SUPPORTING PERSONS WITH DISABILITIES

Advancing the inclusion of persons with disabilities

A Government of Canada report

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For additional copies, please contact:
Social Development Canada
Income Security Programs
Ottawa, ON K1A 0L1
Fax: 613-948-9450

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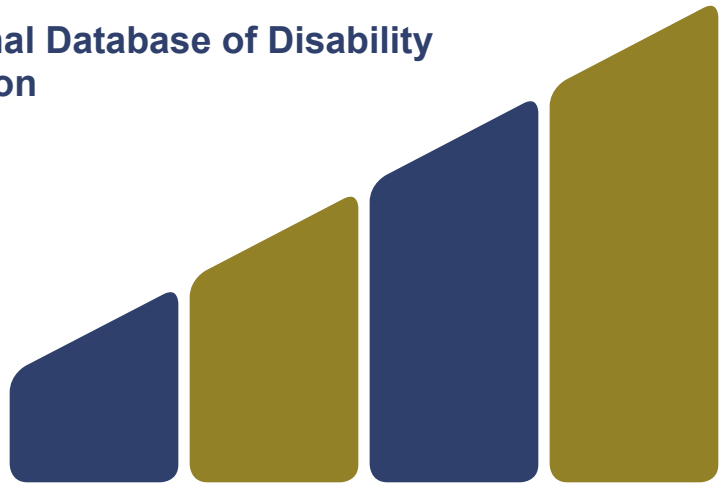


Message from the Minister

As Canadians, we share the belief that we have a responsibility to one another; that each of us has something to contribute; and that everyone should have an opportunity to participate in our society. Our nation's values reflect a will to strengthen our social foundations and to improve our collective quality of life.

To achieve such a goal requires the great determination and actions of people living with disabilities and their families. For some decades, Canadians have been engaged in advancing their inclusion. Over that time, the Government of Canada has introduced legislation, programs and other initiatives to remove barriers and to address some of the issues faced by people with disabilities of all ages. In more recent years, the Government of Canada has continued to work with provincial and territorial governments, the voluntary sector and other stakeholders to achieve this important goal of inclusion by improving various disability benefits, services and tax measures.

Canadians are working together to build a prosperous, caring and inclusive society—one in which everyone has the opportunity to lead a full, rich and meaningful life. *Advancing the Inclusion of Persons with Disabilities 2004* details how our country is doing against that standard and explores how the Government of Canada, with others, is working to meet it.

I hope you will read this report and share it with others.

Ken Dryden,
Minister of Social Development

Chapter 1
Introduction

Advancing the Inclusion of Persons with Disabilities 2004 is the Government of Canada's second comprehensive report on disability in Canada.

In this report you will find information about Canadians with disabilities and the challenges they face in fully participating in Canadian society. You will also find details on the Government of Canada's efforts to promote the inclusion of people with disabilities and to assist those who help them. The report gives Canadians the information they need to assess how well our society is moving toward full inclusion.

INCLUSION: HISTORY AND VISION

The United Nations International Year of Disabled Persons (1981) is often considered the landmark date for tracing the Government of Canada's recent action on disability. That year, the Government appointed the special House of Commons Committee on the Disabled and Handicapped to thoroughly review federal legislation concerning persons with disabilities. The Committee produced *Obstacles*, a report that identified barriers faced by Canadians with disabilities and that outlined 130 public policy recommendations in many areas to help overcome these barriers.[1]

BOX 1.1
The *In Unison* vision of inclusion

The 1998 *In Unison* framework proposed a "Canadian approach" to disability issues, summed up in this vision statement:

"[The vision is that] Persons with disabilities participate as full citizens in all aspects of Canadian society. The full participation of persons with disabilities requires the commitment of all segments of society. The realization of the vision will allow adults with disabilities to maximize their independence and enhance their well-being through access to required supports and the elimination of barriers that prevent their full participation."

At a first ministers' meeting in June 1996, governments identified persons with disabilities as a national priority for social policy renewal. As a result, in 1998 the Government of Canada, along with the provincial and territorial governments, published *In Unison: A Canadian Approach to Disability Issues*.[2] This report was the first shared vision and policy framework to promote the equity and inclusion of persons with disabilities in all aspects of Canadian society.

In 1999 the Government of Canada elaborated on the *In Unison* framework, releasing a report called *Future Directions to Address Disability Issues for the Government of*

Canada: Working Together for Full Citizenship.[3] *Future Directions* outlined a broad agenda for the Government to follow in addressing disability issues. Since then, to build on *Future Directions*, the Government has made specific commitments in speeches from the Throne, in budget documents and in responses to reports from the House of Commons Subcommittee on the Status of Persons with Disabilities.[4]

The Government of Canada is committed to bringing down the barriers to the inclusion of people with disabilities. For over 20 years the Government has been working to do this, along with partners who share the vision of full inclusion—provincial, territorial and municipal governments; non-governmental organizations; parliamentarians; researchers; individuals with disabilities; and Canadians in general.

BOX 1.2
What does inclusion mean to me?

"I care about inclusion because it affects my future. I have dreams and if I am not included I will not be able to develop into the person I want to be and to achieve my goals…."
— Kyle, age 15

"Inclusion is seeing the abilities, not disabilities of everyone and supporting every individual [so] as to help them achieve their optimal potential. Inclusion is to look at someone's soul and to see them as a fellow human with emotions, feelings and desires like all of us. Inclusion is all this and so much more, but most importantly, inclusion is to make those who may feel unincluded or isolated, included."
— Linda, age 18

In Catherine Frazee, *Thumbs up! Inclusion, Rights and Equality as Experienced by Youth with Disabilities* (Toronto: Laidlaw Foundation, 2003).

Much has been accomplished since *Obstacles* appeared in 1981. Yet in 2004, the full inclusion of Canadians with disabilities is still a future ideal.

As we take stock of the situation, we must remember that *inclusion* means different things to different people. Individuals choose to participate in society in different ways. Each person with a disability is unique, with needs, goals and challenges that are influenced by many things, such as gender, type and severity of disability, stage of life, family, community and culture. As a result, there is no single way of measuring the extent to which people with disabilities are fully included in Canada.

In the broadest sense, people with disabilities are fully included when they have opportunities like those of all Canadians to participate fully in all daily activities—at home, at school, at work and in the community.

DEVELOPING A FRAMEWORK

One way the Government of Canada contributes to advancing inclusion is by helping Canadians understand both what inclusion means and what the Government is doing to promote it. Canadians expect governments to be accountable for their spending and for the results of their actions. Because the Government of Canada has been working to advance the inclusion, or full citizenship, of persons with disabilities, Canadians need some way of assessing progress toward this goal.[5]

The first federal report on disability, *Advancing the Inclusion of Persons with Disabilities 2002*,[6] gave Canadians one way of assessing that progress. The report introduced an "accountability framework"—the first attempt at a framework that would allow Canadians to evaluate the Government's success in promoting full inclusion. The 2002 framework identified important aspects of inclusion, provided indicators to measure those aspects and linked the Government of Canada's actions to the indicators. The framework also recognized that many partners contribute to inclusion, including provincial and territorial governments, municipalities, Aboriginal governments, non-profit and voluntary organizations, the private sector and the Canadian public.

In the two years since then, the Government has invited disability organizations, federal departments and agencies, and others to suggest improvements to the framework. The Council of Canadians with Disabilities, for instance, produced a comprehensive critique,[7] and other experts made recommendations.

At a meeting in early 2004, the Government met with members of disability and Aboriginal groups to discuss the suggestions put forward. Members of the disability community endorsed the 2002 framework as a sound beginning for national reporting on progress. Members of Aboriginal groups approved the approach of highlighting throughout the report the unique issues facing Aboriginal people with disabilities, but the participants suggested many improvements.

In all, 30 federal departments and agencies and 23 national disability organizations and Aboriginal groups have participated in the development of *Advancing the Inclusion of Persons with Disabilities 2004*. Here are some of the recommendations built into this report:

- adding important areas of inclusion that were not in the 2002 framework
- reporting more consistently on differences between men and women with disabilities and on differences between children, youth, working-age adults and seniors
- better recognizing the relationship between different areas of inclusion—for example, between income and employment
- complementing the use of national statistics with qualitative information that helps explain and interpret the real-life experiences of people with disabilities
- explaining more completely the pros and cons of combining information from many surveys into a single framework
- including more detail on government policies and programs—for example, acknowledging challenges and evaluating results where available
- more completely analyzing the Government of Canada's disability-related expenditures

This report continues the approach used in 2002 of incorporating unique information about Aboriginal people. However, it goes one step further by including an entire section on Aboriginal people with disabilities in each chapter.

Advancing Inclusion 2004 is also designed to meet the Government of Canada's reporting commitments under the new Multilateral Framework for Labour Market Agreements for Persons with Disabilities, endorsed by the Government of Canada and provincial governments in December 2003.[8] Under the Multilateral Framework, federal and provincial governments have agreed to release public reports on December 3 each year.

ADVANCING INCLUSION: OUTCOME AREAS AND INDICATORS

Creating and developing the accountability framework used in this report is an important part of the Government of Canada's work to advance the inclusion of people with disabilities. Thanks to the suggestions of many experts over the past two years, the current accountability framework is built around six areas of inclusion, known as *outcome areas*:

- disability supports
- skills development and learning
- employment
- income
- capacity of the disability community
- health and well-being

These six outcome areas (described in Box 1.3) represent key aspects, or building blocks, of full inclusion. Not everyone needs equal support in all areas, but inclusion is most likely when the experiences of Canadians with disabilities in these areas are similar to the experiences of other Canadians.

To advance the inclusion of persons with disabilities, the Government of Canada's intent is to foster positive outcomes in all six areas. For example, in the area of disability supports, a positive outcome would be that people with disabilities have the help they need to accomplish their daily tasks. Measuring progress toward that outcome means looking at how many people have all the help they need with daily activities now, then comparing that with information in future reports.

BOX 1.3

DISABILITY SUPPORTS: Everyone needs goods and services, be they medications, eyeglasses or help from friends, family and agencies. People with disabilities have the same needs as other Canadians, but they may also need supports specific to their disability so that they can participate fully in daily life, including in economic and social activities. Disability supports include, for example, technical aids and devices, special equipment, homemaker or attendant services, interpreter services, life skills assistance, physiotherapy and occupational therapy, brokerage and planning assistance, respite care, modification of homes and vehicles and accessible transportation. These goods, services and supports are essential for people with disabilities to actively participate at home, school and work, and in the community. They are important to help individuals develop personal and economic independence.

SKILLS DEVELOPMENT AND LEARNING: People with disabilities need the chance to develop a solid foundation of learning so that they can participate fully in today's knowledge-based society and economy. With education, people with disabilities can develop skills and abilities that are important not only for finding and keeping work, but also for participating successfully in all day-to-day activities. Skills development and learning are among the Government's highest priorities for all Canadians, but particularly for people with disabilities and Aboriginal people, who face barriers in this area.

EMPLOYMENT: For many people with disabilities, work is key to economic independence, health and well-being, and full participation in the community. The Government of Canada aims to enhance the employability of people with disabilities, encourage their entry or re-entry into the job market and promote more work and volunteer opportunities. Enhancing employability means many things—for example, promoting access to flexible training, making work-related supports more available, encouraging employers to offer job accommodations and giving job seekers and employers adequate information.

INCOME: Having enough income and money to meet their needs and to be active in their community is essential to the well-being and inclusion of people with disabilities. How much income is available to an individual with a disability depends on a number of factors, such as the person's ability to earn income through employment, the adequacy of income support, and the cost and availability of disability supports. The Government of Canada's disability agenda focuses on the interrelatedness of these factors, and of others such as skills development and learning, in its efforts to make sure that people with disabilities have enough income.

CAPACITY OF THE DISABILITY COMMUNITY: Individuals, groups and communities all play a large role in advancing the inclusion of Canadians with disabilities. To do so, they need support and resources to effectively run programs, to contribute to policy and program development, to be involved in civic and volunteer activities and to otherwise participate as full partners in society.

HEALTH AND WELL-BEING: People with disabilities share the same desire for good health and well-being as other Canadians. Health is more than the absence of disease—it is the physical, mental, emotional and spiritual capacity to live fully. A range of factors, including human biology, the health care system, individual behaviour, and social and economic conditions, can affect health. A *population health* approach is one that takes this range of factors into account in guiding the decisions and actions that protect and improve the health of Canadians, with and without disabilities.

The six outcome areas are discussed in separate chapters of this report, but it is important to note that the areas are related in many ways. For example, people's employment status affects the income available to them, their likelihood of getting training, their ability to access disability supports and their overall well-being.

For each outcome area there is a set of *indicators of progress*. Indicators are measures that governments use to identify issues, monitor progress and report to citizens. This report uses 29 indicators of progress (see Box 1.4). Most of the indicators used in *Advancing Inclusion 2002* are still here, and some new ones have been added. Changes in the indicators are reviewed at the beginning of each chapter.

For the Government of Canada, the changes built into *Advancing Inclusion 2004* are a significant step toward the objective of having a comprehensive accountability framework to monitor progress on full inclusion. That said, how we understand disability and inclusion, and how we measure them, will shift over time. Consequently, this framework will continue to evolve as governments and Canadians become more experienced with measuring and reporting on inclusion. The final chapter of this report discusses some of the possible changes for future reporting.

IN THIS REPORT

The next chapter, Chapter 2, provides an overview of disability in Canada today. It also looks at initiatives that are furthering our understanding of disability and inclusion by building our knowledge base. Chapters 3 through 8 report on the six outcome areas making up the accountability framework. Each of these chapters describes the current situation of people with disabilities, based on a range of evidence, then outlines some of the Government's actions to address the outcome

BOX 1.4
Indicators of progress

Disability supports
- Aids and devices needed for everyday activities
- Help needed for everyday activities
- Home modifications
- Supports for informal caregivers*
- Transportation
- Information in multiple formats

Skills development and learning
- Children/youths aged 5 to 24 attending school[1]
- Working-age adults with post-secondary diplomas or degrees
- Levels of literacy*

Employment
- Employment rate
- Persons employed all year
- Hourly wage
- Employers providing facilities, equipment or aids to accommodate persons with disabilities
- Persons employed in the federal public service, in federally regulated workplaces and by federal contractors*
- Persons receiving workplace training*

Income
- Household income
- Persons living in low-income households
- Major source of personal income
- Food security*
- Net worth*

Capacity of the disability community[2]
- Human resource capacity
- Financial resource capacity
- Structural and systems capacity*

Health and well-being[3]
- Health status*
- Impact of chronic conditions*
- Impact of mental conditions*
- Impact of violence*
- Impact of injuries*
- Impact of individual behavioural factors*
- Impact of environmental factors*

* A new indicator since the 2002 report.

1 In the 2002 report this indicator was for ages 5 to 16.

2 Based on a new approach to reporting on community capacity, the indicators in the 2002 report have been reorganized or replaced.

3 Based on a new approach to reporting on health and well-being, the indicators in the 2002 report have been replaced.

area. The report ends with an analysis of the Government of Canada's spending on disability initiatives and a discussion of future directions.

This report cannot tell the whole story of the Government of Canada's performance on disability issues.[9] Therefore, you will find references and links to other sources throughout the text.

The Government of Canada is pleased to share with you Advancing the Inclusion of Persons with Disabilities 2004. We look forward to your feedback and to continued collaboration in moving toward this important objective—the full inclusion of people with disabilities in Canada.

