E., Secker, B., Rolfe, D., Wagner, F., Parke, B., & Mistry, B. (2012). Disability and dignity-enabling home environments. *Social Science & Medicine*, *74*(2), 211–219. https://doi.org/10.1016/j.socscimed.2011.10.006

Government of Canada. (2023). *Canadian Survey on Disability (CSD)*. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3251#a2

Grant, D. (1982, November). Boarding houses are not the answer: An interview with Diane Capponi. *Phoenix Rising: The Voice of the Psychiatrized*, *3*(2), 10–12.

Haley, T. L. (2017). *Transinstitutionalization: A Feminist Political Economy Analysis of Ontario’s Public Mental Health Care System* [PhD Dissertation, York University]. http://hdl.handle.net/10315/33554

Halpenny, C. (2023). “We need to take care of each other, and that’s what this program was helping to do:” Disabled women’s experiences of the Ontario Basic Income Pilot. *Canadian Journal of Disability Studies*, *12*(3), 27–58.

Hay, K., & Chaudhury, H. (2015). Exploring the Quality of Life of Younger Residents Living in Long-Term Care Facilities. *Journal of Applied Gerontology*, *34*(6), 675–690. https://doi.org/10.1177/0733464813483209

Herd, D., Kim, Y., & Carrasco, C. (2020). *Canada’s forgotten poor? Putting singles living in deep poverty on the policy radar* (p. 52). Institute for Research on Public Policy. https://irpp.org/research-studies/canadas-forgotten-poor-putting-singles-living-in-deep-poverty-on-the-policy-radar/

Hwang, S., Chiu, S., & Wilkins, E. (2009). *A Survey of Domiciliary Hostel Program Tenants in Ontario Final Report*. Centre for Research on Inner City Health, St. Michael’s Hospital. https://www.homelesshub.ca/sites/default/files/attachments/domiciliary_hostel_report.pdf

Kim, J. B. (2021). Cripping the welfare queen: The radical potential of disability politics. *Social Text*, *39*(3), 79–101. https://doi.org/10.1215/01642472-9034390

Laidley, J., & Tabbara, M. (2024). *Welfare in Canada, 2023*. Maytree. https://maytree.com/wp-content/uploads/Welfare_in_Canada_2023.pdf

Lightman, E. (1992). *A community of interests: The report of the Commission of Inquiry into Unregulated Residential Accommodation*.

Lightman, E., Vick, A., Herd, D., & Mitchell, A. (2009). ‘Not disabled enough’: Episodic disabilities and the Ontario Disability Support Program. *Disability Studies Quarterly*, *29*(3). https://doi.org/10.18061/dsq.v29i3.932

Linton, M. (2021). *The institutional remains: Transinstitutionalization of disability & sexuality* [Master of Public Policy, Carleton University]. https://doi.org/10.22215/etd/2021-14451

Linton, M. (2022, April 6). *Episode 4: Lifetimes in Long-Term Care* [Broadcast]. https://invisibleinstitutions.com/invisible-institutions-podcast-episode-4

Linton, M. (2023). Invisible Institutions: Institutionalization of People Labelled with Intellectual/Developmental Disabilities. In J. Rinaldi & K. Rossiter (Eds.), *Population Control: Theorizing Institutional Violence* (pp. 115–136). McGill-Queen’s University Press.

Lowndes, R. H., Angus, J. E., & Peter, E. (2013). Diabetes Care and Mental Illness: The Social Organization of Food in a Residential Care Facility. *Canadian Journal of Public Health*, *104*(4), e330–e334. https://doi.org/10.17269/cjph.104.3833

Maki, K. (2011). Neoliberal deviants and surveillance: Welfare recipients under the watchful eye of Ontario Works. *Surveillance & Society*, *9*(1/2), 47–63. https://doi.org/10.24908/ss.v9i1/2.4098

Maki, K. (2021). *Ineligible: Single mothers under welfare surveillance*. Fernwood Publishing.

