



**Canadian Attitudes Toward Disability Issues  
A Qualitative Study**

**Final Report**

**Prepared for:  
Government of Canada  
The Office for Disability Issues**

V9178-020037/045/CY

**Prepared by:  
Environics Research Group**

**March 24, 2004**

**PN5472**

## TABLE OF CONTENTS

|                   |   |           |
|-------------------|---|-----------|
| <b><u>1.0</u></b> | <b><u>INTRODUCTION</u></b> .....  | <b>3</b>  |
| <b><u>1.1</u></b> | <b><u>BACKGROUND</u></b> .....  | <b>3</b>  |
| <b><u>1.2</u></b> | <b><u>QUALITATIVE RESEARCH OBJECTIVES</u></b> .....   | <b>3</b>  |
| <b><u>1.3</u></b> | <b><u>RESEARCH METHODOLOGY</u></b> .....  | <b>4</b>  |
| <b><u>1.4</u></b> | <b><u>STATEMENT OF LIMITATIONS</u></b> .....  | <b>6</b>  |
| <b><u>2.0</u></b> | <b><u>SUMMARY OF FINDINGS</u></b> .....   | <b>7</b>  |
| <b><u>3.0</u></b> | <b><u>DETAILED FINDINGS</u></b> .....   | <b>15</b> |
| <b><u>3.1</u></b> | <b><u>ATTITUDES TOWARD PERSONS WITH DISABILITIES AND<br/>AWARENESS OF DISABILITY-RELATED ISSUES</u></b> ..... | <b>15</b> |
| <b><u>3.2</u></b> | <b><u>HOW DO CANADIANS DEFINE “DISABILITY”?</u></b> .....   | <b>29</b> |
| <b><u>3.3</u></b> | <b><u>ATTITUDES AND PERCEPTIONS OF DISABILITIES BY TYPE AND<br/>SEVERITY</u></b> .....                        | <b>32</b> |
| <b><u>3.4</u></b> | <b><u>THE DEGREE OF ACCEPTANCE VERSUS REJECTION OF<br/>PERSONS WITH DISABILITIES</u></b> .....                | <b>34</b> |
| <b><u>3.5</u></b> | <b><u>AWARENESS AND OPINIONS ABOUT THE BARRIERS TO<br/>INCLUSION CREATED BY DISABILITIES</u></b> .....        | <b>37</b> |
| <b><u>3.6</u></b> | <b><u>AWARENESS AND KNOWLEDGE OF EXISTING SOURCES OF<br/>SUPPORT</u></b> .....                                | <b>40</b> |
| <b><u>3.7</u></b> | <b><u>BELIEFS ABOUT THE APPROPRIATE ROLES FOR DIFFERENT<br/>SOURCES OF SUPPORT</u></b> .....                  | <b>41</b> |
| <b><u>3.8</u></b> | <b><u>SUGGESTIONS FOR IMPROVEMENT OF THE CURRENT<br/>SITUATION</u></b> .....                                  | <b>42</b> |
| <b><u>3.9</u></b> | <b><u>IMPORTANCE OF THIS ISSUE TO CANADA AND CANADIANS</u></b> .....  | <b>44</b> |

## **1.0 INTRODUCTION**

As part of a larger project, The Office for Disability Issues commissioned Environics Research Group to conduct a series of eight focus groups. Two groups were conducted in Toronto, two in Montreal (French), two in Halifax and two in Lethbridge, Alberta.

The Environics Research Group research team for this project included Sally Preiner, Senior Consultant, Qualitative Innovation – Environics Research Group, who was the project director for this study; she also conducted all English language groups and was responsible for client consultation, and development of the screener and discussion guide. Louis-Philippe Barbeau, Vice President, CROP, conducted all interviews in French.

All research work was conducted in accordance with the professional standards established by the Professional Market Research Society (PMRS) and the Canadian Association of Market Research Organizations (CAMRO).

### **1.1 Background**

In the past few years, the Government of Canada has adopted a “Disability Agenda” to remove barriers and improve the social and economic inclusion of Canadians with disabilities. The Office for Disability Issues (ODI) carries a lead role in advancing this agenda, through a) improving knowledge and understanding of disability issues; b) improving policy and program coherence; c) encouraging innovation through pilots/demonstrations of access and inclusion; and d) broadening partnerships and engagement.

Progress in this area requires a thorough understanding of Canadians’ awareness and attitudes toward persons with disabilities, and the various issues pertaining to disabilities. Some research has been conducted on this topic in a piecemeal fashion, but nothing systematic has yet been conducted that addresses the core issues in a comprehensive way.

To address this gap, ODI commissioned a national study of public awareness and attitudes toward disabilities in Canada, in two parts. One phase of this research is quantitative and one phase is qualitative.

This summary report addresses the qualitative findings only.

### **1.2 Qualitative Research Objectives**

The purpose of the qualitative research phase is to explore the general public’s attitudes toward persons with disabilities and awareness of disability-related issues. More specifically, the research is intended to improve understanding of:

- What the term “disability” means to Canadians (e.g., as a medical/health versus

- rights/citizenship versus human capital/economic issue);
- Attitudes and perceptions of disabilities by type and severity;
- The degree of acceptance versus rejection of persons with disabilities in various settings (e.g., educational, workplace, community) and in various roles;
- Personal experience with disabilities, either first- or second-hand, and how this experience influences attitudes and perceptions;
- General opinions about prejudice and discrimination against persons with disabilities, and their role in society;
- Awareness and opinions about the barrier to inclusion created by disabilities (e.g., physical access, social isolation, economic obstacles, absence of social support);
- What barriers are perceived, and how are they managed or not managed now;
- Awareness of and knowledge about existing sources of support available to persons with disabilities;
- The range of beliefs about the appropriate roles for different sources of support for persons with disabilities (e.g., government, NGOs, families, local communities); and
- How awareness and attitudes vary, if at all, by population segment (e.g., by region, demographic characteristics such as age, and degree of experience with disabilities).

### **1.3 Research Methodology**

The purpose of the qualitative research is to gain a greater depth of understanding about disabilities issues from the perspective of those in the general population, including Aboriginal people. Participants in this phase of the investigation were, for the most part, people who do not identify themselves as a person with disabilities.

#### **The Research Approach**

A focus group approach offers the greatest opportunity to explore disability issues in an environment in which participants are encouraged to share their “real world” experiences and stories with others. The specific focus group approach used in this qualitative study is called Intensive/Interaction Workshop Group. (See detailed Method attached.)

The Intensive/Interaction Workshop Method was selected instead of the standard focus group approach. The Workshop Method is comfortable for participants as it provides a forum in which they can collect their thoughts and share ideas about a subject that may or may not have touched them personally, or that they may only think about rarely. The content was designed to make it possible for people with various participation styles to participate to their fullest.

Sessions were conducted in purpose-built facilities in Toronto, Halifax and Montreal. There is no purpose-built facility in Lethbridge, Alberta; all sessions in this location were conducted at the Lethbridge Inn. All sessions were audio and video recorded with the

prior permission of the participants.

In total, eight (8) focus groups were conducted: two (2) in Toronto, two (2) in Halifax, two (2) in Montreal (French) and two (2) in Lethbridge, Alberta. Eight participants were recruited for each session. Groups ranged in size from five to eight participants, with an average of six. A total of 49 people participated in these group discussions.

### **Composition of Focus Group Workshops**

In Toronto and Montreal, one group consisted of those without post-secondary education (high school graduation or less). In both cities, the other group consisted of those who have at least some post-secondary education, and may include those with post-graduate studies.

One group in Halifax was comprised of people from among the general population; in this group, half of the participants had no post-secondary education and half had at least some post-secondary education, and may include those with post-graduate studies. The second group in Halifax consisted of people *over 35* who live with a family member who has a disability (caregiver or not).

In Lethbridge, one group consisted of people *under 35* who live with a family member who has a disability (caregiver or not). The second group in Lethbridge consisted of First Nations persons, including both those who live on and off reserve. Half of the participants were men and half were women. Note that, while participants were recruited based on the definition of Aboriginal persons, during the group discussions, these participants identified themselves as having the cultural background of First Nations people and clearly self-identified as being First Nations people. Therefore, in this report we have used the terms that they used in referring to themselves.

All participants were Canadian citizens. All were over 18. Both men and women participated in the discussion groups. A range of ages, household compositions and family incomes were represented appropriately in each group and across all groups.

Notes concerning attributions of verbatims in this report:

(1) While one of the groups in Lethbridge was specifically recruited to consist only of First Nations persons, there were also First Nations people in the other Lethbridge group, as the population of First Nations people is high in Lethbridge. When a person in this group is speaking, we have used the attribution “First Nations person,” so that we can capture this unique perspective.

(2) While we recruited two groups of people who are living with a person who has a disability, some participants among the general population groups were also people who were living with or had personal experiences and relationships with persons with disabilities. The attributions for those in other groups who are living with a person who has a disability are attributed to the group they attended, as their comments are most

appropriately included within the context of that group. The context allowed them to “explain” to other general population participants their own contextual experience and to contrast it with those without their special experience.

### **Confidentiality of Responses**

All sessions were audio- and videotaped with the prior permission of participants. To ensure that the identity of participants is held confidential, this report will identify only the location (community) and general description of the segment in which participation occurred. There were no observable differences between the responses of men and women in the course of this study. For this reason, gender will not be specifically identified.

### **1.4 Statement of Limitations**

Qualitative research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as indicative rather than projectable.

## 2.0 SUMMARY OF FINDINGS

### **Attitudes toward persons with disabilities and awareness of disability-related issues**

At the beginning of the discussion, participants tended to be very cautious with their use of language; they did not want to offend anyone by speaking in a way that wasn't polite.

For most participants, the subject of disabilities and disability issues was not top-of-mind, the exceptions were those who live with or are caregivers to a person with disabilities.

Those who have first-hand experience in living with or working with a disabled person were knowledgeable about the specific disability and its impact on the life of the disabled person and those around them, but were not usually aware of issues related to other forms of disability.