Chapter 2

Improving our Knowledge Base on Disability and Inclusion

What do understanding disability and inclusion, developing policies and programs to further inclusion and reporting on progress toward inclusion all have in common? All three depend on the regular collection of detailed information about people with disabilities.

Over the past two decades, those working in the disability field have developed a large body of national statistical sources that identify and describe the population of Canadians with disabilities. Complementing these sources is an array of data gathered through the administration of disability programs and through many policy studies and research projects at the local, regional, national and international levels.[10]

Recently the Government of Canada has contributed to our knowledge base on disability, and to our efforts to better understand disability and inclusion, with three major information sources:

- the 2001 Participation and Activity Limitation Survey (PALS)[11]
- a 2003 report exploring the definitions of disability in the Government's major policies and programs
- a 2004 national survey of Canadian attitudes toward disabilities

This chapter uses all three sources to present an overview of disability in Canada. Firstly, the chapter provides a statistical profile of disability in Canada. Secondly, it looks at public attitudes toward disability in this country. Finally, it discusses recent steps to try to harmonize existing definitions of disability.

A PROFILE OF DISABILITY IN CANADA[12]

Disability affects millions of Canadians

Disability is part of the human experience. Over 12% of Canadians have a disability—that means 3.6 million people. As well, 2.8 million Canadians provide support to a family member or friend with a long-term health condition or disability.

Disability can affect us at any point

Some people are born with disabilities, while others experience disability later in life, through an accident or because of an illness or disease.

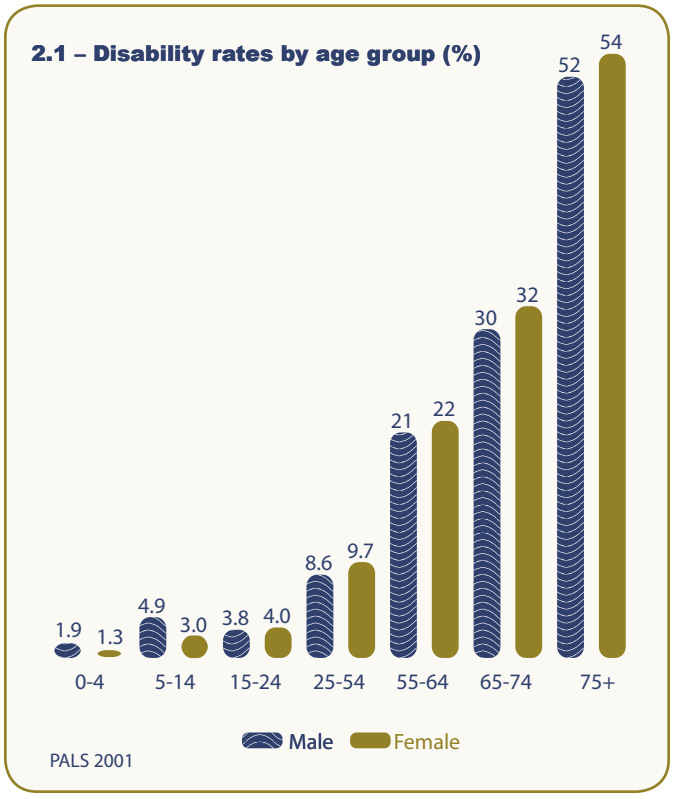
In Canada rates of disability are lowest among children, partly because of the challenge of identifying some disabilities among children.[13] A learning disability, for example, may not be discovered until a child attends school. However, the main reason for the low rate is that most disabilities are acquired after childhood. Among our youngest children, from birth to age 4, 1.6% have a disability. The rate of disability is somewhat higher

(4%) for children aged 5 to 14 and youths aged 15 to 24.

As we age, most of us will experience some type of disabling condition. The rate of disability increases to 10% among working-age adults (aged 15 to 64). Seniors have the highest rate of disability in Canada—four times the rate of working-age adults and more than ten times the rate of children. More than three in ten younger seniors (aged 65 to 74) have disabilities, as do more than half of older seniors (75 and over).

Disability rates vary among the provinces because of differences in provincial age distribution and other factors.

Given Canada's aging population and the higher rate of disability among seniors, more and more Canadians can expect to be affected by disability in the future, either directly or by helping to care for a relative or friend with a disability.



Most people with disabilities are women

In total, 2 million females in Canada have disabilities, compared to 1.6 million males. Women make up 53% of non-seniors with disabilities and 58% of seniors with disabilities. Women are more likely than men to have a disability, irrespective of age. On average, women also live longer, making them more likely to develop an age-related chronic condition that leads to disability. Disability rates among children are the exception to this gender pattern: 63% of children with disabilities are boys.

Aboriginal people have higher rates of disability

Canada's Aboriginal population[14] experiences a particularly high rate of disability—more than one and a half times the rate of the non-Aboriginal population.[15] In the 2001 census about 165,000 Aboriginal people reported having some form of disability.

Canadians have many types of disability

Nationally, and in every province, disabilities related to mobility, pain and agility are the most common types. Hearing disabilities are the next most common, with 4% of all Canadians at the national level reporting a hearing limitation and between 3% and 7% at the provincial level. About 2% of Canadians have activity limitations due to emotional, psychological or psychiatric conditions, 2% have learning disabilities and 2% have memory-related disabilities.

Among children from birth to age 4, developmental delay (whether intellectual, physical or speech-related) is the most common type of disability, affecting 1.1% of children in this age bracket. Chronic health conditions such as asthma, severe allergies, cerebral palsy,

autism and heart conditions are also prominent, causing activity limitations for 1 % of children in this group.

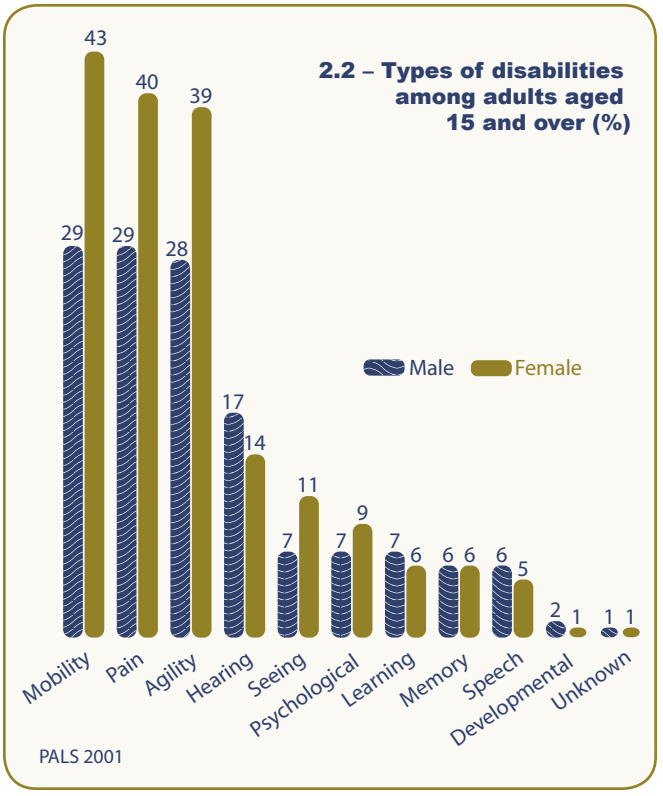
For children aged 5 to 14, chronic conditions and learning disabilities are the most common types, both affecting 2.6 %. Boys are more likely than girls to have a learning disability (3.4 % versus 1.7 %).

Pain-related conditions are the most common type of disability among youths (aged 15 to 24), experienced by 51% of youths with disabilities. Young women with disabilities are more likely than young men to have pain-related limitations (59% versus 43%).

As people age, their likelihood of acquiring mobility, agility and sensory (i.e., sight/hearing) limitations increases substantially. Agility, mobility and pain are the most common types of disability for those aged 25 and over, and the rate of these disabilities increases very quickly beginning in middle age. In contrast, the rates for learning and developmental limitations stay relatively constant through the age groups. Hearing and sight limitations show some increase among middle-aged adults and younger seniors, with larger increases among seniors aged 75 and over.

Overall, women are more likely than men to have mobility, agility, vision and pain limitations. Conversely, men are more likely than women to have hearing, speech and learning limitations.

Aboriginal people have a higher incidence than non-Aboriginal people of certain conditions, such as fetal alcohol spectrum disorder (FASD) and diabetes. Higher rates of FASD and diabetes can in turn lead to higher rates of associated disabilities.



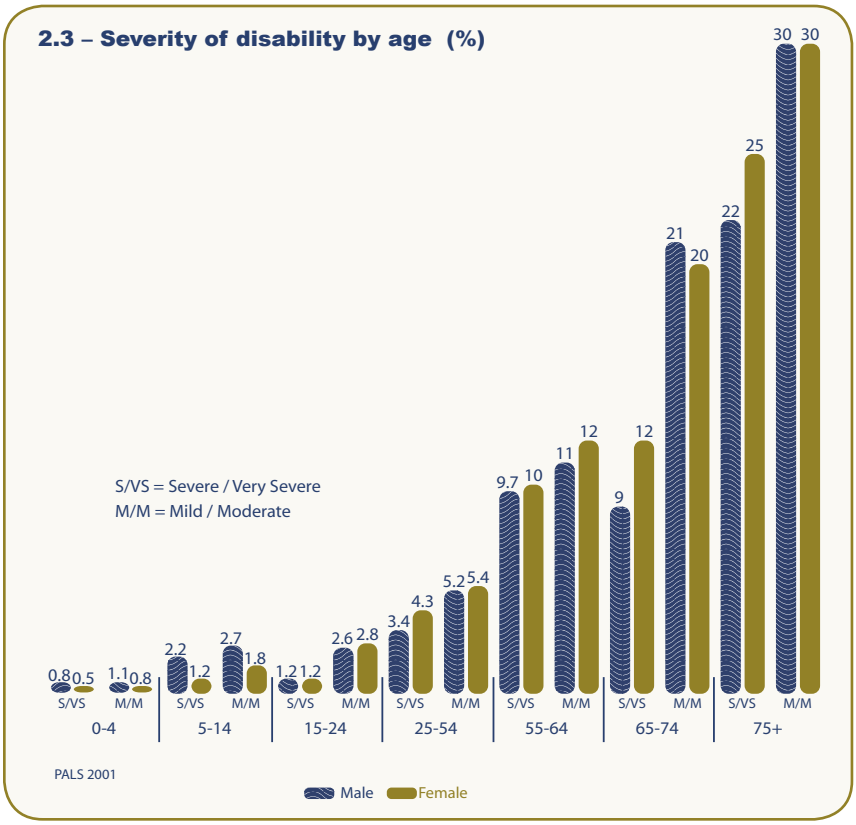
Many people have more than one type of disability. For example, an individual may have a mobility limitation and also experience chronic pain. Nearly half of preschoolers with disabilities have more than one type of disability, as do 72% of school-age children with disabilities. Among those with disabilities aged 15 and over, 18% have one type of disability and 17% have two types, compared to 65% who have three or more.

Most Canadians with disabilities have mild to moderate disabilities

Nationally, and in every province, the majority of Canadians with disabilities have mild to moderate disabilities.

In Canada 1.5 million people overall, or 5% of Canadians, have severe to very severe disabilities.[16] Among adults, women are more likely to have severe to very severe conditions; among children, boys are the more likely.

The incidence of severe to very severe disability also increases with age. About 1% of children and young adults have severe to very severe conditions, compared to about 10% of those aged 55 to 74 and 24% of seniors aged 75 and over.



Disability is not static

Disability is a fluid rather than a static concept. A disability may be mild or profound, temporary or permanent. Some disabilities are constant throughout a person's life, while others undergo periods of remission or are progressively degenerative.

Furthermore, the population of individuals with disabilities is highly diverse. Like all Canadians, those with disabilities cross boundaries of culture, race, class, education and age, and the consequences of a disability for one individual may be very different than for another.

DEFINING DISABILITY

Recently there has been much activity within the disability community, and action by the Government of Canada, to address the issue of defining disability. Disability is difficult to define because it is a complex concept with both objective and subjective characteristics. When interpreted as an illness or impairment, disability is seen as fixed in an individual's body or mind. When interpreted as a social construct, disability is seen in terms of the socio-economic, cultural and political disadvantages resulting from an individual's exclusion by society.

No single definition of disability exists at the federal level. In national surveys the Government relies on self-identification based on a set of standardized questions. These questions are designed to identify a broad range of individuals whose ability to carry out everyday activities is limited by a physical or mental condition or a health problem.[17] In programs the Government targets a more limited subset of the population in order to meet specific objectives related to education, work, income and other supports to offset the cost of a disability.

Concerns about definitions of disability, and eligibility criteria regarding disability, were voiced by citizens, disability groups, academics and professional associations to the House of Commons Subcommittee on the Status of Persons with Disabilities during its hearings from 2001 to 2003. In June 2001 the House of Commons committee report *A Common Vision*

recommended that the Government study the harmonization of disability definitions in federally administered programs.

To address this recommendation the Government of Canada, after reviewing the definitions used in its programs, published *Defining Disability—A Complex Issue* in December 2003.[18] This report describes the definitions of disability used in the major federal programs and laws that deal with persons with disabilities.

Defining Disability illustrates and tries to clarify the complex, multi-dimensional nature of disability. It concludes that a single harmonized definition may be impossible given the many realities covered by the concept of disability, from perceived or real impairments to environmental barriers that restrict participation. As well, a single definition may not capture the different policy objectives and needs of Canadians with disabilities.

The issues surrounding disability definitions and the conceptual frameworks underlying them continue to be debated. However, there is some potential for overcoming these issues, thanks to progress with the International Classification of Functioning, Disability and Health (ICF). A framework of the World Health Organization, the ICF combines the major models of disability. It recognizes individual impairments and health conditions, as they interact with environmental factors, as either facilitators or barriers to the participation of persons with disabilities. The ICF can serve as a framework for collecting and harmonizing disability data. The Government of Canada is now exploring how it could use the ICF to improve data collection, policy development and program design.

CANADIAN ATTITUDES TOWARD DISABILITY

Understanding what Canadians think about people with disabilities and about disability policy is a vital part of our knowledge base and an important step in progressing with the disability agenda. Much evidence suggests that public attitudes may themselves be critical to either advancing or hindering the inclusion of people with disabilities in our society. What people believe about individuals with disabilities underlies the treatment of those individuals in all aspects of their lives. The cost of negative beliefs or inaccurate information is high, both for people with disabilities and for society as a whole.

There is a large body of literature on international attitudes toward people with disabilities, and various public opinion polls in Canada have included some questions on the subject. But until now there has been no nationwide research to gauge Canadians' attitudes about, and awareness of, disability. To fill this gap, in early 2004 Environics Research Group,

2.4 – Are persons with disabilities included in today's society? Answers by disability status (%)

Canadian Attitudes Toward Disability, 2004
Excludes "Depends" and "Not applicable" responses

on behalf of the Government of Canada, conducted a public opinion survey on disability issues in Canada.

This survey set out to improve our understanding of Canadian attitudes toward disability. It looked at how Canadians view the capabilities of people with disabilities and how much experience they have with disability. The survey explored public attitudes toward people with disabilities in schools, workplaces and the community. It also asked about Canadians' perceptions of barriers and discrimination. Finally, it looked at beliefs about the role of governments, non-governmental organizations, families, individuals, employers and others, and examined people's awareness of existing sources of support.