Marshall, I., & Baffour, T. D. (2011). Lives Deferred? Exploring Social Disconnection and Perceived Quality of Life Among Young Adults Residing in a Long-Term Care Facility. *Social Work in Health Care*, *50*(4), 259–273. https://doi.org/10.1080/00981389.2010.527568

McRuer, R. (2018). *Crip Times: Disability, Globalization, and Resistance*. New York University Press.

Meyer, M. (2001). Between theory, method, and politics: Positioning of the approaches to CDA. In R. Wodak & M. Meyer (Eds.), *Methods of Critical Discourse Analysis* (pp. 14–31). Palgrave Macmillan.

Morris, J. (1991). *Pride against prejudice: A personal politics of disability*. Women’s Press.

Nelson, G., Hall, G. B., & Walsh-Bowers, R. (1998). The relationship between housing characteristics, emotional well-being and the personal empowerment of psychiatric consumer/survivors. *Community Mental Health Journal*, *34*(1), 57–69. https://doi.org/10.1023/A:1018764229147

Nishida, A. (2022). *Just care: Messy entanglements of disability, dependency, and desire*. Temple University Press.

ODSP Action Coalition. (n.d.). *About us—History*. Retrieved January 4, 2025, from https://www.odspaction.ca/page/history

Ontario Human Rights Commission. (2012). *Minds that matter: Report on the consultation on human rights, mental health and addictions*. https://www3.ohrc.on.ca/en/minds-matter-report-consultation-human-rights-mental-health-and-addictions

Ontario Ombudsman. (2016). *Nowhere to turn: Investigation into the Ministry of Community and Social Services’ response to situations of crisis involving adults with developmental disabilities*. https://www.ombudsman.on.ca/resources/reports,-cases-and-submissions/reports-on-investigations/2016/nowhere-to-turn

Parkdale Neighbourhood Land Trust. (2017). *No Room for Unkept Promises: Parkdale Rooming House Study* (/web/20250711195900/https://pnlt.ca/learn/research/parkdale-rooming-house-study). https://pnlt.ca/learn/research/parkdale-rooming-house-study

Rinaldi, J., & Rossiter, K. (Eds.). (2023). *Population Control: Theorizing Institutional Violence*. McGill-Queen’s University Press. https://doi.org/10.1515/9780228019817

Russell, M. (2019). *Capitalism & disability: Essays by Marta Russell* (K. Rosenthal, Ed.). Haymarket Books.

Schalk, S., & Kim, J. B. (2020). Integrating race, transforming feminist disability studies. *Signs: Journal of Women in Culture and Society*, *46*(1), 31–55. https://doi.org/10.1086/709213

Smith-Carrier, T. A., & Lawlor, A. (2017). Realising our (neoliberal) potential: A critical discourse analysis of the Poverty Reduction Strategy in Ontario, Canada. *Critical Social Policy*, *37*(1), 105–127.

Spagnuolo, N. (2016). Building back wards in a “post” institutional era: Hospital confinement, group home eviction, and Ontario’s treatment of people labelled with intellectual disabilities. *Disability Studies Quarterly*, *36*(4). https://doi.org/10.18061/dsq.v36i4.5279

Thobani, S. (2007). *Exalted subjects: Studies in the making of race and nation in Canada*. University of Toronto Press.

Weitz, D., & Jackson, H. (1982, November). Housing—Not warehousing: A statement to the Metropolitan Toronto Social Services. *Phoenix Rising: The Voice of the Psychiatrized*, *3*(2), 7–9.

Wilson, B., Lightman, E., & Mitchell, A. (2009). *Sick and tired: The compromised health of social assistance recipients and the working poor in Ontario*. Wellesley Institute. https://www.wellesleyinstitute.com/wp-content/uploads/2011/11/sickandtiredfinal.pdf

Wodak, R. (2011). The discourse-historical approach. In R. Wodak & M. Meyer (Eds.), *Methods of Critical Discourse Analysis* (pp. 63–94). https://dx.doi.org/10.4135/9780857028020

Wright-Thompson, A., & Piché, L. (2011). Nutritional Analysis of a Long-term Care Menu: Before and After an Increase in the Raw Food Cost Allowance. *Canadian Journal of Dietetic Practice and Research*, *72*(3), 141–145. https://doi.org/10.3148/72.3.2011.141