A very few work in human resources or in the insurance industry. For these participants, the word "disability" was often tied to insurance or other employee benefits.

Participants with no college or university education were more likely to initially think of a "disabled person" as a person in a wheelchair, or a person who walks with a cane. Those with higher education often had both visible and invisible handicaps on their lists, including learning disabilities, heart disease, cancer and other catastrophic illnesses. Participants with no college or university education were somewhat more likely to think of the word "disability" in the context of a short- or long-term occurrence that would keep a person out of the workplace. Disabilities of the learning challenged, notably FAS, FAE and ADD, were mentioned spontaneously and frequently among First Nations Canadians. Stress and other mental illnesses were included in top-of-mind awareness of disabilities among both those with some college or university education, and those without.

Participants wondered about a number of issues:

- Many wondered how it would be to be isolated by a disability and how it would impact on self-esteem
- Some wondered "if they think that they are like the rest of us"
- Some wondered if a person with a visible disability might be angry about their circumstance or feel that they are treated with less respect than an able-bodied person
- Many wondered how people with disabilities cope with day-to-day living, financial security/stability, "common" tasks
- Some wondered if disabled persons had a sex life, and if so, what kind of sex life
- Many also wondered about financial benefits that might be available to those with disabilities
- Many participants wondered if there is enough funding to provide for the needs of people with disabilities

More participants in Halifax spoke about "disability" in the context of pensions, or

“insurance” than in other parts of the country, although some in each centre indicated that the word “disability” is more associated in their mind with employer or insurance based benefits than it is with any other image of “disability.”

Participants in Halifax were more likely than their cohorts in the rest of Canada to think of “disability” in the first instance as “job- or work-related”; they were also the most likely to think that there might be those who collect “disability cheques” fraudulently, although only a very few felt that there might be “fraud” in collecting work-related disability benefits

Those with some college or university education were more likely to think about the rights of those with disabilities, and the various roles that individuals, families and not-for-profit organizations are playing in the lives of those with disabilities.

There was both awareness and interest in understanding a definition of “disability” as a “legal definition.”

“Getting old” is considered by some in each segment to be a fast growing segment of the “handicapped” population.

There is general agreement that those with visible disabilities or “handicaps” experience discrimination in social activities, school experiences, and in the workplace. Many told of their own, often negative, reaction to those who seem to them to be “out of the ordinary,” or “not normal.”

### **How do Canadians define “disability”?**

Some participants admitted that they have had little direct or personal exposure to persons with disabilities. Some even admitted that they really didn’t want to have contact with a person with disabilities.

Only a few felt that they had a clear and uncomplicated definition of disability. Most felt that the subject was difficult and very complicated. There is some confusion in the minds of many participants, in all segments, about whether a disability should be considered an illness.

Participants who have little exposure to persons with disabilities think of physical limitations first when they hear “disability.”

Among those who think of “disabilities” as a health/medical issue, many in the course of the discussion indicated that they are thinking of people who have disabilities that stem from a health “condition” – a stroke or a heart attack, cancer, or other illness.

Some felt that the term “disability” is used to describe a person who doesn’t easily fit into the mainstream. Mental illness, particularly depression, was considered by many to be a



disability, but some were not sure if it is a “true disability” or if it is just a function of our time.

Many feel that if a person is able to be a productive member of society, they should be encouraged and helped to do so. Indeed, the overall goal for many of those in all segments should be to give all people an opportunity to “live with dignity.” Most felt that, while solutions might be expensive, that they are likely necessary. Most felt that the “social benefit” of treating those with disabilities is “is worth it.” Only a few wonder if the “cost” to society and to others might be too high.

### **Attitudes and perceptions of disabilities by type and severity**

Most participants said that they like to think of themselves as being open to the idea of integration of persons with disabilities into their day-to-day activities, but many were uncomfortable with some aspects involved in developing relations or communications with those who have various types of disabilities.

Most indicated that they would be quite comfortable around a person with disabilities as long as that person’s ability to communicate was not affected.

There is a sort of hierarchy, in terms of socially acceptable physical disabilities. Most felt that they could interact comfortably with a person who was blind, while some felt that a person who could not hear might be less comfortable. Some said that they could be comfortable with most disabilities as long as it wasn’t “disfiguring.”

Many thought visible physical disabilities easier to “assess” than invisible disabilities, including cognitive limitations and mental illness. Many admitted that they are made very uncomfortable by behaviour that doesn’t seem “normal.”

Most participants want to behave toward a person with disabilities in a kind and sympathetic manner. They don’t want to appear to be uncaring or unsympathetic. However, what would be appropriate behaviour sometimes seems elusive.

### **The degree of acceptance versus rejection of persons with disabilities**

Acceptance or rejection of a person from an educational, workplace or social setting is very difficult for most to even consider. The usual answer to this exploration was: it depends.

Generally, participants felt that all Canadians should have the opportunity to participate in life to the fullest of their ability, that this is part of the Canadian way of doing things. However, the complicating factor, said some, after thinking about it for a while, is that those with some disabilities may not be able to participate fully without having a negative impact on the full participation of those who do not have disabilities.

These participants felt that the rights of the disabled person need to be balanced with the rights of others, particularly in relationship to integration into the workforce and in school programs. While not wanting to appear unsympathetic to the rights of disabled persons, some do worry that an able-bodied person in the work force might end up “discriminated against” in favour of a person with a disability.

Generally, it was agreed that if a person has the skills necessary to complete a work function, then they should have an opportunity to work. One concern, voiced by a few, is that this might mean that another candidate for a job might be overlooked in the effort to “hire the handicapped.”

Some said that, while some companies are trying to accommodate the needs of those with physical handicaps, in many of these cases, the effort is more “token” than real.

There is more concern about the appropriateness of putting children who are learning challenged in classes with those who are not. Some argue that it is important for people to become familiar with people who have either physical or mental disabilities. Some argue that class sizes are now larger and that teachers are stretched; integrating children with special needs into classes in the mainstream may compromise the quality of education.

Some felt that if there is a way to “categorize” physical and mental disability, then it might be possible to integrate some students with disabilities and to offer special segregated opportunities to others.

It was generally agreed that it would be easier to evaluate and integrate persons with some physical disabilities into school programs and the workplace than it would to integrate people with learning disabilities, or with some types of mental illness.

Most feel that there has been a significant positive movement toward accepting those with physical disabilities into more mainstream activities, school, work, cultural activities and social environments.

In terms of acceptance of other disabilities, including those that are related to disease, or “lifestyle,” many participants feel that there is low social acceptance. Some feel that this is primarily because of poor awareness and a lack of information available to the general public.

While they are not quite sure how it will be possible, many feel that it is in the best interests of Canada that persons with disabilities are given the assistance that they need to be full participating members of Canadian society.

### **Awareness and opinions about the barriers to inclusion created by disabilities**

Participants were in general agreement that money and support are available to persons

with disabilities. Most also felt that it is very likely that this funding and support is not enough to help persons with disabilities to experience life with dignity and some comfort.

Many feel that psychological barriers to the integration of people with physical disabilities have improved over the past 15 years, but that the same cannot be said for less visible disabilities, particularly those which some may feel are “lifestyle-related,” including mental illness, learning challenges, HIV/AIDS, Hepatitis C, smoking-related illness, obesity and related illness, including heart health, hypertension, and diabetes, drug- and alcohol-related illness. Some are not quite sure if “lifestyle-related” illnesses should be/are included in the definition of disability.

Many felt that one of the key barriers to full participation in society by those with disabilities is grounded in lack of information/awareness and education. Most said that integration of those with disabilities should begin at an early age, and should be part of both school and recreational programs.

Most would agree that those with physical disabilities can and should, where possible and practical, be integrated into school, work and social opportunities. The same cannot be said for those with mental illness, nor those with certain learning challenges.

Generally, participants hope for some sort of “assessment” that would allow integration where it is appropriate and that would find other solutions where integration isn’t possible.

A few participants in this study were not so sure that integration is the most appropriate approach for either visible or invisible disabilities. Some wondered if perhaps a disabled person might not enjoy the company of people with similar disabilities to their own.

A few participants felt that, perhaps, integration of those with disabilities is the idea of the “able” rather than what would best serve those with disabilities. These participants felt that those with disabilities should be involved in consultation on this issue, not those without disabilities.

Among participants who are First Nations people, many felt that a disabled First Nations person, living with or near their family, but away from urban Canada, would likely suffer less social isolation than many other people, as a family would consider themselves responsible for the economic and social well-being of a disabled person. If additional help were required, most felt confident that, within their extended family and their community, they would be able to find the necessary support required. *If* support requirements were outside the First Nations community, few felt that they would be able to negotiate through various layers of administration. First Nations people who are not living on reserve are sure that a disabled First Nations person living off reserve would be faced with “double discrimination.”

## **Awareness and knowledge about existing sources of support**

Only those who live with a person with disabilities and are responsible for finding the support that is needed for that person or for others in the household have any real awareness of support available to persons with disabilities. Those who are struggling with finding help for children and adults who suffer from mental illness or learning challenges indicated that it is very difficult to find help in their community.

The most sought after assistance among those living with a person with a disability is “time off” for the caregiver(s).

No one mentioned formal information that they had seen or heard about from others. Most of those who do not live with a person who has a disability told us that they know what little they do about disabilities and disability issues from their own experience.

## **Beliefs about the appropriate roles for different sources of support**

Participants felt that the federal government had a responsibility to ensure that Canadians with disabilities have the same opportunities and access to support, no matter where they live in Canada.

Most felt that the family of a disabled person should be the first resource for that person; however, many felt that not all persons have the family support that they might need.

Among First Nations people, family included extended family, and most agreed that within the extended family and the immediate community, a person with a disability could expect to find support for their physical and social needs.

Among those in the general population, most felt that they would be able to find support through their provincial government for medical care that might be required, although they were concerned about where financial assistance for equipment or structural changes might come from. Among First Nations people, there was real concern that they would be “tossed back-and-forth” between various levels of government and various agencies of government. While less aware of issues of jurisdiction than First Nations participants, those in the general public were concerned about getting “trapped between funding agencies.”