The survey was conducted in two phases. The first phase was a telephone survey of 1,843 Canadians aged 18 and over, including 521 with disabilities.[19] The second phase involved focus groups in four cities (Toronto, Montreal, Halifax and Lethbridge), which explored in detail certain findings and themes from the telephone survey.[20] What follows are some of the most important findings.[21]

Most Canadians know someone with a disability

Disability is an issue that touches us all, whether directly or indirectly. Three quarters of Canadians without disabilities know someone with a disability. Most often, the person with a disability is a family member (48%) or a friend (43%).

Canadians feel that despite progress, people with disabilities still face poverty and exclusion

More than 80% of Canadians say there has been at least some progress in including people with disabilities in Canadian society over the past decade. Yet only one in ten believes that people with disabilities are fully included in society today.

Three quarters of Canadians feel that it is either very difficult or somewhat difficult for people with disabilities to participate in certain aspects of life—achieving financial security, getting reliable transportation, raising a family, finding opportunities for recreation or keeping stable employment. About 70% of Canadians believe that people with disabilities have difficulty having a social life, and half think that people with disabilities have trouble getting a good education or good health care.

On the job front, over three quarters of Canadians agree with the statement "Canadians with disabilities are less likely to be hired for a job than those without disabilities, even if they are equally qualified." As well, more than half of Canadians agree that if they had a non-visible disability, such as dyslexia or depression, they would hide it from their employer and co-workers.

As for education, only 13% of Canadians believe that the needs of children with disabilities are fully met by the public education system.

Discrimination is seen as the biggest obstacle to full inclusion

Canadians see the prejudices and attitudes of individuals and society as the number one obstacle facing people with disabilities today. This obstacle was cited by 49% of respondents. More than 80% of Canadians believe that people with disabilities face at least some discrimination in society.

Many Canadians (59%) think the main solution to discrimination lies in raising public awareness of disability, whether through public education campaigns, school programs or strategies that increase Canadians' direct exposure to people with disabilities and the challenges they face.

Most Canadians support removing obstacles to full inclusion

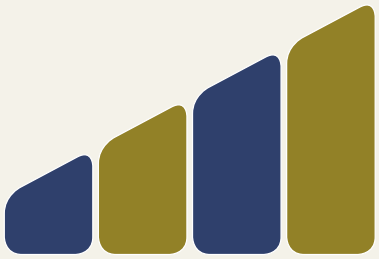
Canadians believe that people with disabilities should have the chance to participate in life to their fullest potential, that this is part of the "Canadian way" of doing things. Most feel that while the solutions might be expensive, they are necessary and the social benefit is worth it.

There is also widespread public support for community-assisted living. More than 80% of Canadians strongly or somewhat agree that public funds should support individuals, even with the most challenging disabilities, to live in the community rather than in institutional settings.

Most Canadians think governments play the lead role in supporting people with disabilities

Canadians think governments, employers, voluntary organizations, families and individuals with disabilities themselves all play important roles in supporting people with disabilities.

By a wide margin, Canadians view governments as playing the lead role in supporting people with disabilities in areas involving health care (with 71% of Canadians seeing governments as playing the lead role), transportation (61%), specialized equipment (60%), education (54%) and financial security (40%). When it comes to maintaining stable employment, Canadians view governments and employers as equally essential in providing support.



Chapter 3

Disability Supports

There are many types of disability supports, just as there are many types and levels of disability. Even though supports are essential, many Canadians with disabilities have problems getting and affording the supports they need. The coming pages examine the need for various disability supports and the reasons why some needs remain unmet.

The Government of Canada works with other levels of government to help meet those needs so that people with disabilities have the supports they require to accomplish their daily activities. With the help of federal funding, the provincial and territorial governments play a central role in delivering many programs related to disability supports. However, some disability support areas fall directly under the Government of Canada's jurisdiction. They include specific industry regulations, supports for First Nation and Inuit peoples and supports for members of the Armed Forces and veterans.

This chapter covers three types of disability supports: individual supports, supports for informal caregivers and supports that create inclusive environments for persons with disabilities.[22] For each type of support, the chapter examines specific indicators of progress and looks at the barriers Canadians with disabilities face in this area.

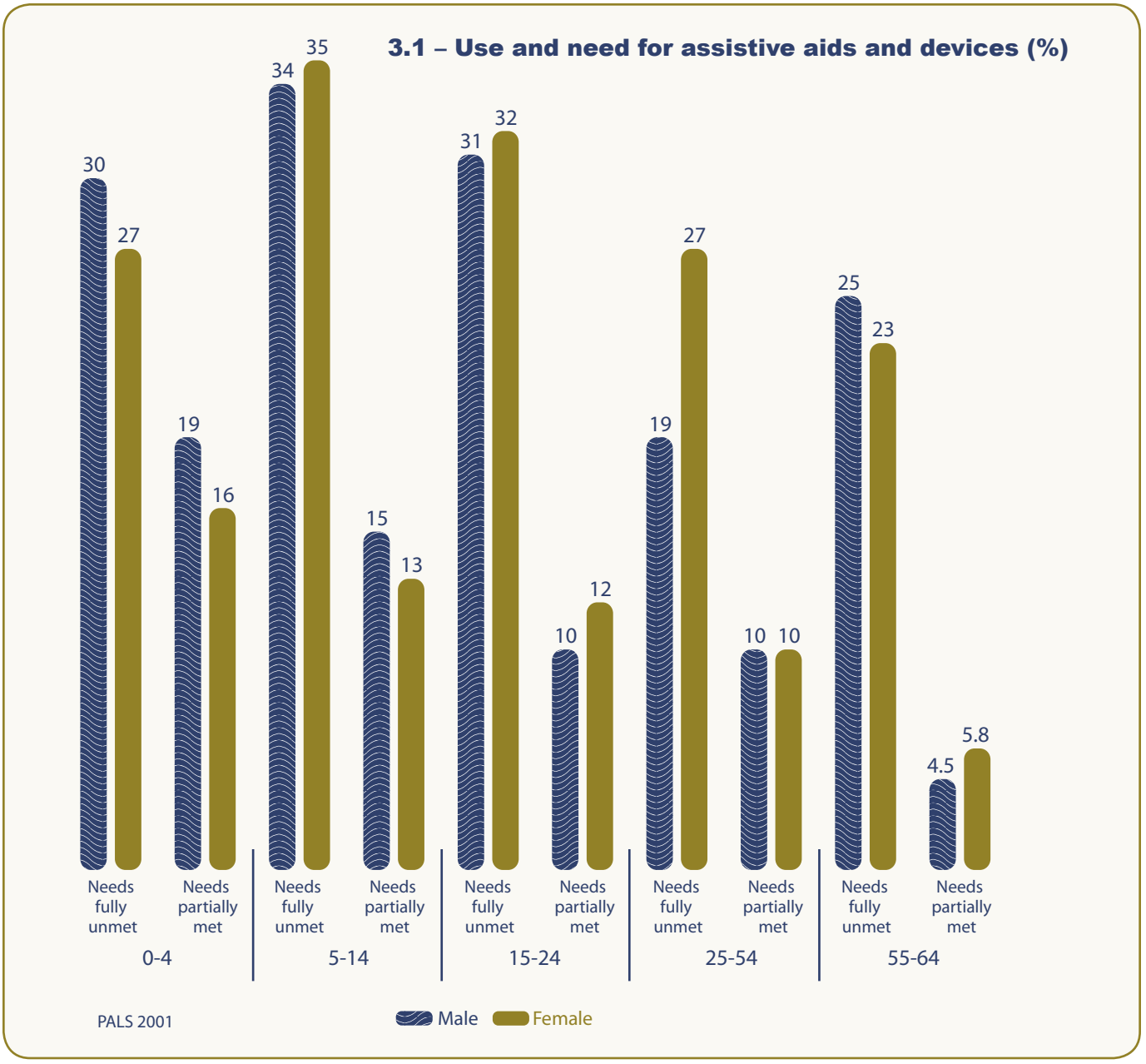
Supports for informal caregivers is a new indicator in this report. As well, information on health care requirements, which was an indicator under disability supports in *Advancing Inclusion 2002*, is now presented in Chapter 8.

After looking at indicators of progress, this chapter examines some specific issues facing Aboriginal people who need disability supports. Finally, the chapter describes several Government of Canada initiatives that help make disability supports more accessible.

INDICATORS

BOX 3.1
Indicators of disability supports

- Individual supports
  - Aids and devices needed for everyday activities
  - Help needed for everyday activities
  - Home modifications
- Supports for informal caregivers
- Inclusive environments
  - Transportation
  - Information in multiple formats



INDIVIDUAL SUPPORTS

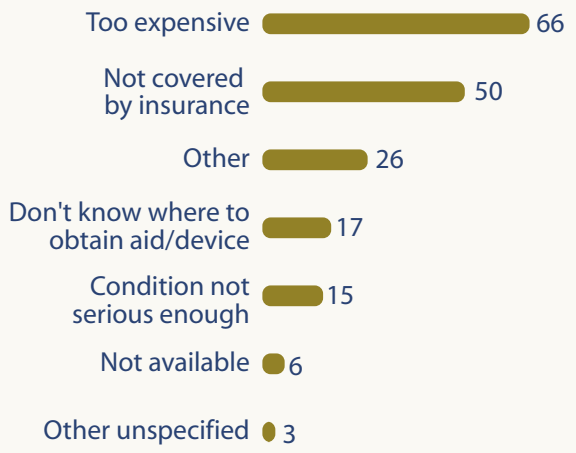
Aids and devices needed for everyday activities

Aids and devices needed for everyday activities, often known as *assistive* aids and devices, include any equipment or aids that help people with disabilities with their daily activities. Some examples are eyeglasses, electronic organizers, scooters, prosthetic limbs and service animals.

Over 2 million Canadian adults with disabilities, more than half of whom are working-age, need assistive aids or devices. So do 68% of school-age children with disabilities. The most commonly needed aids and devices are those designed for mobility disabilities. As well, some 30% of people with disabilities need aids for hearing disabilities.

Of those who need assistive aids or devices, 67% report that their needs are met.

3.2 – Reasons for unmet needs for assistive aids and devices (%)



PALS 2001
Respondents could report more than one reason

Among children, that number falls to half.[23] The gap is even wider for children with psychological disabilities, only 36% of whom have their needs met. The situation is quite different for seniors with disabilities, with 74% having all the aids they need.

A close look suggests that age is more of a factor than gender in whether needs are met, as the rates are relatively similar for men and women. Senior men with disabilities are the most likely group to have all the assistive aids and devices they need.

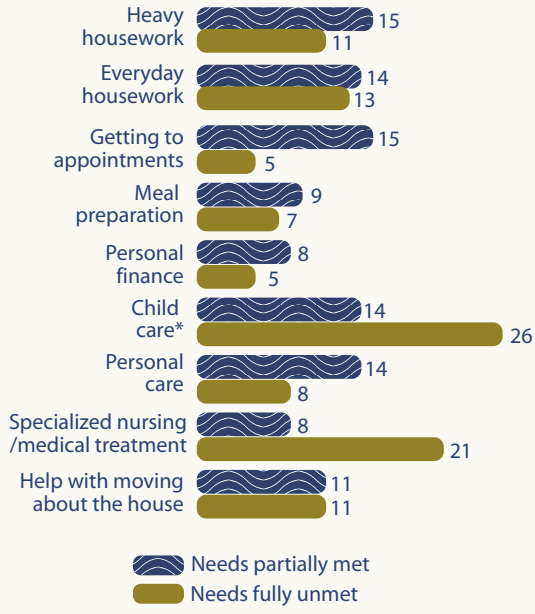
Cost is by far the greatest barrier to getting aids and devices.[24] The cost of aids and devices for children can be especially daunting, as children's equipment must often be adapted or replaced as they grow, learn and develop. Lack of information on where to get devices is another common reason for unmet needs, as is unavailability.

Some individuals report complex reasons for not getting the aids they need. In 2002 the Government of Canada funded a series of focus groups with seniors, veterans, caregivers, health professionals and suppliers of assistive devices across Canada to learn about their experiences with aids and devices. The study revealed that for seniors, the largest, most complex factors influencing their use of an assistive device are their own perceptions of need and the social stigma they attach to devices.[25]

Help needed for everyday activities

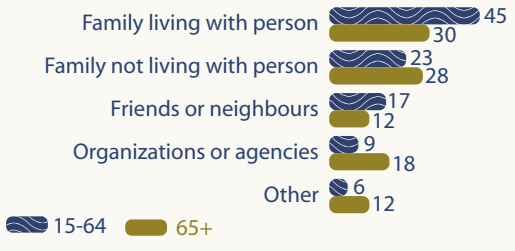
Over 70% of adults with disabilities in Canada need help with everyday activities, such as dressing, eating, taking care of personal hygiene and getting around. Women with disabilities are much more likely (79%) to need help than men (59%). As well, seniors with disabilities are more likely (75%) to need help than working-age adults (66%).

3.3 – Types of requirements and rate of unmet needs for support with everyday activities (%)



* Only asked of respondants with children under 15
PALS 2001 as reported in Supports and Services for Adults with Disabilities in Canada, CCSD, 2004

3.4 – Sources of help with everyday activities (%)



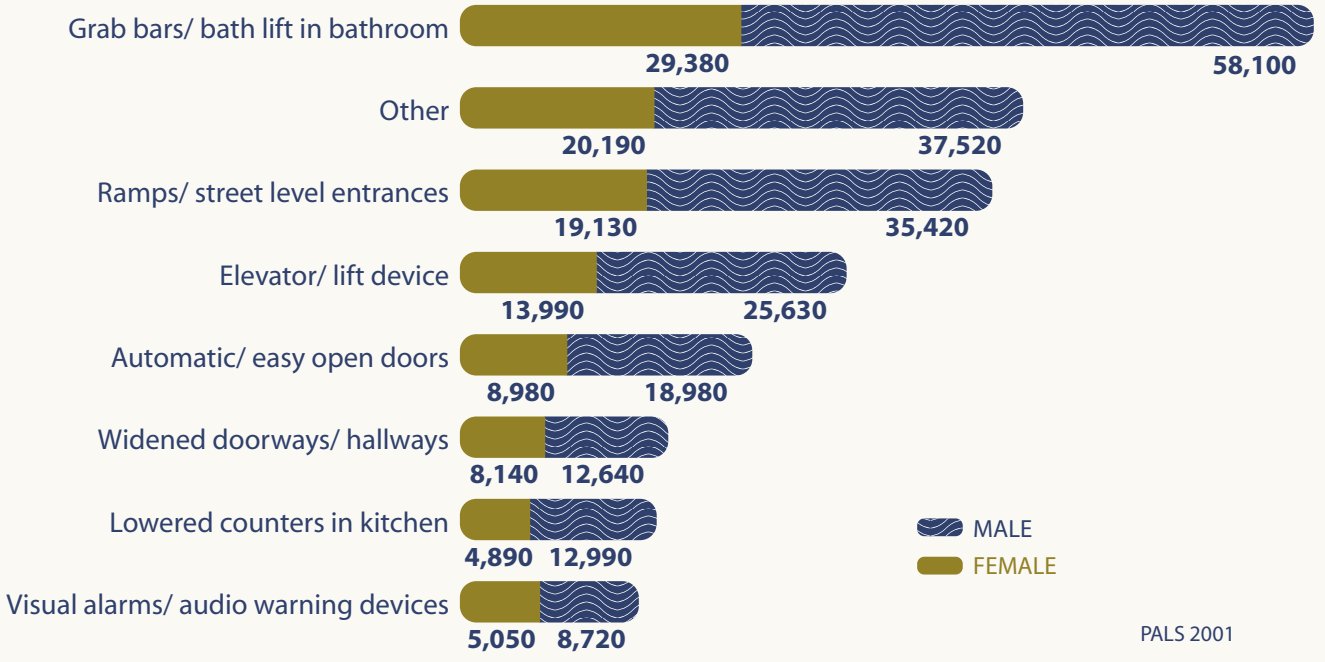
PALS 2001

The most needed types of help involve meal preparation, getting to appointments and errands, and housework—in particular heavy household chores, a category cited by more than half of those who need help with daily activities. Two thirds of people with disabilities who need help with everyday activities say they get all they need. Overall, working-age adults are the most likely to have unmet needs in this area.

Generally speaking, the more severe the disability, the less likely people are to get all the help they need with everyday activities. As with aids and devices, cost and/or lack of insurance are the most cited reasons for unmet needs. More than one quarter of people with disabilities also say their family and friends are unable to provide informal care. Women report financial barriers to getting the help they need more than men do (62% versus 40%), and working-age women are more likely than senior women to report expense and lack of informal help as barriers. [26]

The most common source of help with everyday activities is family. Women with disabilities use the services of organizations and agencies more often than men (25% versus 22%), and they ask friends or neighbours for help less often than men (22% versus 27%). Seniors, perhaps because they are more likely to need a greater amount of help, get more assistance from organizations and agencies than do other age groups.

3.5 – Most commonly unmet needs for home modifications features



PALS 2001

Home modifications

Home modifications can help people with disabilities be more independent in completing their daily tasks. Home modifications include such things as storage areas that are labelled to remind people of their contents, or lifts, street-level entrances and clear floor space, which make it easier for people who use wheelchairs to move around their homes.

About 15% of adults with disabilities in Canada need home modifications of some kind. This need seems to rise as people age: just over half of those who need home modifications are seniors. Women are slightly more likely than men to need modifications (17% versus 11%). Overall, 63% of those who need modified housing features say their needs are fully met. Seniors fare better than adults aged 15 to 64, regardless of the type of modification. Some 73% of seniors say their housing modification needs are fully met, compared to only half of their working-age counterparts. Women make up 64% of those who have unmet needs for home modifications.

The modifications that people with disabilities most commonly need are grab bars and other bathroom features, with ramps and street- level entrances a close second. These features may meet the needs of a wide range of people with disabilities. For example, grab bars can be useful for people with mobility and agility limitations to prevent slipping in the bathtub, but the same product can also help people with visual disabilities.

Once again, cost is the main reason why people with disabilities do not get all the home modifications they need. This is especially the case for working-age adults. Nearly 72% of adults under 65 cannot get all the home modifications they need because they are too expensive. That figure is much lower for seniors (47%), for whom cost seems to be less of a problem. There is a similar gap between these two age groups when it comes to insurance coverage for home modifications.

SUPPORTS FOR INFORMAL CAREGIVERS

Informal caregivers are those who provide unpaid help to people with disabilities for daily activities such as meal preparation, home maintenance and transportation. In Canada 1.9 million people with disabilities get help from a family member, and 2.6 million people provide help to individuals who have health problems or disabilities.

The role of informal caregiver can be challenging, especially since many caregivers are also employed, are lone parents or have responsibilities besides helping a person with a disability. Caregivers may need support to keep providing quality care to people with disabilities.

Research suggests that in most Canadian families, one member—usually a woman—assumes the primary responsibility for care.[27] Mothers are most likely to be the primary caregivers for children with disabilities; only 30% of children with disabilities (aged 5 to 14) get equal help from both parents. Parents of preschool children with disabilities generally need more help than parents of school-age children, because of the extra care that infants need as well as the fact that older children spend much of their day at school.

A 2000 study by the Roeher Institute explains the challenges faced by the informal caregivers of children with disabilities (usually

the parents): "[They] often need to take on the responsibilities of nurse, service coordinator, case manager, advocate, trainer and educator. Such responsibilities require both time and skill, and can take an extraordinary toll on physical, emotional and psychological health."[28]

Working-age adults with disabilities are likely to depend on family members who live with them for assistance. Research shows that the informal caregivers of working-age adults, because they so often live with the adults, give more intensive kinds of help and more hours of help than those caring for seniors.[29] Seniors are more likely to depend on family members who do not live with them.

Informal caregivers often face long-term financial repercussions in the form of, for instance, turning down career opportunities, being unable to update skills, saving less for retirement and experiencing reduced working hours, pay and pension benefits.[30] Re-entering the workforce after a period of full-time caregiving can also be difficult. Workplace policies that better accommodate these needs are considered key measures of support for caregivers.[31]

Access to respite care has been found to improve family interaction and the ability of primary caregivers to work or at least maintain their status in the workforce. As a result of respite care, all family members report more independence, a wider range of activities, improved well-being and better social integration in the community.[32]

INCLUSIVE ENVIRONMENTS

The accessibility of stores, businesses, public buildings, transportation systems, information services, media and other environments often determines the real impact of a disability. This chapter examines two environments that affect the inclusion of people with disabilities: transportation and information. Accessibility of other environments is examined in later chapters (employment in chapter 5, health care and opportunities for leisure/fitness in chapter 8).

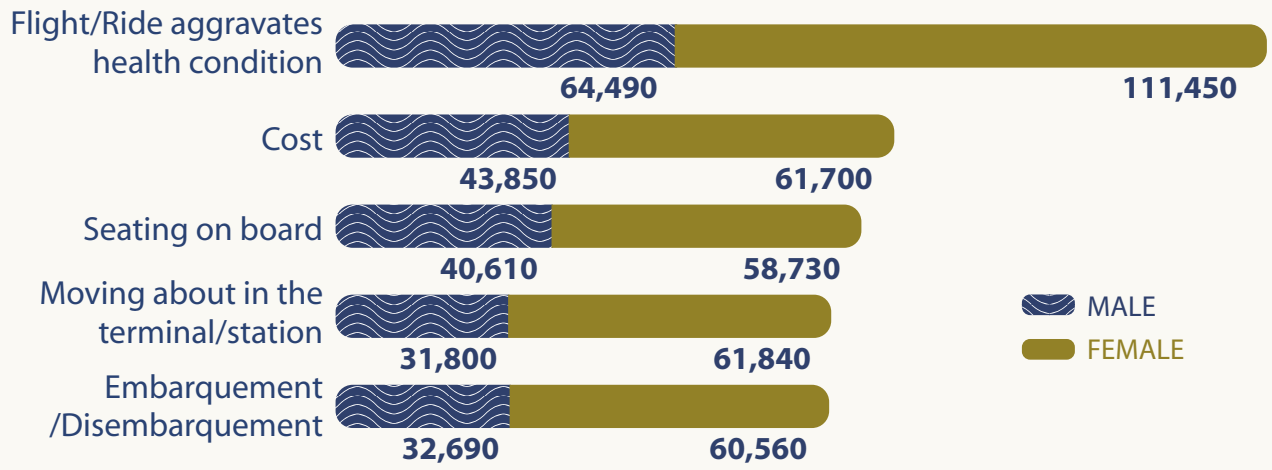
Transportation

Like other Canadians, people with disabilities often need transportation to participate in activities. However, using public transit, cars, airplanes, trains, buses and ferries can present challenges for people with disabilities, whose ability to travel, both locally and over long distances, often depends on how accessible transportation systems are. As a report from the Roeher Institute has noted, "A good transportation system can play a role in overcoming the isolation that is common both for those providing and receiving care in the community."[33]

Many adults with disabilities who need or want to travel long distance are able to do so without difficulty (59%). Still, some factors limit people with disabilities in their ability to travel. Examples include high cost, a flight or ride that aggravates a health condition, trouble moving around terminals or stations, accessibility of procedures and equipment for boarding or getting off, and seating arrangements. Because of such barriers, some people with disabilities who want to travel long distance experience difficulties (15%) or are prevented from travelling altogether (27%).[34]

When travelling long distance, 22% of adults with disabilities go by bus, train or airplane, while over 35% go only by car. Among adults under 65, more men than women travel long distance by car (41% versus 38%).

3.6 – Major barriers to traveling long distances



PALS 2001
This chart presents information only from persons with disabilities who reported being prevented from travelling long distance. Respondents could name more than one reason.

The gender gap is even greater for seniors (34% of senior men versus 28% of senior women).

Some 31% of adults with disabilities use local public transportation in Canada. Another 4% are unable to travel locally this way. The barriers that people with disabilities face when travelling locally, by public transit or specialized transportation, mainly concern getting on and off vehicles. Women experience these barriers up to twice as much as men. Other difficulties include limited hours of service and rules that prevent last-minute bookings.

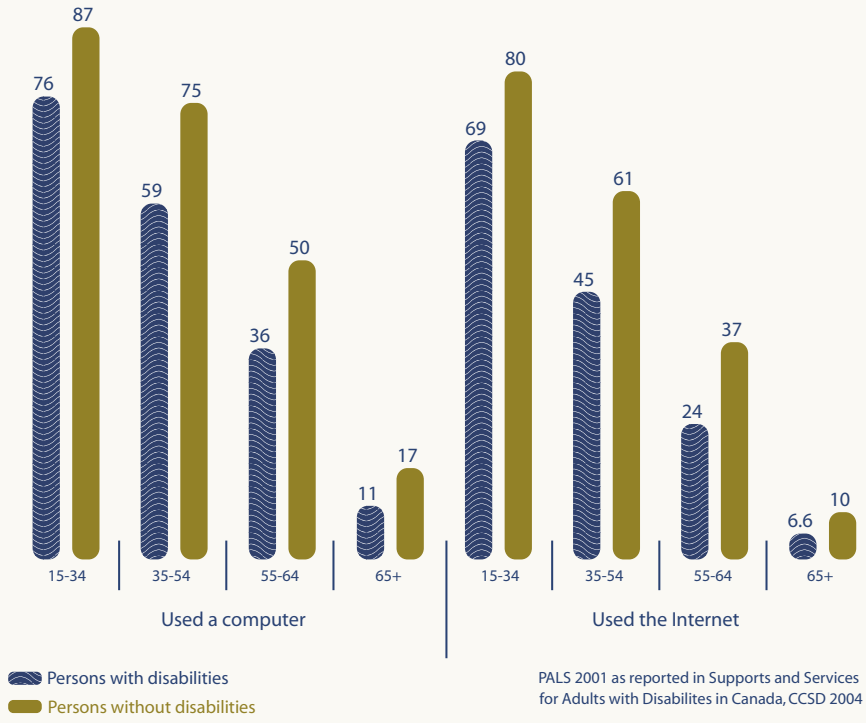
As for travelling locally by car, the lack of an attendant and the lack of space for special equipment are the two most common unmet needs for people with disabilities. This is the case for both women and men, regardless of age. In general, seniors with disabilities report very few difficulties travelling locally by car. However, cost is certainly a barrier to car ownership, and many individuals with disabilities have to rely on family members, friends, neighbours or community groups for rides.

Information in multiple formats

An inclusive environment is one in which information is accessible to everyone. Information in multiple formats and accessible communication systems are important for people with disabilities to be fully included in society. Technology, by creating new ways of communicating, has helped make information more accessible, but challenges still remain.

Overall, 3 million Canadians have trouble reading print because of a disability. [35] Information in different formats has become more available in recent years: publications can now be produced as audiobooks or published

3.7 – Use of a computer and of Internet in the past 12 months (2000, %)



PALS 2001 as reported in Supports and Services for Adults with Disabilites in Canada, CCSD 2004

in Braille, large print or e-text. However, only 3% to 5% of Canadian publications in English are currently available in multiple formats, and the percentage in French is even lower. [36]

Some formats serve more than one type of disability. For example, although audiobooks are mainly needed by people with visual impairments, many people with learning disabilities need them as well.

Television is a key source of news, information and entertainment for most Canadians. Closed-captioned broadcasting, in which dialogue is printed on the screen, enables people with hearing impairments to understand the content of programs. The Canadian Radio-television and Telecommunications Commission (CRTC) has had a long-standing requirement that broadcasters use closed captioning for 90% of broadcast content and 100% of news broadcasts.

The CRTC recently ruled to increase the descriptive video service (DVS), a kind of descriptive narration of the action for the benefit of people who are blind or partially sighted. However, this service is not as widely available as closed captioning. The CRTC does require most Canadian cable and satellite services to provide Voiceprint and the *Radio francophone pour les non-voyants*, 24-hour services that lets people with visual disabilities hear mostly verbatim readings from Canadian news sources. *Magnétothèque* offers a similar service in French.

Computers are a useful way for people with disabilities to get information and to create information for others, using specialized software or systems such as screen readers, screen magnification, and voice recognition system. In 2000, 42% of people with disabilities had computers in their homes, compared to 62% of people without disabilities.[37] Computers are often associated with productivity at school and work, and these are the two places where the gap in computer use between people with and without disabilities is smaller.

In general, seniors do not use computers as much as other Canadians, but seniors with disabilities are even still less likely (10%) to use computers than seniors without disabilities (17%).

DISABILITY SUPPORTS AND ABORIGINAL PERSONS WITH DISABILITIES

Aboriginal people with disabilities have repeatedly cited the "ping-pong" effect[38] between different levels of government as a fundamental barrier to their well-being and inclusion, and have suggested that clearer jurisdictional boundaries for services and programs would help remove some of the barriers they face in getting needed disability supports.[39]

Aboriginal people and researchers have raised a number of concerns about inadequate levels of supports and services. For instance, some report extra demands on caregivers because of critical gaps in areas such as transportation, counselling and access to social, cultural and recreational activities for Aboriginal people with disabilities. There are also reports of insufficient respite services for family caregivers and a lack of reimbursement for family members who provide respite services—many of whom may have disabilities themselves. In many rural and remote communities there are no respite service providers at all. Lack of respite services is likely to lead to family deterioration and by extension to community deterioration.[40]

For Aboriginal people with disabilities who live in rural or remote communities, access to supports can be difficult because of road conditions, transportation services and other environmental factors.[41] Contact with outside disability services and agencies is often limited or non-existent. In fact, Aboriginal people with disabilities often have to move from rural, remote and isolated communities to urban centres to get services that are unavailable in their communities.[42] Yet the urban services and supports that Aboriginal people with disabilities turn to are often not attuned to the differences between Aboriginal and non-Aboriginal cultures.[43] As a result, some Aboriginal people with disabilities move to cities for products or services they need but are then faced with choices that are culturally inappropriate.

Another notable issue is transportation to and from remote communities by small plane or boat. Small airplanes, in particular, are often not equipped to lift and carry people who use motorized wheelchairs.[44]

Finding accessible and affordable housing in their own communities is another hardship for many Aboriginal people. Housing in many Aboriginal communities is less adequate than in non-Aboriginal communities, which creates additional barriers for persons with disabilities.[45] The situation seldom changes when people move to urban centres. According to the 1998 report *Gathering Strength: Canada's Aboriginal Action Plan*, half of all Aboriginal people in Canada live in urban centres and struggle to find affordable, accessible housing that will provide not only shelter but a sense of self-worth and independence.[46]

GOVERNMENT ACTION

In Canada, the provincial and territorial governments are responsible for most programs that provide supports for persons with disabilities. They are also responsible for delivering the social and health services that can benefit informal caregivers. The Government of Canada gives the provincial and territorial

governments financial resources for these important activities through the Canada Health Transfer and the Canada Social Transfer. Also, the Government provides income tax relief to recognize the out-of-pocket costs of people with disabilities and their caregivers.