Not-for-profit organizations with a particular interest in specific disabilities were expected to represent the interests of those with a particular disability or disease causing a disability, and provide those with disabilities with the information that they need to access financial resources.

The individual who is disabled also was thought to have a significant role to play. Most felt that if a disabled person is able to be their own advocate, then family, community and not-for-profit organizations should be a direct resource to that person. The concern

expressed is that some disabled persons may feel that they are being “patronized” by those who act as interveners on their behalf.

A few among those who are living with a disabled person feel that specific help is needed to “motivate” disabled people to want to “try harder” to “do more, if they can.” Some feel that this is because there are few activities or opportunities for newly disabled persons to interact with others in a similar situation.

### **Suggestions for improvement of the current situation**

At the top of the list for improving the current situation is education/awareness. A key aspect of this is “teaching children at a young age to accept those who are different in any way than they are.” Many felt that adult information is needed as well. While most felt that acceptance of those with non-disfiguring physical disabilities has improved over the past few years, not enough is being done related to other types of disability acceptance.

Many felt that if people were “exposed” more often to people with disabilities, and if they were somehow able to understand what their most appropriate responses should be, that awareness could be heightened, and that isolation and/or discrimination might be reduced.

As disability issues are complicated and require different approaches to best address different types of disabilities, some felt that some serious consideration should be given to developing a comprehensive understanding of what is and what is not a “disability.”

In urban centres, many had concerns about the availability and affordability of public transportation for those with disabilities.

Many admitted that they are particularly uncomfortable with the idea of integration of those with mental illness into mainstream, work and school. These participants feel almost “ashamed” of themselves for not knowing how to respond, or how to behave in the presence of someone with behaviour that is out of their “normal” experience.

Among First Nations participants in this study, most said education and recreational opportunities outside family and immediate community are needed. Some First Nations participants suggested that those in grades 10-12 be offered a course related to disabilities.

Some participants felt that there needs to be more readily available information resources for both family and paid caregivers.

Of particular concern in all segments was the raising of children with learning disabilities. Many felt that these types of disabilities are not well understood or managed in schools today.

Participants were divided on the need for more integration of disabled children into classrooms; some felt that there should be more segregation of children with learning and behavioural disabilities. Some felt that the benefit of one approach over the other is not well understood, and requires further study and consideration.

Among those who live with a person who has a disability, many were concerned about “burn-out” among caregivers. Most in other segments agreed that both family and paid caregivers need more financial support, more support related to information, and support in just getting time off.

Some felt that there should be some support or subsidy to businesses willing to accommodate people with disabilities. A few were concerned that if the hiring of staff was subsidized to help those with disabilities to find employment, then an able-bodied person might not be hired.

### **Importance of this issue to Canada and Canadians**

Participants agreed that this is an important issue that must be addressed. Full participation of every citizen was seen as an important part of the Canadian way of life, and it was generally agreed that it is important that persons with disabilities benefit from and participate in Canadian society as fully as they can.

### 3.0 DETAILED FINDINGS

#### 3.1 Attitudes toward persons with disabilities and awareness of disability-related issues

The first activity and discussion among participants was in an exercise called “Knowledge Charting.” Participants were asked to consider what they “know about disabilities and disability issues.” The participants, working in teams, created charts outlining both their knowledge and what they wonder about; these charts are reproduced following this section of the report.

At the beginning of the discussion, participants tended to be very cautious with their use of language. Clearly, they did not want to offend anyone by speaking in a way that wasn’t polite. For most participants, the subject of disabilities and disability issues was not top-of-mind, with the exception of those who live with or are caregivers to a person with disabilities.

*I have to admit that before I started working as a caregiver, I thought that people with disabilities were, well, more than just different. I have to admit that I was one of the people that made fun of them in my younger years, until I started working with them. I look at the world totally different now. Working with disabled people, I started to understand that they are the same as we are, except they have a lot more challenges than we do – things that I take for granted. I was with a client recently, severely mentally handicapped, and I just left and said I am never going to complain about anything again in my life. I have no right to complain about anything. Halifax, general population*

Those who have first-hand experience in living with or working with a disabled person were knowledgeable about the specific disability and its impact on the lives of the disabled person and those around them. Some, but far from all, of those who live with or are caregivers to a disabled person were knowledgeable about other types of disabilities. A very few participants were professional caregivers; they indicated that their experience working with the disabled has given them a wider perspective on the issue.

A very few work in human resources or in the insurance industry. For these participants, the word “disability” was often tied to insurance or other employee benefits, primarily for short- or long-term time away from the workplace due to accident or illness.

Participants with no college or university education were more likely than their counterparts to initially think of a “disabled person” as a person in a wheelchair, or a person who walks with a cane. Those with higher education often had both “visible and invisible handicaps” on their lists. Participants who have no college or university education were somewhat more likely than their better educated counterparts to think of the word “disability” in the context of a short- or long-term occurrence that would keep a person out of the workplace due to illness or injury.

*We know that blind, mental disabilities, deaf, loss of limbs, people who are paralyzed, some diseases are disabilities and we know that most of the time they're subsidized. There are different forms of subsidies. I know that some people with disabilities get help with housing, sometimes when it's work-related, you might get financial assistance. If it is work-related, I've heard that you can get some money, but it's not welfare, but it's like welfare. Toronto, no post-secondary education*

When thinking about the words “disabled person,” visible disabilities were thought of first, followed by more “invisible” disabilities. Participants with no college or university included liver or heart disease, or mental illness in their “invisible category.”

*First, we were talking about some of the abilities – hearing and blindness and people who might have been mental and how they might cope. We wondered if they were unhappy, and I suppose in talking about these things, we think back to someone we know and we describe our interaction with them, and what they have said or how difficult it is for them or what they are trying to do. Toronto, no post-secondary education*

Those with post-secondary education were somewhat more likely than their less educated counterparts to include learning disabilities, including dyslexia, and ADD along with heart disease, cancer and other catastrophic illnesses.

Disabilities of the learning challenged were mentioned spontaneously and frequently among First Nations Canadians. FAS (Fetal Alcohol Syndrome), FAE (Fetal Alcohol Effect) and ADD (Attention Deficit Disorder) were considered the most widespread of disabilities among young people in their community.

*There are physical, mental, emotional, visible and invisible disabilities. Those who are disabled are disadvantaged, discriminated against, challenged. It's pervasive. It's humiliating. It's financially draining. Their sexuality isn't addressed at all. Their identity is almost non-existent. They are just the person in the wheelchair or the person with the disability, rather than an individual. They're looked on as their disability instead of the personality first. What else? People make the assumptions right away, they see someone in a wheelchair or crippled or having difficulties walking, many assume that they also have something wrong in their head, and most of the time that's not the case. Lethbridge, First Nations participant*

*FAS children really struggle and those are disabled kids, for the rest of their life they won't be, you know, this is a long-term thing for them. This isn't a broken leg or something. This is something my daughter is – FAS. I adopted her when she was six months old. She's going to hold that for the rest of her life. Emotional needs and their feelings. Do they get the chance to fall in love? There is no question in my mind that this is a disability, a terrible disability. Lethbridge, First Nations participant*



Participants in all groups wondered about two aspects more than others. Firstly, many wondered how it would be to be isolated by a disability and how it would impact on self-esteem. In particular, some wondered “if they think that they are like the rest of us.”

*What we were wondering was how they live, financially – if they’re subsidized. They’re not able to work, so if they’re subsidized they’re only subsidized to a certain point, and how do they live on that amount? Socially, what do they do outside? If they’re confined to their apartment or their home, are there people coming in? Who cooks for them? If they don’t have any family, who supports them? We didn’t actually know what the definition of disability is – does the government have a definition? Toronto, no post-secondary education*

Some wondered if a person with a visible disability might be angry about their circumstance or feel that they are treated with less respect than an able-bodied person.

*I was telling her [partner] that, in my building, there is a man in a wheelchair and I’ve lived in the building for a long time, about 20 years . . . he is never happy. If you say, good day, how are you? He says, what’s good about it? You get on the elevator and ten people get on and he says, oh it’s crowded again. So, he’s never happy, I know that. Certain disabled people, they probably say, why me? Toronto, no post-secondary education*

Many wondered how people with disabilities cope with day-to-day living. They wondered about financial security/stability, how “common” tasks, such as grocery shopping, cooking, cleaning up around the house, even going to the bathroom, are possible.

*I hope they cope, we were wondering about tax breaks. I’ve never heard of tax breaks, but at the TTC you have the wheel transit and stuff, and most TTC buses have where they lower the step and people get on. We are just hoping that they get a cheaper ticket for riding on the TTC. I think that they can phone in and just pay a dollar or something, so probably they may get a tax break too. We think that they should get a tax break. Toronto, no post-secondary education*

*Like for example, a blind person. If they’re going on holiday somewhere, how do they know where they are? Toronto, no post-secondary education*

*C’est [le problème de] l’accessibilité comme pour les caisses populaires et les banques. Il y a beaucoup d’endroits qui ne sont pas capables. Nous, on a un accès pour les handicapés mais les portes pèsent une tonne ! Même les personnes âgées, l’âge c’est un handicap. Ils poussent sur la porte et ont toutes les misères de monde à l’ouvrir. Il devrait avoir des boutons comme dans les hôpitaux. [There’s problem with accessibility, like, when they want to go to the bank. In many places, they just can’t. Where I work, there is an access for disabled persons, but the doors are so heavy... Even for the elderly, it is a handicap. They push on the door and barely can*

open it. There should be a push-button system like in hospitals.] Montreal, no post-secondary education

Some wondered if disabled persons had a sex life. Others were frank about their curiosity; assuming that disabled persons would have some sort of sex life, they were more specific in wondering “how they do it.”

*We have sex on our list. We were wondering how disabled people have sex? If they can't move and all, how do they do it?* Lethbridge, First Nations

Many also wondered about financial benefits that might be available to those with disabilities. The discussion of disabilities in the financial context was often “mixed up” with the idea of short-/long-term disability that might be forthcoming from an employer.