The Government of Canada is directly responsible for some areas related to disability supports. They include regulating rail, ferry, air and interprovincial bus transportation;[47] currency; broadcasting; and some aspects of seniors programs. They also include regulating supports for First Nation and Inuit peoples, as well as for veterans and members of the Armed Forces.

As well, the Government of Canada has been trying to improve the situation for Canadians who cannot read conventional print. For many years Library and Archives Canada has offered special services to the print-disabled for free through the Canadian Union Catalogue of Alternate Format Materials in the AMICUS database.[48] The department also created the Council on Access to Information for Print-Disabled Canadians, which sponsors projects for more equitable access to information.

The government-online cluster *Persons with Disabilities Online* uses information technology to provide integrated access to information, programs and services for persons with disabilities, their families, their caregivers, service providers and all Canadians. *Persons with Disabilities Online* is a collaborative effort of five founding federal government departments: Human Resources and Skills Development Canada, Social Development Canada, Industry Canada, Natural Resources Canada and Transport Canada.

The current release of *Persons with Disabilities Online* emphasizes access to travel, assistive technology links, links to federal government disability information and mapping for the visually impaired. The cluster is committed to equitable access to information, regardless of the technologies used and continually strives to make its site accessible to the broadest range of disabilities and assistive devices as possible.

The following are profiles of selected Government of Canada initiatives that are helping to make disability supports better and more accessible. Afterwards is a list of federal departments and agencies that work in the area of disability supports.

Canada Revenue Agency/Finance Canada: Disability Supports Deduction

The 2004 federal budget announced a new disability supports deduction to better recognize the cost of disability supports that people need for work or school, such as sign language interpreters, attendant care and talking textbooks. This new measure allows people to deduct expenses for employment- or education-related disability supports from their income for tax purposes.

The deduction was a response to an early recommendation by the Technical Advisory Committee on Tax Measures for Persons with Disabilities (see Chapter 6). The deduction ensures that tax is not applied to income used to pay for crucial supports, and that this income is not counted when determining eligibility for income-tested benefits. In the past, people with disabilities may have paid tax on income used

to buy such supports, including government assistance such as the Canada Study Grant for Students with Permanent Disabilities.

The disability supports deduction is estimated to provide up to $15 million a year in tax relief. It is funded from amounts set aside in the 2003 budget to improve tax fairness for persons with disabilities, based on the advice of the Technical Advisory Committee.

Veterans Affairs Canada: Veterans Independence Program

Veterans Affairs Canada has been a pioneer in home care since 1981, when it introduced the Veterans Independence Program (VIP). VIP is a national home-care program for veterans and certain civilians who qualify to help them remain healthy and independent in their homes or communities for as long as possible.

VIP gives eligible clients financial help for a variety of services, including cutting grass, removing snow, housekeeping, preparing meals, personal care, and health and support services. VIP also covers transportation costs for certain everyday activities when no other transportation is available. Also covered are adult daycare and travel costs to access this service, nursing home care and certain home adaptations to improve the accessibility of basic daily activities such as food preparation and personal hygiene.

The services veterans receive depend on their particular circumstances and health needs. VIP is not meant to replace other federal, provincial or municipal programs. Instead, it combines with these other services to best meet the needs of each client.

Veterans Affairs Canada is now changing the way it administers VIP so that beneficiaries will get better quality care that is monitored and standardized across the country. The changes will make the system more efficient and user-friendly, while keeping the same benefits for recipients.

In 2003 VIP went ahead with three regulatory changes. First, regulatory changes concerning veterans with urgent needs expanded the eligibility group to include surviving spouses or caregivers of deceased veterans. Second, the Government of Canada approved a change to extend housekeeping and grounds maintenance services for as long as needed to qualified surviving spouses and common-law partners. Finally, eligibility was further expanded to include qualified survivors of veterans who were receiving these services at the time of their death (on or after 1 September 1990), including primary caregivers if there was no survivor when the veteran passed away. Over the next five years, these regulations will benefit more than 30 000 people who have looked after the care and well-being of qualified veterans.

VIP expenditures went from $171.2 million to $185.6 million between the fiscal years 2001-2002 and 2002-2003, the program's largest increase in 10 years. Expenditures rose again to $201 million in 2003-2004, largely because of increases in nursing home care, personal care and housekeeping expenditures. VIP investments are expected to continue rising until 2010.

Veterans Affairs Canada, Treatment Benefits Program

The Treatment Benefits Program is one of three major health care programs offered by Veterans Affairs Canada (VAC). As part of this program, VAC offers 14 types of health benefits including aids for daily living, ambulance services, audio services, dental services, hospital services, medical services, medical supplies, nursing services, oxygen therapy, prescription drugs, prosthetics and orthotics, related health services, special equipment and vision care. Client access to these benefits depends on a number of factors, including eligibility status, health needs and whether the benefit is available under the client's provincial health plan. Five types of health benefits – prescription drugs, audio, dental, hospital services and special equipment, accounted for 80% of VAC's treatment expenditures in 2002-2003.

Canada Mortgage and Housing Corporation: Residential Rehabilitation Assistance Program for Persons with Disabilities

Under the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D), the Canada Mortgage and Housing Corporation (CMHC) offers financial help to homeowners and landlords to improve the accessibility of dwellings that are occupied, or intended for occupancy, by low-income persons with disabilities. The work covered can include modifying parking spaces, walkways, carports and garages, and installing ramps, stairlifts, visual fire alarms and grab bars. It can also include modifications to electrical systems and plumbing.

The program offers financial help in the form of a forgivable loan. For homeowners, assistance is available for the total cost of the modifications, up to the maximum loan amount for the area, which ranges from $16,000 in the south to $24,000 in the north. For landlords, full forgiveness is available for accessibility modifications, again up to the maximum loan amount—from $24,000 in the south to $36,000 in the north. Help is also available to landlords of rooming houses. RRAP-D is available in all areas, including reserve communities.

In 2003 RRAP-D changed to better meet the needs of people with disabilities. The changes included increasing the forgiveness level by about one third, eliminating the income scale used to determine the level of assistance needed and considering the additional costs of a disability when deciding on eligibility for the program.

According to an evaluation of CMHC's renovation programs in May 2003, RRAP-D is improving both the accessibility of units modified under the program and the ability of people with disabilities to carry out their daily activities. A full 87% of RRAP-D homeowners reported that the modifications had improved their overall housing quality, and 92% of beneficiaries said the modifications had improved or significantly improved their ability to participate in daily living.

CMHC offers the Home Adaptations for Seniors' Independence (HASI), which helps homeowners and landlords pay for minor home adaptations allowing low-income seniors to live independently in their own homes for longer. CMHC also provides leadership in ensuring that new homes have flexible enough designs to meet changing needs. Flexhousing is an

approach to designing and building housing that allows residents to convert space to meet their changing needs.

In 2003, an estimated 1,475 households received some $12.0 million in forgivable assistance under RRAP-D. Under HASI, an estimated 1,750 households received around $4.8 million in forgivable assistance. The 2003 federal budget gave the CMHC's renovation programs as a whole $384 million over three years. In 2003- 2004 the federal investment in RRAP-D was almost $13 million.[49]

Canadian Transportation Agency: Code of Practice for Removing Communication Barriers for Travellers with Disabilities and other initiatives

The Canadian Transportation Agency, through the Accessible Transportation Directorate, is responsible for making sure that any undue obstacles affecting the mobility of people with disabilities are removed from federally regulated transportation services and facilities. The Agency removes undue obstacles in two ways: by resolving individual complaints (through facilitation, mediation or formal decisions) and, more systemically, by developing regulations, codes of practice and standards for the accessibility of federally regulated modes of transport.[50]

There are two sets of federal regulations concerning accessible transportation. The first set is the *Personnel Training for the Assistance of Persons with Disabilities Regulations*. These ensure that air transportation staff, as well as staff in the federal rail and marine network, have the right knowledge, skills and attitudes to help passengers with disabilities effectively and sensitively. The second set is Part VII of the *Air Transportation Regulations*, called "Terms and Conditions of Carriage of Persons with Disabilities." These regulations require air carriers to provide uniform services to passengers with disabilities travelling in Canada on aircraft with 30 or more passenger seats.

The Canadian Transportation Agency has also introduced codes of practice to make aircraft, passenger trains and ferries accessible to people with disabilities. It developed these codes in consultation with disability groups, seniors, manufacturers, carriers and service providers. According to surveys the Agency conducts to assess carriers' progress in implementing the codes, air and rail carriers and ferry operators are fully complying with many of the codes' provisions and are planning more improvements. (A similar code of practice covering intercity bus service is administered by Transport Canada.)

In 2004 the Canadian Transportation Agency introduced a new code of practice, entitled "Removing Communication Barriers for Travellers with Disabilities." Its intent is to make transportation-related information more available to people with disabilities as they use the federally regulated transportation system. Specifically, the code outlines ways of improving access to print, telephone and web-based information and ways of improving signs and announcements in terminals. The code will help people with disabilities to travel independently and will make the transportation network more accessible and responsive to their needs.

This new code of practice presents minimum standards that transportation service providers are expected to meet. It was developed in close consultation with the transportation industry and with individuals and groups representing people with disabilities. In general, service providers covered by the code are expected to implement its provisions as soon as possible, but by 1 June 2007 at the latest.

Health Canada's First Nations and Inuit Health Branch: Non-Insured Health Benefits Program

An important disability supports program for First Nation and Inuit with disabilities is the Non-Insured Health Benefits Program (NIHB). Administered by Health Canada's First Nations and Inuit Health Branch, through the Non-Insured Health Benefits Directorate, the Program provides eligible First Nation and Inuit with benefits that suit their unique health needs. A goal of the Program is to improve the overall health status, so that it is comparable to that of Canadians in general.

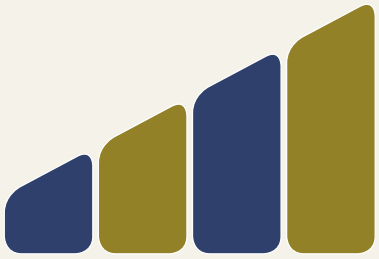
Benefits under the NIHB program complement the benefits offered by provincial and territorial health care programs, such as physician and hospital care and other First Nation and Inuit community-based programs and services. The benefit categories include medication, dental care, vision care, crisis intervention counselling, medical transportation, and medical supplies and equipment. In this last category, there is a wide range of benefits which can help to support independent living for people with disabilities, such as oxygen therapy; mobility aids (manual wheelchairs, for example); aids to daily living; and the MedicAlert bracelet.[51]

The NIHB program reaches 735,000 people—a mixture of First Nation individuals who are registered with Indian and Northern Affairs Canada, and Inuit individuals who are recognized by an Inuit land claim organization. This total includes people with disabilities.

DEPARTMENTS AND AGENCIES CONTRIBUTING TO DISABILITY SUPPORTS

The departments and agencies listed below contribute directly to disability supports for persons with disabilities. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

- Agriculture and Agri-Food Canada
- Bank of Canada
- Canada Mortgage and Housing Corporation
- Canada Revenue Agency
- Canadian Radio-television and Telecommunications Commission
- Canadian Transportation Agency
- Citizenship and Immigration Canada
- Elections Canada
- Environment Canada (Parks Canada)
- Finance Canada
- Health Canada
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada
- Industry Canada
- Library and Archives Canada
- Public Works and Government Services Canada
- Transport Canada
- Veterans Affairs Canada



Chapter 4

Skills Development and Learning

Like all Canadians, people with disabilities want and need the chance to learn, develop their skills and use their talents and ideas.

At the individual level, skills development and learning opens many doors by improving people's opportunities to be employed, earn a good income and gain a higher standard of living for themselves and their family. Learning also contributes to health and well-being by increasing people's sense of being able to participate in, and give something to, their communities.

At the national level, Canada will need a supply of skilled workers as our population ages and we face labour shortages. Our country's economic growth, prosperity, innovation, and ability to compete globally all depend on having citizens who are creative, dynamic, adaptable and skilled. Canada is only as strong as its most important resource—its people. Providing chances for all Canadians to meet their personal learning goals and live up to their potential will improve our nation's economy and quality of life.

We know that Canadians with disabilities have the potential to participate in our society as lifelong learners. Yet evidence shows that they face barriers along the way, particularly in completing post-secondary education, an area that poses special challenges for individuals with disabilities.

This chapter examines three key indicators of skills development and learning and explores some of the barriers to education facing Canadians with disabilities. The first indicator, children/youths attending school, is repeated from *Advancing Inclusion 2002*, but the age group has been extended to 5 to 24 (from 5 to 16). The second indicator, working-age adults with post-secondary diplomas or degrees, is also repeated from the 2002 report. A new indicator, levels of literacy, reflects the important connections between literacy, disability and participation in society.

The chapter then takes a closer look at issues faced by Aboriginal people with disabilities in the area of education. It concludes by profiling

BOX 4.1
Barriers to fulfilling learning potential

- One in five Canadians with disabilities considers it "very difficult" for Canadians with disabilities to get a good education.
- One in four Canadians with disabilities has personally faced at least some discrimination in getting a good education.

Data from the Government of Canada's 2004 survey on Canadian attitudes toward disability.

some Government of Canada initiatives that contribute to skills development and learning for people with disabilities.

While this chapter focuses on formal learning in elementary schools, high schools and post-secondary institutions, it is important to note that there are many other valuable learning opportunities. They include mentoring programs, personal skills development training, recreational and leisure activities, on-the-job training and volunteering. Some of these activities are discussed elsewhere in this report.

INDICATORS[52]

BOX 4.2
Indicators of skills development and learning

- Children/youths aged 5 to 24 attending school
- Working-age adults with post-secondary diplomas or degrees
- Levels of literacy

CHILDREN/YOUTHS AGED 5 TO 24 ATTENDING SCHOOL

The path of lifelong learning begins when we are young. Children and youths with disabilities must have equal opportunities to develop the skills and knowledge they will need as adults. Each step in the learning process builds on previous success, from elementary on to high school, post-secondary education and adult learning. Poor outcomes in childhood and youth can undermine later education and skills development, and thus limit future opportunities.

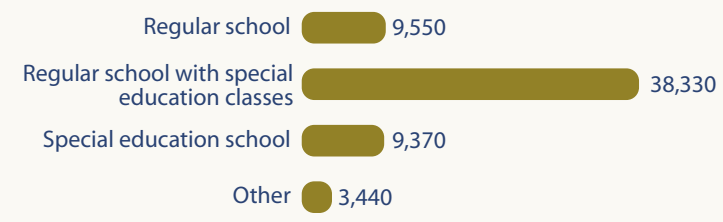
As a minimum, successful participation in learning for young people with disabilities means attending school. Therefore, this indicator shows the percentage who are in school, first for children aged 5 to 14[53] and then for youths aged 15 to 24. It also covers the types of educational programs children and youths are enrolled in.

Children (aged 5 to 14)

Fully 96% of children with disabilities aged 5 to 14 attend school—a total of 147,220 children. A small number of children with disabilities are tutored at home, mainly because of their condition but also because of parental preference and other factors. Only 4,440 children with disabilities are neither attending school nor being tutored at home. Their parents give reasons such as the child's condition and lack of teacher's aides and local special education services.

Most children with disabilities who are in school attend a regular school (65%) or a regular school that also features special education classes (26%). A minority attend a special education school (6.4%) or some other type of school (2.3%).