*What happens if they're subsidized out, as in, they've gone through the system and, someone who has a bad back or something like that, and what happens if the government no longer feels that they are bad enough or disabled enough to continue to get subsidized? What happens to them then? Do they end up on the street, the ones who fall through the cracks?* Toronto, no post-secondary education

*I think, that if it's a disability, there's probably a different benchmark if you're disabled. But if it's something that takes time and you can get over it, you can get back to work, your back improves or your leg is okay again. Maybe there is a disability one and a disability two which is permanent. If you're blind, that's a disability. So, I think that there would be two categories.* Toronto, no post-secondary education

Across Canada, in all locations and all segments, many participants wondered if there is enough funding to provide for the needs of people with disabilities. Most felt, even early in the discussion, that this was an important consideration.

More participants in Halifax spoke about “disability” in the context of pensions, or “insurance” than we heard in other parts of the country, although some participants in each centre indicated that the word “disability” is more associated in their mind with short- or long-term employer or insurance based benefits than it is with any other image of “disability.”

Participants in Halifax were more likely than their cohorts in the rest of Canada to think of “disability” in the first instance as “job- or work-related.” For this reason, they were also the most likely to think that there might be those who collect “disability cheques” fraudulently. However, only a very few felt that there might be “fraud” in collecting disability benefits. Those who felt that there might be “fraud” were generally talking about those collecting short-term or work-related “disability insurance,” rather than those who have a permanent disability of any kind.

It is interesting that, while participants in Halifax were interested in the benefits, if any, that a disabled person might receive, there was no suggestion that disabled persons generally are given “special treatment” that is above or beyond what is needed. Indeed, most felt that having a disability would almost certainly create financial strain for the disabled person and for their family.

Those with some college or university education were more likely than their less educated counterparts to think about the rights of those with disabilities, and the various roles that individuals, families and not-for-profit organizations are playing in the lives of those with disabilities. Some expressed concern over ways of providing more access to disabled persons.

*Je me demande ce qui se fait au niveau de la recherche. Ne serait-ce qu'au niveau des appareils qui sont utilisés. Est-ce qu'on se contente de chaises roulantes ? J'imagine que si plusieurs ingénieurs se mettaient là-dessus, il y aurait des moyens pour faciliter la vie de ces gens-là. [I wonder what's happening in research, for example, simply for the equipment used. Is the research concentrated only on wheelchairs? I think that if many engineers were working on that, they could find ways to help these people.]* Montreal, some post-secondary education

In groups in both Montreal and Toronto, participants with some post-secondary education were aware of both visible and invisible disabilities. Stress and other mental illnesses were included in top-of-mind awareness of disabilities among both those with some college or university education and those without. Participants made reference to mental “conditions” when talking about mental illness, various forms of dementia, and also when speaking about those with cognitive disabilities, ranging from those who have had strokes to those with learning challenges.

Among participants in both educational segments, there was awareness and interest in understanding a definition of “disability” as a “legal definition.” For some, this was part of their attempt to segregate a disability that they felt was an “accidental event” – birth, an accident etc. which some called “organic,” – from other disabilities that were, from their perspective, perhaps more “lifestyle-related”: some heart disease; HIV/AIDS; smoking-related illness, etc.

In all segments, for some, the concern about how a disability may have “happened” was less top-of-mind, and for some, of less interest, than wondering if there might be a “cure” for things that have until now doomed people to a life of disability. In several groups, participants mentioned Christopher Reeves and his efforts to move scientists to look for better solutions for spinal cord injured people.

A few, particularly among those with higher education, mentioned Stephen Hawking as “proof that the disabled can make important contributions.”

“Getting old” is considered by some in each segment to be a fast growing segment of the “handicapped” population.

*Being old is a handicap.* Toronto, post-secondary education

*Getting old is a definite disability.* Lethbridge, no post-secondary education

Some, but not all, participants who feel that age is indeed a handicap are concerned about the growing number of “old people” in Canada, and how Canada will support the needs of this group.

In all centres and among all segments participating in this study, there is general agreement that those with visible handicaps experience discrimination in social activities, school experiences, and in the workplace. In this discussion, “visible disability” takes on a new dimension. Participants told us stories about the treatment of co-workers with learning challenges, and of discriminating behaviours among both teachers and children toward those with different academic skills.

*Question d'intégration, on n'est pas assez informé, je crois. Mon ami travaille dans un Bureau en Gros et ils ont engagé un handicapé. Mon ami n'est plus capable parce que tout le monde rit de lui. Je ne sais pas à quel point ils peuvent affecter cette personne dans son milieu de travail. C'est une question d'intégration. Lui, il essaie de s'intégrer : il veut travailler.* [When it comes to integration, I think we are not enough informed. My boyfriend works in a Bureau en Gros outlet where they hired a disabled person. My boyfriend can't tolerate anymore seeing everybody laughing at this person. I don't know to which extent this attitude can affect this person in her working environment. It's a matter of integration. This person tries to be a part of this workplace, this person wants to work.] Montreal, some post-secondary education

Many also told of their own, often negative, reaction to those who exhibit behaviours or appearance that seems to them to be “out of the ordinary,” or “not normal.”

*Just basically, I think that society tends to fear people when people are different, and disabled is no different than race or anything like that. People tend to fear them, if you can't communicate with someone, a lot of people with cerebral palsy and that type of thing, they can't communicate properly, I've got to get away from them. Then, there are those who are not right, somehow – you will see people in malls and stores who are talking to themselves and stuff. What do we do? We get right away from them too.* Halifax, general population group

*I am uncomfortable with a person that acts erratic, jerky, that kind of thing – unpredictable.* Halifax, general population

| <b>Group 1: Toronto, no post-secondary education</b> |  |   |
|--|--|---|
|  | <b>What we know</b>  | <b>What we do not know/wonder about/ want to know</b>   |
| Team 1   | Wheelchair<br>Ramp<br>Blind<br>Hearing<br>Mental<br>Unhappy<br>Parking<br>Jobs   | How they cope<br>Tax breaks<br>TTC transportation   |
| Team 2   | Blind<br>Mental<br>Deaf<br>Loss of limb<br>Paralyzed<br>Diseased<br>Subsidized<br>People who fake their disability       | How do they live?<br>Financial<br>Social<br>Cook<br>No family?<br>What is the definition (for subsidies?)<br>Subsidized enough?<br>Get around<br>“Systemed out”<br>The ones who fall through the cracks |
| Team 3   | Blind people<br>Wheelchair<br>Mental handicapped<br>Deaf people<br>Deaf/blind people<br>Spinal injuries<br>Disfigurement | Blind person – travelling<br>Accessibilities<br>Deaf persons- other senses heightened?<br>Thoughts on lifestyle - what do they think about their own circumstance                                       |

| <b>Group 1: Montreal, no post-secondary education</b> |  |   |
|---|--|---|
|   | <b>What we know</b>  | <b>What we do not know/wonder about/ want to know</b>   |
| Team 1  | Limitations<br>Complexity of their lives<br>Frustrations of these people<br>Wheelchair<br>Certain people use medication, others don't<br>Lack of services  | What feelings do they have, do we have?<br>What are their real needs?<br>What type of handicaps are we talking about?<br>What are their socio-economic benefits?  |
| Team 2  | Wheelchair<br>Have Special Olympics<br>Have specialized centres<br>Have lifelong salary<br>Dogs for visually impaired people<br>Access to specially designed telephones<br>Use signs to communicate<br>Adapted TV (sub-titles) | What are the rules for automatic wheel chairs on the street or on the sidewalk?<br>Is there special lodging for the handicapped?<br>What kind of jobs are available for them?<br>What is done for handicapped children? |
| Team 3  | Proprietary parking spaces<br>Electric doors in stores<br>Have a special source of revenue from the government<br>Have access to subsidized rents<br>The transportation means are complicated<br>Special Olympics              | Why can't they access the subway?<br>Why every handicapped person does not have the same privileges?  |

| <b>Group 2: Toronto, some post-secondary education</b> |  |  |
|--|--|--|
|  | <b>What we know</b>  | <b>What we do not know/wonder about/ want to know</b>  |
| Team 1   | Rights<br>Function at different levels<br>Insurance requirements<br>Require more support: financial, social, educational   | Whole lives? (\$)<br>Long-term support<br>Right direction government takes<br>Medical research<br>Prenatal care<br>Education (public as well)<br>Socialization<br>Enforced/confirm<br>Reality of disability?<br>Access to facilities/care?<br>Curable? |
| Team 2   | Disabilities are both visible and hidden<br>Organic/mental<br>Physically challenged<br>Mentally challenged<br>50% of population are seniors  | Discriminated?<br>100% accessibility/retrofit?<br>Program adequacy?<br>CPP at 100%<br>More disabilities with aging<br>Support services?<br>TTC access<br>Equity programs for employment and involvement in the community                               |
| Team 3   | Some able to function as a normal part of society<br>Physical<br>Mental<br>Some need community support<br>At home care requires at home support person<br>Mental disabilities tend to get thrown into public hands<br>Special funding required for those who have special needs<br>Require special transportation<br>Require special limbs and equipment (e.g. clothing, chairs, beds, elevators, wheelchairs) | Medication – What kind?<br>Access to medical treatment<br>Housing/able to live on own  |