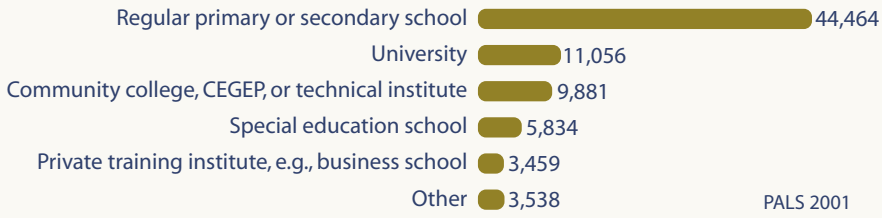
4.1 – Types of schools attended by children aged 5 to 14 with disabilities



PALS 2001

Children with learning disabilities are the most likely to receive special education services, but children with speech and language difficulties, developmental disabilities, and psychological and behavioural conditions also use these services.

4.2 – School enrolment for youth aged 15 - 24 with disabilities



Youths (aged 15 to 24)

The school enrolment rate of children with disabilities tapers off as they enter youth and begin new chapters of life, such as employment. Nonetheless, 52% of youths with disabilities, or 78,450 individuals, attend some form of school. As shown in Figure 4.2, the majority of youths with disabilities who attend school (57%) are enrolled in a regular primary or secondary school.

Youths with disabilities are as likely to attend school full-time as their peers without disabilities (91% versus 90%). However, they are less likely to attend school in the first place (52% compared to 68%).

As a group, youths with disabilities have completed less schooling than youths without disabilities. For example, 51% of youths with disabilities have not finished high school, compared to 42% of those without. This finding suggests that youths with disabilities may take longer or have greater difficulty completing high school than their peers without disabilities. This is particularly the case for youths with severe and very severe disabilities, 60% and 63% of whom, respectively, have not completed high school. In contrast, 47% of youths with mild and 44% of youths with moderate disabilities have not finished high school.

For many youths with disabilities, regardless of whether they are pursuing high-school or post-secondary studies, their disability has an impact on their educational path. Among the nearly 52,000 youths whose disability has affected their education, 55% took fewer courses or subjects in school, 41% faced long school interruptions, 18% left their community to attend school, 15% took courses through correspondence programs or home study and 14% began school at a later age than most of their peers.

Working-age adults with post-secondary diplomas or degrees

Among working-age adults (aged 15 to 64), an important indicator of inclusion in skills development and learning is how many have completed post-secondary studies. In today's knowledge-based society, post-secondary completion has a great impact on labour market participation. It is estimated that more than 70% of all new jobs created in Canada in 2004 required some form of post-secondary education, with 25% requiring a university degree. Only 6% of new jobs were expected to be held by people who had not finished high school.54 Generally, the more education individuals complete, the greater their chances of being employed and the higher their earnings are likely to be.

BOX 4.3
Inclusive education for children with disabilities

"Mary had a wonderful teacher in kindergarten, who openly admitted that she was not sure how to do this the 'right way,' but she was a sensitive, creative teacher who valued all children. She believed Mary belonged as much as any other child in her class did. The children were wonderful and included Mary so naturally. Mary surprised us and made gains in weeks that we expected would take months. Not everything ran smoothly but we realized it was a process of learning for all of us and we worked together at it. We talked a lot and shared ideas, we celebrated accomplishments and we shed tears together as well."

"Educators that have been involved in including students with special needs in regular classrooms have found that there are no easy solutions or cookbooks to accomplish the task. This is because every child is unique and requires educational plans that respond to these differences."

In Heather Raymond, Inclusive Education: Stories and Strategies for Success, 1995.

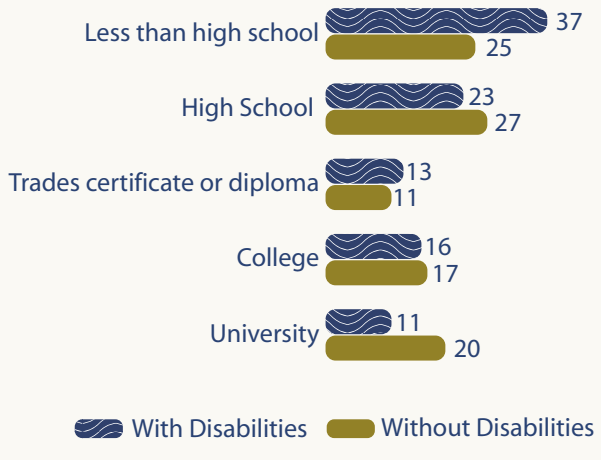
Figure 4.3 shows the highest level of education attained by working-age adults with and without disabilities (excluding full-time students). The figures show that, on average, those with disabilities have lower levels of education than those without. For example, 37% of working-age adults with disabilities have not completed high school, compared to 25% of those without disabilities.

Working-age adults with disabilities are also less likely to have finished a post-secondary education program than their peers without disabilities. Overall, 40% of working-age adults with disabilities have completed some form of post-secondary education, compared to nearly 48% of their counterparts without disabilities. While people with disabilities are more likely than those without to have completed a trade program, they are less likely to have completed all other forms of post-secondary study. This is particularly so for university, completed by just 11% of working-age adults with disabilities and by 20% of those without.

Among people with disabilities, as in the general population, there is a link between age and post-secondary completion. Younger adults with disabilities are more likely to have completed post-secondary education than older adults with disabilities. In the 25 to 54 age group, 19% of adults with disabilities have completed college, compared to 11% in the 55 to 64 age group. Likewise, 14% of those with disabilities in the younger age group have finished university, compared to 8.5% of those in the older age group.

Working-age women with disabilities have a higher rate of college completion than

4.3 – Highest level of educational attainment, persons 15-64 (%)



PALS 2001

their male counterparts (18% versus 13%) and a higher rate of university completion (13% versus 9.9%). The rates are reversed, however, for trade certificates and diplomas, completed by 16% of working-age men with disabilities versus 9% of women.

When looking at post-secondary outcomes among people with disabilities, it is important to keep in mind that many adults develop their disabilities later in life (for example, because of a work-related injury or a chronic condition), after completing their formal education. Those who ended their schooling with high school or less are more likely to enter occupations with higher risks of work-related injuries or conditions leading to higher rates of disability.

Individuals living with disability from childhood will likely follow a different educational path than those who acquire disability in adulthood. Some youth with disabilities may be deterred from post-secondary education because they may need more time to complete their studies, they may have trouble securing funds to finance their education and they may incur greater expenses. Some people with disabilities need help with identifying their skills and education goals and with pursuing these goals. Furthermore, to take part in education, a large proportion need disability-related supports such as adaptive computers, accessible classrooms, interpreters and note-taking services. While some adults may return to post-secondary studies after acquiring a disability in order to pursue a new career, they may be deterred by many of the same factors.

BOX 4.4
Need for school supports

"Many people with disabilities need one or more types of support to participate in education to their fullest potential. Overall, technical aids and human support is the category of school supports needed by the highest percentage of students with disabilities. This category includes assistive devices such as portable note-takers, recording equipment and computers with Braille, as well as personal services such as attendant care, tutoring and sign language interpretation."

Data from the Participation and Activity Limitation Survey 2001.

Levels of literacy

Beyond enrolment in and completion of formal education, literacy is another important indicator of inclusion in skills development and learning. There are many ways to define and measure literacy. Increasingly, literacy is understood not simply as the ability to read and write but rather "the ability to *understand and employ printed information in daily activities at home,*

BOX 4.5
Importance of literacy

"Simply stated, literacy is important. Society rewards individuals who are proficient and penalizes those who are not, whether expressed in terms of employment opportunities and job success or active social, cultural and citizenship participation in society. Literacy is also important to nations, as these skills are building blocks. They enable the creation of a labour force capable of competing in a changing world--a key step to economic growth and improvement of the human condition. They are also the cornerstones of democracy and of the exchange of knowledge and information."

Reading the Future: A Portrait of Literacy in Canada, Statistics Canada, 1997.

at work, and in the community—to achieve one's goals and to develop one's knowledge and potential." [55]

The most recent comprehensive national survey of literacy for which data are available is the 1994 International Adult Literacy Survey (IALS).[56] This survey used a functional measure of literacy, based on the fit between the literacy skills people have and the literacy skills they need at home, at work and in the community.

The different types of literacy measured by IALS include *document literacy* (the ability to use information in formats such as job applications, schedules, maps, tables and charts), *prose literacy* (the ability to use information from texts such as newspapers and fiction) and *quantitative literacy* (the ability to perform arithmetic operations in the context of printed materials—for example, balancing an account or calculating a tip). For each literacy type there are five skill levels, with level 1 being the lowest. The OECD (Organisation for Economic Co-operation and Development) considers level 3 to be the minimum adults need to participate fully in our modern society and economy.[57]

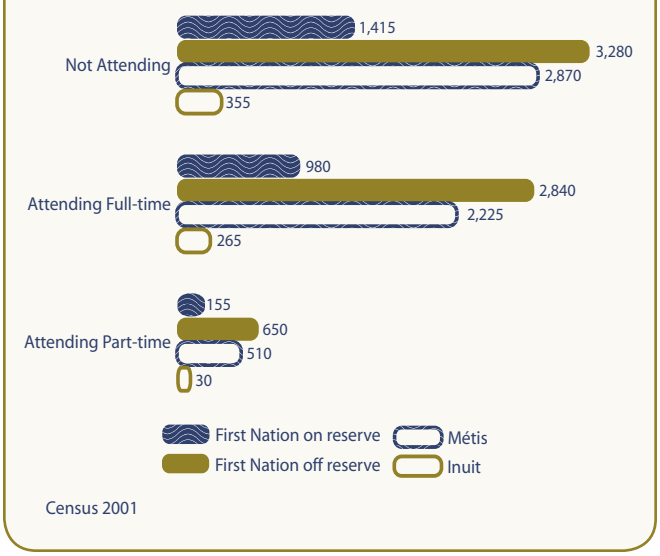
According to IALS, Canadian adults with disabilities (aged 16 to 55) have lower average literacy scores than their peers without disabilities.[58] And people with learning disabilities tend to score at the lowest levels. Controlling for factors such as education, age and gender, individuals with learning disabilities score an average of 14% lower on IALS tests than those without learning disabilities—a literacy level equivalent to about 2.7 years' less education.

These patterns show up in all three types of literacy.[59] In Canada 77% of people with learning disabilities have document literacy scores below level 3, as do 48% of people with physical disabilities.[60] In comparison, 36% of people without disabilities function below level 3. For prose literacy, 73% of those with learning disabilities and 44% of those with physical disabilities function below level 3, compared to 37% of those without disabilities. For quantitative literacy, 80% of people with learning disabilities and 47% of people with physical disabilities function below level 3, compared to 38% of those without disabilities.

SKILLS DEVELOPMENT AND LEARNING AND ABORIGINAL PERSONS WITH DISABILITIES

In Canada more and more Aboriginal students are enrolling in formal education. But they are much less likely to stay enrolled and to complete this education than non-Aboriginal students. Socio-economic factors such as income place Aboriginal students at a disadvantage, on top of which they face barriers arising from discrimination and lack of institutional sensitivity to their cultures. Another barrier for many who live on reserves or in remote areas is having to leave the community to get education.

4.4 – School attendance, Aboriginal youth with disabilities, age 15-24



The education barriers facing Aboriginal people with disabilities are well documented.[61] They are far more likely than others to end their schooling at the elementary level. They are also less likely to complete high school than their non-Aboriginal counterparts.

According to the 2001 census, about half of Aboriginal youths with disabilities attend school. Among Aboriginal youths with disabilities, First Nation youths living on reserve have the highest rate of full-time attendance (42%). Still, their rate of full-time attendance is lower than that of youths with disabilities as a whole (47%) and than that of First Nation youths without disabilities living off reserve (also 47%, not shown in figure).

Among Aboriginal persons with and without disabilities who do finish high school, a significant barrier to post-secondary education is lack of academic preparation at the early and secondary levels of education.[62] Poor preparation contributes to low enrolment and high dropout rates at colleges and universities for Aboriginal people. As well, financial obstacles are a significant factor for many.[63]

According to the 2001 census, 3.9% of Aboriginal adults with disabilities (aged 20 to 64) have completed university, compared to 5.8% of Aboriginal adults without disabilities. Métis adults with disabilities have the highest rate of completion, with 4.5% having finished university compared to 7% of Métis adults without disabilities. The corresponding rates of university completion for First Nation adults living off reserve are 4.1% and 7.3%, and for First Nation adults living on reserve they are 2.4% and 4%. The lowest rates of university completion are among Inuit people —1.7% and 2.4%.

All these rates are lower than those of the general Canadian population, both with and without disabilities. This difference signals that Aboriginals persons with disabilities face a heightened disadvantage in completing post-secondary education.

GOVERNMENT ACTION

The responsibility for designing and delivering programs and services related to learning rests primarily with the provincial and territorial governments. The Government of Canada is committed to working with these jurisdictions to make sure all Canadians have lifelong access to the skills development and learning they need to realize their potential. The Government of Canada, provincial and territorial governments, business, labour, the voluntary sector, educational institutions and individuals themselves all have roles to play in building the skilled population that Canada needs.

The following are brief profiles of some Government of Canada initiatives that contribute to skills development and learning. Afterwards is a list of federal departments and agencies that work in the area of skills development and learning.

Human Resources and Skills Development Canada: financial assistance for students with permanent disabilities

The Government of Canada recognizes the financial challenges faced by students with disabilities by improving their access to student loans and by offering them grants.

The Canada Student Loans Program (CSLP) offers special assistance to students with permanent disabilities to improve their access to post-secondary education. For instance, the program includes loan assistance with relaxed eligibility criteria for full- and part-time students with permanent disabilities. It offers full-time students with permanent disabilities an extended lifetime limit of 520 weeks of loan assistance as opposed to 340 weeks for students without disabilities. The CSLP includes a permanent disability benefit, in the form of loan forgiveness, for students who cannot repay their loans without undue hardship because of their disability.

The CSLP also offers non-repayable financial help through two Canada Study Grants (CSGs). The first, the CSG for Students with Permanent Disabilities, is designed to offset exceptional education-related costs that students with permanent disabilities incur for services and equipment. Up to $8,000 a year is available for supports such as note-takers, interpreters and technical aids. In 2002-03, CSGs for Students with Permanent Disabilities were awarded to some 6,000 students, totalling about $13 million.[64]

The 2004 federal budget announced a new upfront grant for students with disabilities of up to $2,000 a year. This grant replaced the former CSG for High-Need Students with Permanent Disabilities, which was paid only to those who demonstrated a financial need above set weekly loan limits. Each year over 6,000 students with disabilities should benefit from this new grant, with 1400 current grant holders getting $400 more a month and 5,000 new recipients receiving the $2,000 grant. The estimated cost of this measure is $15 million a year beginning in 2005-06, with the amount rising each year after.

The 2004 budget also announced a new grant for dependent first-year students (with and without disabilities) from low-income families. The grant will cover half of a qualifying student's tuition, up to $3,000 or the student's assessed federal need, whichever is less. The new grant, which should benefit more than 20,000 students each year, will cost about $30 million a year starting in 2005-06.

Indian and Northern Affairs Canada: Special Education Program

To enhance its support for special education, Indian and Northern Affairs Canada (INAC) launched the Special Education Program on 30 January 2003. The program aims to improve the quality of education and the level of support services for on-reserve First Nation children with moderate to profound special education needs who attend primary and secondary First Nation schools.