| <b>Group 2: Montreal, some post-secondary education</b> |  |   |
|---|--|---|
|   | <b>What we know</b>  | <b>What we do not know/wonder about/want to know</b>  |
| Team 1  | Lack of autonomy<br>Need help socially and financially<br>Existence of various types of disabilities<br>Recognition that persons with disabilities are articulate, socially and emotionally  | What is the perception of the handicapped person in relation to society?<br>How does the handicapped person lives his handicap day after day (birth, after an accident...)?<br>Who should take charge of handicapped people in our society? |
| Team 2  | <b>Physically:</b><br>Wheelchairs<br>Visually (e.g. without an arm, a leg, etc.)<br>Obvious (e.g. white cane)<br>Mental illness: harder to evaluate<br>Public institutions well identified and adapted<br>Special entrance for the handicapped   | What are the governmental norms for identifying a person with disabilities?<br>What are the obligations of handicapped people?<br>Financial support?<br>Technical support?<br>Social perception?  |
| Team 3  | <b>Physically:</b><br>Some are born with a disability; others became handicapped after an accident<br>Rehabilitation<br>Mentally: they are at a disadvantage, financially and in terms of support  | What type of support is accessible to them?<br>What services?<br>What type of scientific research is done?<br>Is it a collective responsibility?  |
| Team 4  | Various types of disability (visual, audio, physical, intellectual, etc.)<br>Various degrees of disability<br>Aging may conduct each and everyone to become handicapped<br>Some special organizations exist (e.g. Le Bouncier)<br>Daycare services for young children integrate handicapped children | Information on services offered to handicapped people?<br>E.g. in CLSCs, on TV, radio<br>Access to services in the phone books?<br>Info on the web?   |



| <b>Group 2: Halifax, General Population – some with post-secondary education, some without</b> |   |  |
|--|---|--|
|  | <b>What we know</b>   | <b>What we do not know/wonder about /want to know</b>  |
| Team 1   | Discrimination about the disabilities<br>Difficulty in accessing services<br>Stereotypes<br>Financial problems<br>Fear of the person because of the disability<br>Disabled persons have many anxieties<br>Relating to society's views of them       | Medical treatment (cure, fatality, stats)<br>How do the disabled pay for treatments, equipment, homecare services, etc.?<br>Could we have better transportation services?<br>Personal relationships?<br>Does society recognize the disabilities go beyond what we can see? i.e. mental disorders<br>Sexual activities (How do paraplegics and Quads experience a sexual life?) |
| Team 2   | There are many disabled people in Nova Scotia<br>Disability has a different meaning<br>Benefits at work<br>There is not enough transportation available to disabled people<br>Mental disabilities – have different needs than physical disabilities | How many NS are disabled and what types of disabilities do they have?<br>Is there enough financial support/emotional support to meet their daily needs<br>Why is there not more transportation services for the disabled?  |
| Team 3   | Some have extreme difficulties getting from point A to point B<br>I know that they don't get the respect that they deserve<br>From experience, I know that my ailment cannot be cured   | I wonder if they will ever find cures for severely disabled persons?<br>If they actually think that they are normal<br>Do they go through a lot of pain?   |

| <b>Group 1: Halifax, participants are over 35 and have experience living with a person with a disability</b> |   |  |
|--|---|--|
|  | <b>What we know</b>   | <b>What we do not know/wonder about/want to know</b>   |
| Team 1   | Ill/sick<br>Blind/heart/limbs<br>Emphysema/walking<br>Problem/cancer/arthritis/paraplegic/<br>Strokes/mental<br>Illness/ blood disease                          | Why are some heart problems disabled and some are not?<br>What “disabled” is? What is the real definition?<br>What are requirements for disabled?<br>How do we tell or judge?                                      |
| Team 2   | Physical<br>Mental<br>Different degrees<br>Back problems<br>Reduced quality of life<br>Employment discrimination<br>Fraud<br>Ignorance<br>Learning Disabilities | What exactly is “disability”?<br>Is Epilepsy included?<br>What is the definition or degree/to be considered disabled?<br>Is there help for job search for the disabled?<br>Is there accessibility help for people? |

| <b>Group 1: Lethbridge, First Nations Persons</b> |  |  |
|---|--|--|
|   | <b>What we know</b>  | <b>What we do not know/wonder about/ want to know</b>  |
| Team 1  | Mental<br>Physical<br>Emotional<br>Hearing<br>Sight<br>Sound<br>Interact by different methods<br>Communication<br>Medical needs<br>Hereditary<br>Equipment<br>Government programs<br>Rules and Laws  | Do they feel:<br>Discrimination?<br>Helpless, unwanted and needed?<br>How do they cope?<br>How do they survive financially?<br>Can they ever be independent?<br>Is old age a disability?   |
| Team 2  | Physical<br>Mental<br>Emotional<br>Visible<br>Invisible<br>Disadvantaged<br>Discriminated<br>Challenged<br>Pervasive<br>Humiliating<br>Financially draining<br>Sexuality<br>Self identity<br>Assumptions<br>Misconceptions<br>Preconceived ideas<br>Educational problems | Sexuality<br>Funding<br>Education<br>Their feelings<br>Emotional needs<br>Entertainment<br>Obligation<br>Charity cases<br>Taken advantage of<br>Manipulated<br>Catered to<br>Façade<br>Condescending<br>Anger<br>Depression<br>Guilt |
| Team 3  | Good parking spaces<br>Mental, physical disadvantages<br>Special Olympics  | How do they use the washroom?<br>Can they reproduce?<br>Personal feelings?<br>How we should treat them?<br>How do they drive?<br>Can they work?  |

| <b>Group 2: Lethbridge, over 35, living with a person with a disability</b> |   |  |
|---|---|--|
|   | <b>What we know</b>   | <b>What we do not know/wonder about/want to know</b>   |
| Team 1  | Know they need help<br>Patience<br>Love<br>Not healthy<br>How they are treated<br>Frustrated<br>Depressed                                 | Sickness<br>How they feel<br>How they act<br>What they have<br>What people think<br>Judge them<br>Who does their errands?  |
| Team 2  | Physical<br>Mental<br>Self-sufficient<br>Need assistance<br>Lifestyle<br>Structure<br>Different degrees<br>Frustrated                     | Genetic?<br>Mental processing?<br>Feelings?<br>Are drugs effective?<br>What could make life easier or be better for them?<br>If they are happy with the care they receive?<br>Their comprehension of life? |
| Team 3  | Not always physical<br>Have feelings<br>Psychological<br>Social<br>MS<br>Brain injury<br>FAS<br>FAE<br>ADHD<br>Tourettes<br>ADD<br>Autism | Is there a cure? Will cures be found?<br>How much is a disability?<br>How much can be conquered?<br>(conquerable)<br>What help is there?<br>Why is it so difficult to get help?                            |

### 3.2 How do Canadians define “disability”?

During the initial discussion, some participants admitted that they have had little direct or personal exposure to persons with disabilities. Some felt that this was because they grew up in small towns or came from another culture, or that when they were young, families were “inclined to keep disabilities a secret,” particularly “mental problems.”

*I came from a small town and from an age where I don't think I ever saw a disabled person until I was probably in college. We just didn't have them out. That's horrible to say, but they were hidden. Toronto, some post-secondary education*

*Il y a une couples d'années, quand on voyait un handicapé on baissait les yeux. Aujourd'hui, on en entend plus parler et on est capable de leur sourire et de les regarder dans les yeux. Je me souviens il y a une couple d'années on pensait qu'être handicapé c'était comme une maladie et qu'on pouvait l'attraper. [A couple of years back, when we met a physically impaired person, we averted our eyes. These days, we hear more about it and we are more able to smile at them and look them in the eye. I remember a couple of years ago, it was thought that being handicapped was an illness and you could catch it.] Montreal, no post-secondary education*

A few felt that their own family, work and social life did not include those with disabilities. Some even admitted that they really didn't want to have any contact with a person with disabilities.

*The way I look at it sometimes is, and this might sound self-centred, but how would you go into public with this person? Like, would you go to a club with somebody who's maybe disfigured in the face or something like that versus somebody who's deaf and you can't see that? Then you think is this going to draw attention to myself. What are this guy's true intentions? Am I this person's friend because I feel sorry for them? Stuff like that. I just feel more self-conscious and it shouldn't be that way but I just do. Toronto, some post-secondary education*

Only a few felt that they had a clear and uncomplicated definition of disability. Most felt that the subject was difficult and very complicated.

*Well, I've got a definition for you right here. If the government wants to employ someone to do a job in any field, whatever criteria, they would not hire a person who can't see well enough or hear well enough to get the job done. If a person is disabled, it means they can't function, they can't do the job. If they can do the job, well then they are not disabled, well not disabled enough to not be able to work. I think it has to do with if you can function. Toronto, no post-secondary education*

Many of those who initially said that they had little exposure to those with disabilities, in thinking about the subject, began to remember people who they had seen at work, or on the bus, or even on television who have physical disabilities. Clearly, participants who

have little exposure to persons with disabilities, think of physical limitations first when they hear “disability.”

Those who live with a person or persons with a disability are well aware of the impact of that disability, but only a few have also thought about the wider category of disabilities. This means that, with the exception of the particular disability with which they are familiar, many have the same thoughts and ideas about disabilities and disability issues as those in the general population.

*I don't know much about disabilities, except for my Dad. He got into a car accident and his nerves are shot. He's losing weight and his hands are really slow, so going out, I have to help him more and more times to get into his wheelchair. I don't really know what is happening with him. He could die tomorrow for all I know. He's really bad right now. The accident was four months ago. He is in a care home right now. I visit every weekend. It's more depressing for me than anything else. He is down on himself. He's in the 'I don't care' state, but he does care. He's just trying to hang in there at the same time, but sometimes I feel like maybe if there were just something that he could be interested in, something that he could do at his level. Toronto, no post-secondary education*

*I think that this is different case by case. For some people, disabled is disabled, end of story. I'm thinking of Christopher Reeves, he is trying things, but that boy is going to be really disabled, period. And then there are people with mental handicaps who are born with cerebral palsy and all this other stuff. There are people that I've heard of that have problems on top of problems. It doesn't matter how happy they get, they're still going to be severely disabled, and a certain amount of depression will come with that. You're in a society where everyone else is functioning and you can't function to that level. The rest of society is going to treat you like you're lower because you need a hand, you need help. Toronto, no post-secondary education*

There is some confusion in the minds of many participants, in all segments, about whether a disability should be considered an illness. Some, but not all, spoke of “illness or sickness” as part of their definition of some but not all disabilities. Most participants agreed that it is likely that a person with disabilities will require more medical attention than a person without disabilities.