One of the program's key objectives is to provide eligible students with services and programs of a standard comparable to those offered by provincial schools in the vicinity of First Nations. Services and programs can include tuition for special schools for deaf and blind students, individual student assessments and individual learning plans developed by professionals. They can also include hiring and training professionals to deliver appropriate programming, offering more professional development for teachers and introducing activities to increase parents' involvement and raise community awareness. The Special Education Program provides services in band-operated schools when possible, and in provincial schools when it is not feasible on reserve.

The target population for the Special Education Program is on-reserve students, aged 4 to 21, who attend kindergarten to grade 12. The expected long term outcome of the program is to ensure that students attain a higher level of education, reach their fullest potential and contribute as members of their communities and of society in general.

The program is seeking a number of specific outcomes over a seven-year period. In the first three years, the outcomes are as follows:

- establishing performance indicators and performance measures for special needs students
- developing special education polices at the local level
- ensuring that all professionals and para-professionals involved have special education training and development opportunities
- completing an assessment of students and formally identifying all high-cost special education students
- making sure the organizational capacity and infrastructure are in place for delivering special education services

In four to seven years, the expected outcomes are as follows:

- attainment of the learner's planned progression
- improved classroom instruction and program effectiveness for students
- improved educational outcomes
- parental, guardian and community knowledge of, and involvement in, special education programs

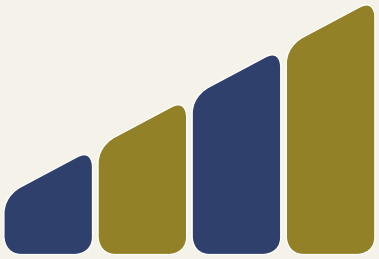
To administer funding for the Special Education Program, INAC works with chiefs and band councils, or their organizations, to reach agreements with educational bodies, facilities or agencies that will provide services and programs based on student needs. Two First Nation regional managing organizations oversee the program on INAC's behalf to encourage management by First Nations and to ensure common service delivery.

Since 2002-2003, the Special Education Program has been allocated $248.1 million over three years: $51.9 million in 2002-03, $95.1 million in 2003-04 and $101.1 million in 2004-05.

DEPARTMENTS AND AGENCIES CONTRIBUTING TO SKILLS DEVELOPMENT AND LEARNING

The departments and agencies listed below contribute directly to skills development and learning for persons with disabilities. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

- Correctional Service Canada
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada



Chapter 5

Employment

Employment, whether part-time or full-time, is a primary area of inclusion for persons with disabilities. Although not every working-age adult chooses to look for paid work, most people value participation in the labour market for both social and economic reasons. Being employed gives people a chance to interact with peers and to take part in, and contribute to, the life of their community.

For Canadians with disabilities, employment can make a great difference to quality of life. People with disabilities who depend mostly on earnings from employment have on average $22,000 more annual income than those who depend mostly on income support programs. Those with regular employment are also much less likely to rely on family members for extra income or for basic disability supports.

However, adults with disabilities in all age groups, including many who have the potential to work, are less likely to be employed than people without disabilities. The cost of employment barriers is high, not only for individuals themselves but also for their families, employers and Canadians at large. Faced with an aging society and a shrinking labour force, Canada cannot afford to lose the employment potential, skills and talents of people with disabilities.

The Government of Canada addresses employment issues for people with disabilities in several ways. It provides funding for labour market programs and creates employment regulations. It also works with other governments, organizations and employers and provides leadership as the nation's largest employer.

This chapter explores indicators of progress in employment among Canadians with disabilities. Besides the four indicators reported in *Advancing Inclusion 2002*, this chapter looks at two new ones: (1) persons employed in the federal public service, in federally regulated workplaces and by federal contractors and (2) persons receiving workplace training.

The chapter also reviews employment issues of concern to Aboriginal people with disabilities. It then highlights some recent Government of Canada initiatives to enhance the employability of Canadians with disabilities.

INDICATORS

BOX 5.1
Indicators of employment

- Employment rate
- Persons employed all year
- Hourly wage
- Employers providing facilities, equipment or aids to accommodate persons with disabilities
- Persons employed in the federal public service, in federally regulated workplaces and by federal contractors
- Persons receiving workplace training

Employment rate

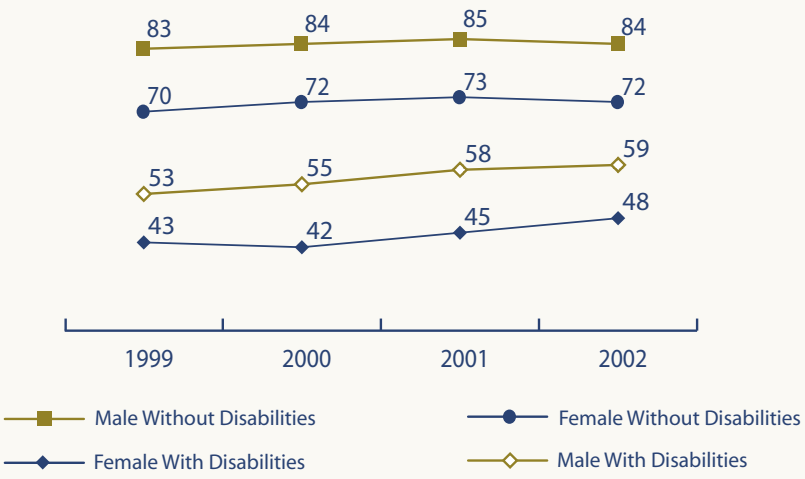
The main indicator of how extensively Canadians with disabilities enjoy full inclusion in the labour market is their employment rate. This indicator compares the employment rates of working-age adults with disabilities and their peers without disabilities (excluding full-time students).

The Survey of Labour and Income Dynamics (SLID) shows that the rate of employment is much lower for people with disabilities than for those without (see Figure 5.1). However, the employment rate for people with disabilities aged 16 to 64 did increase between 1999 and 2002, from 48% to 53%. During the same period, the employment rate for people without disabilities decreased slightly, from 77% to 76%.

SLID provides employment trends for people with disabilities over time, but the Participation and Activity Limitation Survey allows for finer analysis across a number of factors. (It is important to note that the employment rates from PALS are lower than those from SLID because of different survey methods. PALS is more restrictive in identifying persons with disabilities.[65])

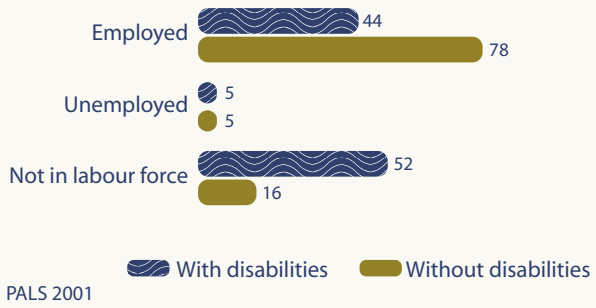
According to PALS 2001, 44% of working-age adults with disabilities (aged 15 to 64) are employed, compared to 78% of those without disabilities (see Figure 5.2). Another 4.7% of adults with disabilities are unemployed—that is, actively seeking and ready for work — compared to 5.1% of adults without disabilities. But the lower percentage of people with disabilities who are unemployed is largely due to the number who are out of the labour force, meaning not working for pay and not available to work. Adults with disabilities are over three times more likely to be out of the labour force than adults without disabilities.

5.1 – Employment rates, persons aged 16 to 64 (%)



SLID 1999-2002

5.2 – Labour force activity, persons aged 15 to 64 (%)



PALS 2001

Other factors associated with employment are age (younger adults with disabilities are more likely to be employed than older ones); gender (men are more likely to be employed than women, while women are more likely to be out of the labour force); severity (people with severe disabilities are much less likely to be working than those with less severe disabilities); and education (higher levels of education lead to higher levels of employment).

Analysis of PALS 2001 data suggests that many working-age adults with disabilities who are unemployed or out of the labour force are potentially employable.[66] Further, analysis by the Roeher Institute finds that when people with disabilities have access to the appropriate post-secondary education, training, transportation and other needed supports then the employment gap narrows considerably.[67]

Disability affects the employment situation not only of individuals with disabilities, but of their family caregivers as well. For example, most parents of preschool children with disabilities (62%) and parents of school-age children with disabilities (54%) report that their child's condition has affected the family's employment. The more severe a child's disability, the greater the impact. Among children with mild to moderate disabilities, about 54% of preschoolers and 40% of school-age children have families whose employment has been affected. Among children with severe and very severe disabilities, these figures rise to 72% and 73% respectively. Family caregivers of adults with disabilities may face similar impacts.

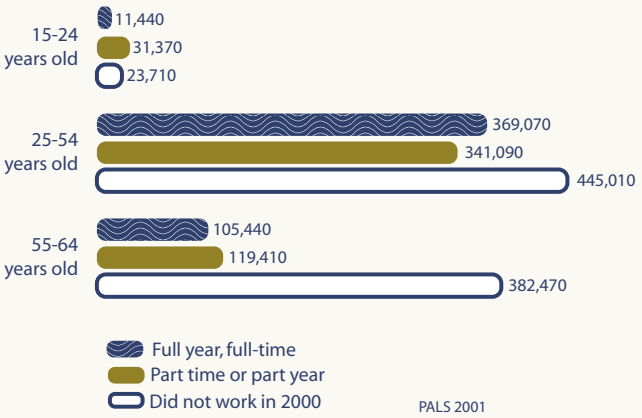
Persons employed all year

Success in the labour market also means keeping, or sustaining, a job. Being employed for a full year is an indicator of sustained employment. This indicator looks at full-year employment among adults aged 15 to 64 (excluding full-time students). The data for this indicator come from PALS 2001.

Working-age adults with disabilities are about half as likely as their peers without disabilities to be employed all year, full-time (27% versus 52%). Adults with disabilities are also less likely than adults without to work mostly full-time but not all year (14% versus 20%). Adults with and without disabilities are about equally likely to be working all year but part-time (5.2% versus 5.5%).

Figure 5.3 shows the work activity of youths, younger adults and older adults with disabilities. The highest rate of full-year, full-time

5.3 – Work activity, persons with disabilities aged 15 to 64



PALS 2001

employment is among adults aged 25 to 54 (32%), compared to 17% for both youths and older workers with disabilities.

The more severe the disability, the less likely an individual is to work all year: 41% of working-age adults with mild disabilities work all year and full-time, compared to 28% of those with moderate and 17% of those with severe disabilities. Only 10% of people with very severe disabilities work all year and full-time.

Hourly wage

Another indicator of inclusion in the labour market is whether people with disabilities are paid equitably. This indicator compares the median hourly wages of employed adults with and without disabilities (excluding full-time students).[68]

According to SLID, between 1999 and 2002 workers with disabilities earned about 96% of the median hourly wage of workers without disabilities, indicating near parity. However, workers with disabilities saw their wage fall slightly over this period, from $15.43 to $15.38. In contrast, workers without disabilities saw a gain, from $15.49 to $16.00.

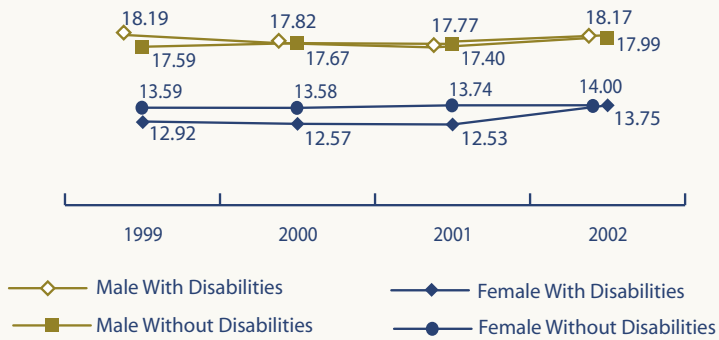
Working women with disabilities have the lowest median hourly wage overall. In 2002 it was 2% below that of women without disabilities ($13.74 compared to $14.00). The median hourly wage for men with disabilities is considerably higher at $17.99, but lags behind that of men without disabilities ($18.17) by 1%. That said, women with disabilities saw their hourly wage rise by $0.82 from 1999 to 2002—the greatest increase of all these groups.

Workers with disabilities have better wages when they are covered by collective bargaining agreements.[69] Collective agreements often contain provisions that prohibit discrimination on grounds such as disability. When not covered by a collective agreement, 23% of men with disabilities (and 29% of men without) earn wages in the top quartile. In contrast, when an agreement is in place, the percentage of men with disabilities earning wages in the top quartile nearly doubles, to 41% (surpassing the 39% figure for men without disabilities).

Women with disabilities also benefit from collective agreements, though not to the same extent. The percentage of women with disabilities earning wages in the lowest quartile is 52% for those without a collective agreement. That figure drops dramatically, to 19%, for those protected by an agreement.

Although not the same as hourly wage, total employment income is another measure of equitable pay. PALS 2001 shows that the average employment income for working-age adults with disabilities is lower than for their peers without disabilities ($26,760 versus $32,085). Women tend to earn less than men in general, but women with disabilities

5.4 – Median hourly wages ($)



SLID 1999-2002

fare the worst. Their average employment income is $20,821, less than that of men with disabilities ($32,385), women without disabilities ($24,776) and men without disabilities ($38,677).

Employers providing facilities, equipment or aids to accommodate persons with disabilities

A 2000 Angus Reid/Royal Bank poll on disabilities and the workplace found that more than seven in ten Canadians believe that companies should invest more in reducing workplace barriers for people with disabilities.[70] A key way to reduce barriers is to provide workplace accommodation, which means creating and maintaining inclusive, barrier-free work environments that allow workers to participate fully.

Many people, including those with disabilities, need workplace accommodation to get and keep a job, and to be productive in that job. There are many types of workplace accommodation, and many levels of need. Using data from PALS 2001, this indicator looks at how many employed people with disabilities aged 15 to 64 need and receive workplace accommodation.

Among people with disabilities, the most common need is for some type of work aid or job modification. Work aids and job modifications refer to the personal help that workers need to participate in the labour market, as opposed to changes in the workplace environment. Examples include human supports such as readers, sign language interpreters and job coaches; technical aids such as voice synthesizers and portable note-takers; computers with Braille; communication aids such as recording equipment; and job redesign. Overall, 30% of people with disabilities need these types of supports. Those with developmental disabilities are the most likely (64%) to need work aids and job modifications; those with hearing disabilities are the least likely (24%).

BOX 5.2
Job accommodation

Louise had spinal surgery in the 1970s and had few problems until 1990, when she started a desk job.

"I suddenly started having shooting pains down my left leg and lower back…I was getting desperate. I couldn't sit anymore without using my arms to take the weight off my lower back, and I started falling more frequently. The executive director at my organization became concerned and offered accommodations in my job. This took me by surprise since I'd always lost jobs in the past due to health problems. We agreed to set up an office at home, so I could work from home for three days and go to the office for the other two."

Louise Wiebe, "Fighting the System: Controlling Pain," Abilities Magazine (date unknown).

Within this category, job redesign (that is, modified or different duties) and modified work hours are the most commonly needed accommodations, required by 17% and 19%, respectively, of employed adults with disabilities. This finding is important because unlike other supports, which may be costly and involve outside funding, an employer can often introduce job redesign and modified hours at little cost.

Fortunately, the majority (78%) of workers with disabilities who need work aids and job modifications have them. Those with very severe disabilities are more likely to need some type of work aid or job modification than those with mild disabilities (59% versus 18%). They are also more likely to report an unmet need (32% versus 22%).