Quickly, participants in all segments decided that disabilities and disability issues are much more complicated than they had first considered.

Among those who indicated that they think of “disabilities” as a health/medical issue, many in the course of the discussion indicated that they are thinking mostly of people who have disabilities that stem from a health “condition” – a stroke or a heart attack, cancer or other illness. They indicated that they have heard the word “disability” most often in relationship to “disability benefits,” or “disability claims” for insurance or government funds.

Some felt that the term “disability” is used to describe a person who doesn’t easily fit into the mainstream.

*My definition is you’re not able to blend into society, you may have physical difficulties accessing buildings and things like that, or mentally you’re challenged, that sort of thing. That’s more how I see disability.* Toronto, some post-secondary education

*La société fait en sorte que si la personne fonctionne dans son cadre, elle est normale. Si elle déborde ou déroge du cadre : elle est différente.* [Society is made in such a way that when a person functions within a given frame, this person is seen as normal. If he/she steps out from this frame, he/she is different.] Montreal, some post-secondary education

*The obvious physical disabilities that would prevent you from being mainstreamed, the mental, the emotional disabilities are part of it. We didn’t put illness on our first list, and we didn’t put anything about fitting into social settings either, but I feel that they could also be included in disabilities.* Toronto, some post-secondary education

Mental illness, particularly depression, was considered by many to be a disability, but some were not sure if it is a “true disability” or if it is just a function of our time.

*Depression and other mental illness is the fastest growing disability, I think.* Toronto, no post-secondary education

*I don’t know if mental illness should be part of disability. I know people... because my parents are from Europe, from the old country. My parents are European and I know lots of people who have really rotten lives and they cope, and nobody knows what the definition or what the word “depression” means. It’s crummy, and you cope and you go on. It’s only when they get to Canada and they’re like, oh, there’s this depression thing, and they look at the English people and English people are, oh, I’m depressed, then that’s it. It’s like an excuse to turn the button off. It’s like they’re a machine and they turn it off. I know that there are extreme cases of depression, I know that there are, but you can’t just say “depression” because it’s such a wide spectrum, and then call the whole thing disability. Oh wow, I didn’t get my boots that were on sale the other day . . . I’m depressed. Sorry, that’s not a disability.* Toronto, no post-secondary education

In terms of the importance of disabled persons in the workforce, many felt that if a person is able to be a productive member of society, they should be encouraged and helped to do so. Indeed, the overall goal for many of those in all segments is to give all people an opportunity to “live with dignity.” Most felt that while solutions might be expensive, that they are likely necessary, and that the “social benefit” of treating those with disabilities

“is worth it.” Only a few wondered if the “cost” to society and to others might be too high.

*Ce qu'on débourse pour eux-autres ça va revenir. C'est comme les jeunes qui vont à l'université. [Whatever we pay will be to our benefit (will revert back to us). It's the same thing as when young people go to university.]* Montreal, no post-secondary education

### 3.3 Attitudes and perceptions of disabilities by type and severity

While most participants in all segments said that they like to think of themselves as being open to the idea of integration of persons with disabilities into their day-to-day activities – work, school, social activities – many found that they were uncomfortable with some aspects involved in developing relations or communications with those who have various types of disabilities.

*There are stereotypes, and having had some experience now with disabled people, I handle things a bit better. I remember one time, I went on an outing with my sister who was with one of her clients, who had cerebral palsy, completely physically disabled, who was in a chair, could barely move. But, mentally, he was sharp as a pin. We were sitting on the bus and I was talking with her and I was speaking about him and he had some kind of reaction, and I said to my sister, what's going on. She said, he's upset with you because you're talking about him like he isn't here. That just shocked me. I thought, oh my God, I would never do that to a person, a regular person . . . a regular person . . . talk about them as if they're not in the room.* Toronto, no post-secondary education

A few talked about how they try to “help” those with physical disabilities by opening doors, or offering to help in other ways. Among those who explained their interaction with disabled persons in this way, some were discomfited by the response that they receive from disabled persons that seems to reject or resent their offer of help.

Most, however, indicated that they would be quite comfortable around a person with disabilities as long as that person's ability to communicate was not affected. This included, for most, eye contact, appropriate facial expression and clear speech.

There is a sort of hierarchy, in terms of socially acceptable physical disabilities. Most felt that they could interact comfortably with a person who was blind, while some felt that a person who could not hear might be less comfortable.

*I do think that some disabilities are more socially acceptable than others. Blind is a great disability [laughing], well, mainly because of the CNIB. They've done a lot of good work over a long time. It was one of the first fully funded disabilities, and even now there's the TTC pass that's available and a number of other things. Obviously, there is a disability there, it's a huge one, but the image of the person*



*with the cane and the dog and all the rest of it. There is high awareness of the blind. It's almost romantic. You know the dog and watch these people manipulate themselves downtown shopping and you think, "Oh my God! It's so wonderful."*  
Toronto, some post-secondary education

*With blindness, there is an absolute disability there, but it's visible to everyone and everyone goes out of their way, whereas with some mental health issues or hidden diseases, like chronic heart disease and this type of thing, you've got limitations and quite frankly, unless you run into a bus, blindness is not going to kill you whereas chronic heart disease or liver malfunction or something like that will.* Toronto, some post-secondary education

Some said that they could be comfortable with most disabilities as long as it wasn't "disfiguring." Specifically, persons who had suffered severe facial burns, or those with birth defects affecting their facial appearance were mentioned as being among those with whom participants in this study thought that they might be uncomfortable.

*For some, trying to communicate with a person who experiences involuntary muscle spasm, or a person who tries to communicate verbally but who cannot speak clearly is also a problem. [stroke and muscular dystrophy were mentioned]*  
Toronto, some post-secondary education

*I've been around people with cerebral palsy and I'm in a panic. I think I'm more upset than they are and I'm sure they get that reaction enough, but I think my biggest problem is I don't know what to do, I don't know what to say and so I close down and leave, you know get out of the situation. So if I can communicate, if I'm able to sit there and talk with them or get something across, I'm a lot more comfortable. And the same with someone who's mentally challenged that I'm not quite sure what they're trying to tell me.* Toronto, some post-secondary education

For many, visible physical disabilities were thought to be easier to "assess" than invisible disabilities, including cognitive limitations and mental illness. Many admitted that they are made very uncomfortable by behaviour that doesn't seem "normal," including Tourette's Syndrome or other conditions that might produce behaviour that is outside what they have come to expect as "normal."

*For me I'm okay with most things, except for people who are severely mentally handicapped or disfigured. I think I would have a hard time with people who are drastically disfigured, but other than that, the people with mental handicaps, and I mean severe mental handicaps, to the point where you're talking to them one minute and the next minute they're completely off in a totally different world. When I say disfigured, I'm thinking of people who have been in car accidents, burn victims, people who have chunks of their anatomy gone, people that . . . there was an e-mail thing going around the Internet a while ago, that this girl was severely burnt and she had massive facial reconstructive surgery, and it was just horrible. If I met someone like that, I would get to know them, and I would have to*

*see past that and everything, but the stereotype is there. Toronto, no post-secondary education*

*I have trouble dealing with people who have trouble communicating . . . I want to see their eyes, I want to be able to understand what they say. If I can't do that I'm in trouble. Toronto, some post-secondary education*

*If I see someone who's physically challenged, then for me I show more empathy in a way, but if it's in terms of mentally challenged I might be more afraid . . . I feel sorry for a person with a physical disability, but where there's a mental disability I might feel more scared away. Toronto, some post-secondary education*

*I don't mind being around anyone with a disability as long as it is visible and not ugly. Toronto, some post-secondary education*

Most participants want to behave toward a person with disabilities in a kind and sympathetic manner. They don't want to appear to be uncaring or unsympathetic. However, what would be appropriate behaviour sometimes seems elusive.

*I think that I'm supposed to feel sorry for a person who is disabled. But I'm not sure that is right. I was talking about the cranky man in my building earlier. He's a sour thing and you wouldn't dare talk to him, then you take the man that's in a wheelchair on CityTV. There's a person in a wheelchair and he seems happy enough and functioning. You have the two types of people and I'd rather talk to the guy in the wheelchair that's on TV because he almost gives off a friendliness, where the other guy doesn't. Toronto, no post-secondary education*

### **3.4 The degree of acceptance versus rejection of persons with disabilities**

Acceptance or rejection of a person from an educational, workplace or social setting is very difficult for most to even consider. The usual answer to this exploration was: it depends.

*It depends what field you're working in. Say, for instance, you have a person like Stephen Hawking, who has severe disabilities and he's one of the smartest scientists in whatever is his field in the world. I am sure he could get a job. But someone with similar physical disabilities, but who isn't so smart – maybe not. But that is the way it is for most people. Toronto, no post-secondary education*

Generally, participants in all segments felt that all Canadians should have the opportunity to participate in life to the fullest of their ability. They feel that assuring full participation for all Canadians is part of the Canadian way of doing things. However, the complicating factor, say some, after thinking about it for a while, is that those with some disabilities may not be able to participate fully without having a negative impact on the full participation of those who do not have disabilities. These participants felt that the rights

of the disabled need to be balanced with the rights of others, particularly in relationship to integration into the workforce and in school programs. While not wanting to appear unsympathetic to the rights of the disabled, some do worry that an able-bodied person in the work force might end up “discriminated against” in favour of a person with a disability.

Generally, it was agreed that if a person has the skills necessary to complete a work function, then they should have an opportunity to work. One concern, voiced by a few, is that this might mean that another candidate for a job, who might also be capable of doing the work might be overlooked in the effort to “hire the handicapped.”

Most, however, felt that if a person is able to do a job, and wins a competition for a job, then the employer should accommodate their special needs, within reason. “Within reason” causes some to wonder how this “reasonable support” might be determined and by whom. Their interest in how the determination would/could be made fairly isn’t so much a concern for their own or other able-bodied jobs, as a legitimate curiosity about how something so very complicated might be codified.

The other side of the argument voiced by some is that, while some companies are trying to accommodate the needs of those with physical handicaps so that they can participate in the corporate workforce, in many of these cases, we were told, the effort is more “token” than real.

*If it came down to two people with exactly the same qualifications and abilities to do the job but one did have some type of disability I think that in 90% the employer’s going to look at the long-term, like, I’m going to train this person and they’re going to be sick, how dependable are they going to be? Toronto, some post-secondary education*

*In our company, we had to ... not had to. It almost sounds like it was mandated and it was in a way mandated that we are going to have so much of a percentage that was going to be filled with visible minorities, people with disabilities, and they actually went out to recruit. They did fill people with visible minorities. They did get a lot of people with more visible disabilities than invisible disabilities. I think in the long run this is a good idea, but again, now you’ve got the reverse because they were looking to fill jobs with these people, this means that able people, the people with no disabilities, no visible minorities really didn’t have a chance to get that job. Toronto, some post-secondary education*

There is more concern about the appropriateness of putting children who are learning challenged in classes with those who are not. On one hand, some argue that it is important for people to become familiar with people who have either physical or mental disabilities. They argue that by knowing more about disabilities and the people who have them, negative perceptions could/should be modified. Some argue that class sizes are now larger and that teachers are stretched. *If children with special needs are integrated into classes with those who do not have special needs, some fear that the quality of*

education for those in the mainstream may be compromised.

*Well, some people might think if Johnny is not well or has a mental problem or whatever, Johnny should be put aside so my Susie can get all the attention and because she's quote normal. That's so unfair. That's so wrong. Just because Johnny is disabled and Susie is sort of all there, I guess, that Johnny is going to suffer because while Susie is going to get all that she needs and Johnny is going to get less. They both should get the same amount of education. That is, the education that they need.* Halifax, general population

*I don't have any children, so I am not really in tune with this whole school thing now, but just from my own experience growing up. Children that were in my classes, I am not saying that they were disabled, but the definition of disabled, but they had some learning disabilities or whatever, they were disruptive to the rest of the class. It works on the other end of the stick too. Because they couldn't learn, or whatever problems they had at home, they decided to disrupt the class and cause other problems which caused the rest of us not to be able to learn.* Halifax, general population

This discussion returned the topic to the issue of “disability determination.” Some felt that if there is a way to “categorize” physical and mental disability, then it might be possible to integrate some students with disabilities and to offer special segregated opportunities to others.

Essentially the same arguments were given related to integration into sports and other leisure activities. Some also said that perhaps a person with a disability would enjoy being with others who face similar challenges. The Special Olympics was mentioned as one approach to this issue.

It was generally agreed that it would be easier to evaluate and integrate persons with some physical disabilities into school programs and the workplace than it would be to integrate people with learning disabilities, or with some types of mental illness.

Most feel that there has been a significant positive movement toward accepting those with physical disabilities into more mainstream activities, school, work, cultural activities and social environments. The evidence, we were told, can be seen in the increased number of buildings with ramps and washrooms that provide accessibility. Also, a few thought that powered wheelchairs provide some persons with disabilities more mobility and greater independence.

In terms of acceptance of other disabilities, including those that are related to disease, or “lifestyle,” many participants feel that there is low social acceptance. Some feel that this is primarily because of poor awareness and a lack of information available to the general public.

*Ma perception des handicapés c'est qu'il y a deux côtés : les handicapés innés que la société accepte et comprend, ce qu'on accepte mal, c'est ce qui est causé par la société par exemple, le résultat de la compétition au travail au Japon. C'est nous autres qui ont imposé ces conditions. Qui est responsable de ça : c'est la conscience sociale.* [My perception of disabled persons is that there are two sides : those who were born handicapped are accepted and understood by society; what we have trouble accepting, is what is caused by society. For example what results from all that competition in the workplace in Japan. We were the ones who imposed these conditions and who is responsible for that? It's the social conscience.] Montreal, some post-secondary education

While they are not quite sure how it will be possible, many feel that it is in the best interests of Canada that persons with disabilities are given the assistance that they need to be full participating members of Canadian society.

### **3.5 Awareness and opinions about the barriers to inclusion created by disabilities**

Participants in all groups, across all segments, were in general agreement that money and support are available to persons with disabilities. Most also felt that it is very likely that the funding and support that is available is likely not enough to help persons with disabilities experience life with dignity and some comfort. This is troubling to some participants.

Many feel that psychological barriers to the integration of people with physical disabilities have improved over the past 15 years – mostly, they said, because of higher visibility and higher awareness, all of which are possible because of greater efforts to make structures more accessible.

The same cannot be said for less visible disabilities, particularly those which some may feel are “lifestyle-related,” including mental illness, learning challenges (related to FAS, FAE and ADD, as these are often seen as the result of pre-natal choices made by the mother), HIV/AIDS, Hepatitis C, smoking-related illness, obesity and related illnesses, including heart health, hypertension, and diabetes, drug- and alcohol-related illnesses. Some are not quite sure if “lifestyle-related” illnesses should be/are included in the definition of disability.

*Ça revient à comment l'environnement est adapté. Si une personne obèse veut aller au cinéma et qu'elle ne peut pas rentrer dans les bancs : est-ce que c'est une handicapée?* [It all comes back to how our environment is constructed. If an obese person wants to go see a movie and cannot fit into the chair, is this person considered handicapped?] Montreal, some post-secondary education

While most have sympathy for the resulting disabling circumstance of disabilities that are a result of lifestyle choices, of greater concern than access in these cases is the “search for a cure,” including programs that “teach” the consequences of poor choices, and

counselling for those at risk for these illness-related disabilities.

Many felt that one of the key barriers to full participation in society by those with disabilities is grounded in lack of information/awareness and education. Among those in this belief cohort, most said that integration of those with disabilities should begin at an early age, and should be part of both school and recreational programs. Participants who feel this way said that, by integrating those with disabilities with those who do not have them, there will be less discomfort and fear.

*Ce qu'il faudrait d'abord faire, c'est en parler à nos jeunes. Ça part de là notre mentalité. C'est sûr que si on en parle pas, il va y avoir des tabous qui vont rester de génération en génération. Il faut apprendre à nos jeunes que ça fait partie de la vie. Ça fait plus peur un handicapé !* [The first thing to do is to talk to our youth. Our mentality starts there. For sure, if we don't talk about it, some taboos will perpetuate from one generation to another. We have to teach your youth that it's part of the life. From then on, a disabled person is not someone you have to fear.] Montreal, no post-secondary education

While most felt that integration into school and recreational programs would be of benefit to the disabled person, some said that while this is important, the balance between the needs of the persons with disabilities and the persons without disabilities must be carefully considered. Most would agree that those with physical disabilities can and should, where possible and practical, be integrated into school, work and social opportunities.

The same cannot be said for those with mental illness, nor those with certain learning challenges. Some participants said that they are just not comfortable around people with behaviour that is outside what they experience as “normal.” These participants felt that a person with a mental illness might be disruptive to a classroom or a workplace. Many of these participants indicated that they know that they now work or study with people who are on medication related to mental illness, but it is not widely discussed. (Some are confused, because *if* the person takes their medication, they seem “normal,” and if they do not take their medication they may exhibit behaviour that is not “normal”; some wonder if this is really a “disability” or if it is just an illness. The need for a definition is strong on this issue.)

Generally, participants hope for some sort of “assessment” that would allow integration where it is appropriate and that would find other solutions where integration isn't possible.

A few participants in this study were not so sure that integration is the most appropriate approach for either visible or invisible disabilities. Some wondered if, perhaps, a disabled person might not enjoy the company of people with similar disabilities to their own, rather than being integrated into a school or work situation where their disability may stop them from participating.

A few participants felt that, perhaps, integration of those with disabilities is the idea of the “able” rather than what would best serve those with disabilities. These participants felt that those with disabilities should be involved in consultation on this issue, not those without disabilities.

*Il [le gouvernement] devrait écouter les handicapés eux-mêmes. Qu'est-ce qu'ils veulent, ce qu'ils ont besoin. C'est beau mettre des sous mais il faut les mettre à la bonne place.* [The government should listen to the disabled persons themselves. What they want, what they need. It's a good thing to have a budget allowance for them, but it should be applied the right way.] Montreal, no post-secondary education

Among participants who are First Nations people, many felt that a disabled First Nations person, living with or near their family, but away from urban Canada, would likely suffer less social isolation than many other people, because families are the usual support network for disabled people living on reserve. First Nations people who are not living on reserve are sure that a disabled First Nations person trying to find work or housing off reserve would find themselves faced with a “double discrimination.”

*When you come to Lethbridge, some people will try to hide that they are First Nations. You can be educated, you can be anything, and it's just your look and the colour of your skin. I went to apply for a house and I did everything except pee in a cup for this woman. I gave her my criminal check, I gave her my work references . . . I just wanted to rent a house . . . And she came right out and said, “I have no problem with Indian women, it's their Indian men I have a problem with . . . They're going to discriminate even more with a person who is disabled and Indian.”* Lethbridge, First Nations participant

First Nations people participating in this study indicated that a family would consider themselves responsible for the economic and social well-being of a disabled person. If additional help were required, most felt confident that within their extended family and their community, they would be able to find the necessary support required. *If* support requirements were outside the First Nations community, few felt that they would be able to negotiate through various layers of administration.

The difficulty of navigating through cross-jurisdictional program administration is not confined to disabilities issues. In First Nations communities, the problem is common and frustrating.

Among those who have experience with living with a person who has disabilities, finding help may also be difficult and frustrating. Some feel that if the disability is a “popular one,” that funding assistance might be somewhat easier than if the disability is less popular or familiar.

*They should have every disability equal, not just money for the popular ones.* Lethbridge, First Nations participant

*Yes, but you've also got to remember, some of those diseases are older than others. I mean some of them are just being diagnosed right now. Like fibromyalgia, I mean, that's a newer disease that's just being diagnosed, and a lot of people, they don't even know that they have it . . . The government should interfere with things and make more of this know(ledge), more symptoms, and make it more aware in society that these are actual diseases as well.* Lethbridge, First Nations participant

### **3.6 Awareness and knowledge of existing sources of support**

Only those who live with a person with disabilities and are responsible for finding the support that is needed for that person or for others in the household have any real awareness of support available to persons with disabilities. Awareness of support groups, agencies of government, sources of information about specific needs/interests are, according to those with a disability, very difficult to find and access as an individual. Those who are struggling with finding help for children and adults who suffer from mental illness or learning challenges indicated that it is very difficult to find help in their community.

*I've heard, especially with the mentally disabled, that they don't actually fit into an institution because they're not able to carry the cost of them, or whether their definition of disability is so severe that they get thrown back into the street where they necessarily don't fit there either. As part of society, its acceptance of whether or not these people are supposed to be institutionalized or go back into society. Who makes these decisions, how does it work?* Toronto, some post-secondary education

Those who live with a person who has a more recent disability told us that they have, in many but not all cases, had good help and direction from hospital social workers.

The most sought after assistance among those living with a person with a disability is “time off” for the caregiver(s).

No one in any group or segment mentioned formal information that they had seen or heard about from others. Most of those who do not live with a person who has a disability told us that they know what little they do about disabilities and disability issues from their own experience. In the initial discussion, participants in the general population groups mentioned that there are:

- Handicapped parking spaces, which are sometimes used by those without a disability (very negative reaction to this behaviour)
- More accessibility ramps into theatres and public buildings, but not always accessible washrooms
- A few mentioned “bird peeping traffic lights” for the visually impaired
- A few mentioned telephones with volume controls for the hearing impaired
- A few mentioned “closed captioning” for the hearing impaired



- A few had recently noticed that some films have verbal descriptions of visuals for the visually impaired

### 3.7 Beliefs about the appropriate roles for different sources of support

Across all segments and locations, participants felt that the federal government had a responsibility to ensure that Canadians with disabilities have the same opportunities and access to support, no matter where they live in Canada.

*Oui. Je vais répondre à votre question, il faudrait une éducation et des programmes adaptés à certains styles d'handicaps. Ces gens devraient avoir une éducation selon leur handicap pour leur permettre de fonctionner. D'ailleurs, elle doit se faire cette éducation.* [Yes, I'm going to answer your question, educational training and programs adapted to certain types of disabilities must be created. These people must be educated according to their disability so that they can properly function. In fact, there must be education.] Montreal, some post-secondary education

In order of hierarchy, most – but not all – felt that the family of a disabled person should be the first resource for that person. However, having said that, many also felt that the nature of “family” has changed significantly and that not all persons will have the support from families that they might hope to have.

Among First Nations people, family included extended family, and most agreed that within the extended family and the immediate community, a person with a disability could expect to find support for their physical and social needs. However, if the disabled person requires equipment or structural changes to make it possible for them to have a life with some independence and mobility, most felt that the money for these things would need to come from some source outside the family and community, as the resources of both are stretched to the limit already.

Among First Nations people, there was real concern that they would be “tossed back-and-forth” between various levels of government and various agencies of government. Some wondered if they would ever be able to find financial assistance should they or a loved one require it.

Generally, among those in the general population, most felt that they would be able to find support through their provincial government for medical care that might be required, although they too were concerned about where financial assistance for equipment or structural changes might come from. While less aware of issues of jurisdiction than First Nations participants, those in the general public were concerned about getting “trapped between funding agencies.”

Not-for-profit organizations with a particular interest in specific disabilities were expected to represent the interests of those with a particular disability or disease causing a disability. It was generally felt that the role of these organizations is to provide those with disabilities with the information that they need to access financial resources. Another role

ascribed to not-for-profit organizations is to raise money to “find a cure.”

The individual who is disabled also was thought to have a significant role to play. Most felt that if a disabled person is able to be their own advocate, then family, community and not-for-profit organizations should be a direct resource to that person, rather than through an agency of government. The concern expressed is that some disabled persons may feel that they are being “patronized” by those who act as interveners on their behalf. Most felt that disabled persons should not be subjected to undue patronizing.

A few among those who are living with a disabled person feel that specific help is needed to “motivate” disabled people to want to “try harder” to “do more, if they can.” Some who have disabled family members feel that the disabled person in their life is not “trying as hard as they could.” Some feel that this is because there are few activities or opportunities for these often newly disabled persons to interact with others in a similar situation. Among those who are newly disabled, family members report that some just “give up,” as they feel isolated and alone in their circumstance.

### **3.8 Suggestions for improvement of the current situation**

At the top of the list for improving the current situation is education/awareness. A key aspect of this is “teaching children at a young age to accept those who are different in any way than they are.” Also, many, if not most, felt that adult information is needed as well. While most felt that acceptance of those with non-disfiguring physical disabilities has improved over the past few years, not enough is being done related to other types of disability acceptance.

*I have actually heard about in one of the schools where they had a program where kids would spend the day with a kind of a blindfold or they had earmuffs so that their hearing was distorted or something else that would give them an opportunity to better understand what it might be like to have a disability.*  
Halifax, general population

Many in all segments feel that if people were “exposed” more often to people with disabilities, and if they were somehow able to understand what their most appropriate responses should be, that awareness could be heightened, and that isolation and/or discrimination might be reduced.

*You just go down the streets now and you will see a blind child or a deaf person. Just little things like that, seeing someone or hearing their story can make a difference. We see it, it just becomes normal. It becomes part of society now. So things change, little by little.* Halifax, general population

As disability issues are complicated and require different approaches to best address different types of disabilities, some felt that some serious consideration should be given to developing a comprehensive understanding of what is and what is not a “disability.”

The concern is not that without one there might be fraudulent attempts to benefit, but rather that by “classifying” disabilities or defining them more clearly, then programs could be developed that would benefit those with disabilities, their families and the communities in which they live.

In urban centres, many had concerns about the availability and affordability of public transportation for those with disabilities.

In Halifax, most felt that the transportation program for the disabled is not at all adequate for the needs of the city. In Toronto and Montreal, many were not sure if transportation for the disabled was adequate, or appropriate for the needs of those who require the service.

Many admitted that they are particularly uncomfortable with the idea of integration of those with mental illness into mainstream, work and school. These participants feel almost “ashamed” of themselves for not knowing how to respond, or how to behave in the presence of someone with behaviour that is out of their “normal” experience. Many would like to know more about these types of disabilities so that they could/might react differently.

Among First Nations participants in this study, most said education and recreational opportunities outside family and immediate community are needed. While family are the first line of support for a person with disabilities, some First Nations people worry that the family, out of kindness or ignorance, may be isolating people with disabilities, and in so doing “cheating them out of a fuller life.”

As the people of the community are a large part of the support to a disabled person in a First Nations community, some First Nations participants suggested that those in grades 10-12 be offered a course related to disabilities. They could use what they learn to mentor others without disabilities and perhaps as special mentors to those who have disabilities.

Some participants in all segments felt that there needs to be more readily available information resources for both family and paid caregivers.

Of particular concern in all segments was the raising of children with learning disabilities. Many felt that these types of disabilities are not well understood or managed in schools today.

Participants across all segments were divided on the need for more integration of disabled children into classrooms, and those who felt that there should be more segregation of children with learning and behavioural disabilities. Some felt that the benefit of one approach over the other is not well understood, and requires further study and consideration.

Among those who live with a person who has a disability, many were concerned about “burn-out” among caregivers. Funding is needed to provide caregivers with a “break”

from their responsibilities. Most in other segments agreed that both family and paid caregivers need more financial support, more support related to information, and support in just getting time off.

Some felt that there should be some support or subsidy to businesses willing to accommodate people with disabilities. A few were concerned that if hiring of staff was subsidized to help those with disabilities to find employment, then an able-bodied person might not be hired.

*Sensibilisation, conscientisation. Le gouvernement doit continuer à subventionner les entreprises pour qu'ils embauchent parce que les entreprises croient à la rentabilité. Le gouvernement doit faire le premier pas. [Raising public awareness. The government must keep on subsidizing businesses so they continue hiring disabled people because businesses believe in profitability. The government must take the first step.]* Montreal, some post-secondary education

### **3.9 Importance of this issue to Canada and Canadians**

Across all locations and segments, participants agreed that this is an important issue that must be addressed. It is interesting to note that, while during the course of the discussion participants included both visible and not visible disabilities when thinking about solutions, many returned to their original “definition” of disability, which was centred around visible/mobility disabilities, rather than others that they included on their lists.

*This issue should be very important to society but most times society doesn't have or make time for anyone else because society is selfish. This is wrong.* Halifax, general population

*I believe that this issue does not get the fair and proper recognition it deserves. Disabled persons deserve the same respect as mobile persons in employment, recreation and education.* Halifax, general population

*Au point de vue des handicapés accidentels, c'est sûr qu'il faut penser à s'aider les uns, les autres parce qu'on ne sait pas quand ça peut nous arriver de le devenir. Il faut changer la perception et l'attitude des gens. Il ne faut pas rire des handicapés et c'est normal de penser à la compassion. [When it comes to disabilities caused accidentally, we surely have to think about helping each other, because you never know if or when it may happen to you. So everybody has to change their perceptions and attitudes. We shouldn't laugh at disabled persons and it's normal to be compassionate.]* Montreal, some post-secondary education

*This is an important issue. Government should commit to more funding, even if it means that our taxes go up a bit. This is not something that we, as a society, can just ignore.* Toronto, some post-secondary education

*We need more funding in public schools and recreation programs, both for disabled people but also to educate people who are not disabled about the subject. I think that spending money on this is important, and that it is justified.*  
Toronto, no post-secondary education

*More information and education about mental illness, addictions and the impact on our kids is very, very important for First Nations people. Many of our children are disabled from birth and many people don't know that we could stop some of this from happening in the first place. And when it does happen to our children, we need more community support for families. All of our people deserve to have a full life. This is a very important issue for our people.* Lethbridge, First Nations participant

# APPENDIX