Less common than the need for work aids and modifications is the need for modified workplace environments. Overall, 15% of adults with disabilities need some kind of modified structure to participate in the workplace; however, this number varies depending on the type of disability. Modified structures include handrails, ramps, accessible transportation and parking, accessible elevators and other features that help make the workplace environment more inclusive. Modified workstations are the most needed type of structure, required by 7%.

Once again, the majority (76%) of workers with disabilities who need a modified structure in the workplace have it. The greatest unmet need is for accessible parking (26%); the smallest for accessible washrooms (12%). Workers with very severe disabilities are the most likely to need some type of modified structure (65% versus 7% of those with mild disabilities). They are also the most likely to have an unmet need for modified structures (28% compared to 18% of those with mild disabilities).

PALS 2001 also shows that the percentage of *unemployed* people with disabilities who need work aids or job modifications is much higher than the percentage of *employed* people with disabilities who need them. This finding suggests that for some people with disabilities, the need for more work supports may be an obstacle to employment.

Persons employed in the federal public service, in federally regulated workplaces and by federal contractors

The Government of Canada is the nation's largest employer. It hires and keeps Canadians with disabilities in the federal public service and promotes similar action on the part of federally regulated private sector employers and federal contractors. This indicator looks at the percentage of people with disabilities employed by the federal sector in relation to their workforce availability.

Federal public service

The representation, or percentage, of persons with disabilities in the federal public service has increased each year since 1997, when it was 3.9%.[71] In March 2003 it was 5.6%, up from 5.3% in 2002, 5.1% in 2001, and 4.7% in 2000. The 2003 level is higher than the estimated 4.8% workforce availability reported in the 2002-03 annual employment equity report to Parliament, tabled by the Public Service Human Resources Management Agency of Canada.[72]

Of the four groups designated under employment equity legislation—persons with disabilities, women, Aboriginal people and people in a visible minority group—only persons with disabilities showed an increase in their share of new hires between 2002 and 2003, from 2.8% to 3.1%.

Of the large government departments—those with 5,000 or more employees—Human Resources and Skills Development Canada and Social Development Canada combined employed the highest percentage of people with disabilities in 2003 (7.9% for the second year in a row).[73] Veterans Affairs Canada had 8.8% employees with disabilities among its complement of 3,400 employees. Among smaller departments and agencies—those with between 100 and 1,000 employees—the Canadian Human Rights Commission and the joint Offices of the Information and Privacy Commissioners employed the highest

percentages of people with disabilities, at 13% and 8.8% respectively, both up slightly from the previous year.

The results of the 2002 Public Service Employee Survey reveal some marked differences between the experiences of employees with disabilities and the broader employee population.[74] Employees with disabilities say they are less likely to have the materials and equipment they need to do their jobs, less likely to be fairly classified compared to others doing similar work, less likely to have opportunities for promotion and more likely to be victims of harassment or discrimination on the job.

Federally regulated workplaces

In 2003 people with disabilities made up 2.4% of the federally regulated private sector—well below their labour market availability of 6.5%.[75] This representation has remained constant in recent years; it was 2.3% in 2002 and 2001.

In 2002 people with disabilities made up only 1% of new hires in federally regulated workplaces. Since 1997 their representation has fallen in all sectors except transportation, where it rose from 1.8% to 2.5%. As in previous years, people with disabilities were least represented in the banking sector, where they held only 2.2% of jobs and made up just 0.8% of new hires.

Federal contractors

At least 1,000 provincially regulated private sector employers that do business with the Government of Canada, and that have contract values of at least $200,000 have signed a commitment to implement employment equity programs. People with disabilities account for an estimated 1.9% of these employers' workforces.[76]

Persons receiving workplace training

To fully participate in the labour market, people with disabilities must have the tools they need to succeed—access to education, training and skills development on the job. People with disabilities may need training and upgrading in a variety of areas, including résumé writing, job seeking, interview skills, literacy upgrading and further academics. They may also need training in assistive computer technologies, career training or help with coping strategies. Using information from PALS 2001 and the 1999 Workplace and Employee Survey (WES), this indicator compares the rates of workers with and without disabilities who get workplace training.

According to PALS 2001, 51% of employed people with disabilities (aged 15 to 64) report having received work-related training in the last five years. Older workers with disabilities (aged 55 to 64) are less likely to have had workplace training than their younger counterparts (33% versus 57% of workers aged 25 to 54 and 41% of working youths).

People with disabilities (aged 15 to 64) who want workplace training but do not get it report a number of barriers. Cost is the number one reason, cited by 47%. Other reasons include the individual's condition (30%) and inadequate transportation (7.3%). Some 8.4% of people with disabilities who want but do not get work-related training say they have been denied courses they have requested.

According to the 1999 WES, people with disabilities are less likely than those without disabilities to get classroom-only training. This is job-related training that has predetermined format and goals, as well as specific.

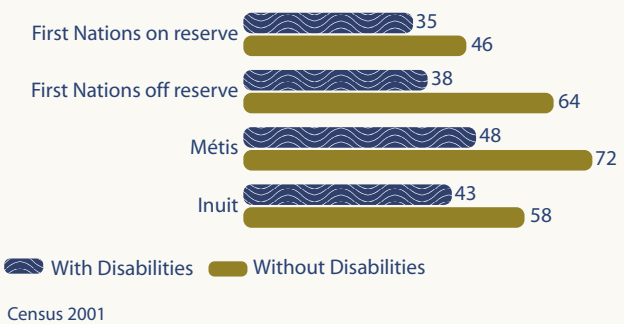
BOX 5.3
Discrimination in the workplace

- More than one in five Canadians with disabilities reports having been the victim of discrimination due to his or her disability while trying to maintain stable employment.
- Almost eight in ten Canadians agree with the statement "Canadians with disabilities are less likely to be hired for a job than those without disabilities, even if they are equally qualified."
- More than half of Canadians agree with the statement "If I had a non-visible disability, such as dyslexia or depression, I would hide it from my employer." This reflects an awareness that a stigma is attached to disability in the workplace.

Data from the Government of Canada's 2004 survey on Canadian attitudes toward disability.

Conversely, people with disabilities are more likely than those without to receive on-the-job training, which usually occurs while a person is performing job duties and is typically provided by co-workers, supervisors or other resource people. These findings suggest that when workers with disabilities do get training, it may be less formal.

5.5 – Employment Rate, Aboriginal Persons (%)



Census 2001

Access to training is important for a number of reasons, one being that it has tangible results. For example, people who get training are more likely to be promoted. According to the 1999 WES, a full 42% of workers with disabilities who got training in the previous year were promoted by their employers, compared to 26% of those who got no training.[77]

EMPLOYMENT AND ABORIGINAL PERSONS WITH DISABILITIES

Aboriginal adults with disabilities face specific employment challenges. They are much less likely to be employed than both non-Aboriginal adults with disabilities and Aboriginal adults without disabilities. According to the 2001 census, 41% of Aboriginal adults with disabilities are employed, compared to 61% of Aboriginal adults without disabilities. Aboriginal adults with disabilities are slightly less likely to be unemployed than other Aboriginal adults (11% versus 14%), but this difference is likely due to the fact that they are almost twice as likely to be out of the labour force (48% compared to 25%). Among Aboriginal adults with disabilities, First Nation people living on reserve have the lowest employment rates (35%) and Métis people the highest (48%). Figure 5.5 shows the employment rates of Aboriginal adults.

Aboriginal adults with disabilities also have particularly low rates of full-year, full-time employment. The 2001 census indicates that just 21% of Aboriginal adults with disabilities (aged 15 to 64) were employed all year and full-time in 2000, compared to 35% of Aboriginal adults without disabilities. Aboriginal adults are in fact more likely to work part-time or part of the year—a fact that applies to those with and without disabilities (31% and 40% respectively).

Among Aboriginal adults with disabilities, Métis people are the most likely to be employed all year and full-time (25%), compared to Inuit people (19%), First Nation people living off reserve (19%) and First Nation people living on reserve (17%).

GOVERNMENT ACTION

Together, this chapter and the previous one on skills development and learning show that several barriers interact to keep people with disabilities from achieving their full work potential. These barriers include limited access to post-secondary education and training; the challenges involved in moving from school to the workforce; the need for help to prepare for, enter and remain in the labour force; and the lack of workplace accommodation. As well, evidence shows that one of the largest barriers facing people with disabilities is negative attitudes—including those of employers—and discrimination (see Box 5.3).

Supporting the employment of people with disabilities is a shared responsibility that involves federal, provincial and territorial governments; employers; the voluntary sector; and individuals with disabilities themselves. What follow are some highlights of how the Government of Canada contributes to inclusive employment by working with its partners. Afterwards is a list of federal departments and agencies that work in the area of employment.

Social Development Canada: Multilateral Framework for Labour Market Agreements for Persons with Disabilities

On December 5, 2003 federal and provincial governments endorsed the Multilateral Framework for Labour Market Agreements for Persons with Disabilities (LMAPD)[78], which replaced the Employability Assistance for People with Disabilities (EAPD) initiative. Bilateral labour market agreements with provinces took effect on April 1, 2004.

The goal of the LMAPD is to improve the employment situation of Canadians with disabilities by enhancing their employability, increasing their job opportunities and building on the existing knowledge base.

Under the LMAPD, the Government of Canada contributes funding to provincial programs and services to support the participation of Canadians with disabilities in the labour market. The 2004 federal budget increased that funding by $30 million a year for 2004-05 and subsequent fiscal years, bringing the total federal funding for the LMAPD to $223 million a year.

Governments have agreed to issue baseline reports on December 3, 2004 and will then report on program and societal indicators on December 3, 2005 and each year afterwards. Among the societal indicators to be reported on are the employment rates of working-age adults with disabilities, education attainment as well as employment income.[79]

While the programs and services funded by LMAPD vary among jurisdictions, reflecting their local priorities, labour market programs and services must be consistent with one or more of

the following priorities: education and training, employment participation, employment opportunities, connecting employers and persons with disabilities and building knowledge. The following are some of the main categories funded:

- job coaching and mentoring
- pre-employment training and skills upgrading
- post-secondary education
- assistive aids and devices
- wage subsidies and earning supplements
- employment counselling and assessment
- accessible job placement networks
- self-employment
- other workplace supports

The Government of Canada has also been using the LMAPD framework to review its own labour market initiatives to ensure that employment programs for persons with disabilities are more coherent and effective. Thus, the LMAPD and the Opportunities Fund for Persons with Disabilities are now both administered by Social Development Canada.

Social Development Canada: Opportunities Fund for Persons with Disabilities

The Opportunities Fund for Persons with Disabilities was originally created as a pilot program in 1997, as part of the Government of Canada's response to the 1996 report from the Federal Task Force on Disability Issues (the Scott report). Funding for the Opportunities Fund became permanent in December 2000.

The Opportunities Fund is a $30-million-a-year employability program for people with disabilities who have had little or no attachment to the labour force. The fund's objective is to help these people prepare for, get and keep jobs, or become self-employed, so that they can increase their economic participation and independence. To meet this objective, the Government works in partnership with non-governmental organizations that represent people with disabilities, with the private sector and with provincial governments.

The Opportunities Fund supports initiatives that do a number of things:

- encourage employers to hire workers with disabilities
- help people with disabilities build their employment skills, integrate into the labour market and/or become self-employed
- provide opportunities for work experience that could lead to stable employment
- improve access to employment or employment services by providing personal support

The program's main outcomes involve the labour market participation of people with disabilities and the degree to which the program helps them become more employable and find work. About 77% of clients are expected to enhance their employability and over 40% are expected to find jobs. The Opportunities Fund now serves about 3,900 people with disabilities a year. It has helped roughly 22,000 Canadians since it began.

In 2001 the Opportunities Fund was evaluated to measure its effectiveness.[80] It was agreed that the federal government should continue to play a role in addressing employment barriers for persons with disabilities, and there was strong support for continuing a program such as the Opportunities Fund. According to the evaluators, one of the program's strengths is its individual, flexible approach to delivering services to clients. The program's overall

design, management and implementation were seen as strong, and participants and service deliverers alike were largely satisfied with it. Assessments from Opportunities Fund participants, as well as the outcome data, show that the program has helped individuals find work and has improved their employability and quality of life.

At the time of writing, program officials were generally reviewing the federal labour market programming available to persons with disabilities. The purpose of the review is to examine federal government coordination and coherence in labour market programming and to recommend changes if required.

Improving the hiring, accommodation and retention of workers with disabilities in the federal public service

In the 2004 budget, the Government of Canada pledged that its policies would do more to promote the hiring and retention of people with disabilities in government. It also pledged to encourage similar action on the part of employers in the federally regulated sector.

This announcement came on the heels of much recent work to improve outcomes for people with disabilities in the federal public service. In June 2002, Justice Canada and Canadian Heritage together organized the first Interdepartmental Forum of Persons with Disabilities, intended to increase the visibility of issues affecting workers with disabilities in the federal public service and to set the stage for cultural change. The forum brought together more than 250 federal employees from 39 departments. They included deputy ministers, senior managers and employees with disabilities from all occupational groups and levels.

Two key recommendations emerged from the forum: establish a committee of federal public servants with disabilities and develop a five-year strategy for public servants with disabilities. Both recommendations were endorsed by deputy ministers and the Clerk of the Privy Council and are now in place.

The first recommendation resulted in the National Committee of Federal Public Servants with Disabilities (NCFPSD), established in early 2003 to promote awareness, to represent the needs of federal public servants with visible and invisible disabilities and to advance the Government of Canada's agenda for public servants with disabilities.

As for the second recommendation, the NCFPSD will work with all stakeholders, including departments and agencies, senior management and federal public servants with disabilities, to realize its five-year strategy. Annual status reports will be prepared over the next five years.

The NCFPSD also works in partnership with the Public Service Human Resources Management Agency of Canada to ensure full implementation of the *Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service. T*his policy, *which took effect in June 2002,* provides a framework for "inclusion by design"—creating and maintaining an inclusive, barrier-free work environment in the federal public service. The policy strives to ensure that people with disabilities fully participate in the public service, whether as job candidates or as employees.

Legislation prohibiting discrimination against persons with disabilities in the workplace

The Canadian Charter of Rights and Freedoms provides protection to people with mental and physical disabilities by guaranteeing people with disabilities the right to equality before and under the law and to equal protection and benefit of the law without discrimination.

The Government of Canada has put in place legislation to prevent discrimination against persons with disabilities and to improve access in areas of federal jurisdiction. In particular, the *Canadian Human Rights Act* (*CHRA*), first enacted in 1977, protects anyone living in Canada against discrimination by federal departments, agencies and federally regulated employers and service providers.

The guiding principle of the *CHRA* is that all individuals should have an equal opportunity to make for themselves the lives that they are able to have and wish to have, and to have their needs accommodated, consistent with their obligations as members of society, without being hindered by discriminatory practices.

Closely related to the *CHRA* is the *Employment Equity Act* (*EEA*), originally enacted in 1986. Its purpose is to ensure that members of four groups—women, Aboriginal people, persons with disabilities and visible minorities—have equal access to jobs and are fairly represented in the workplace.[81] It seeks to create equality in the workplace and to correct the employment disadvantages experienced by these groups.

The current *EEA*, passed in 1995, applies to federal employers, including federally regulated private sector employers, crown corporations, federal departments and agencies, and separate public agencies that report directly to Parliament. Except for federal departments and agencies, only employers with 100 or more employees are covered. In all, the *EEA* covers more than 500 private and public institutions with a combined workforce of 900,000. Programs under the *EEA* have potential education and awareness benefits for an estimated 16 million skilled people across Canada.

Operating parallel to legislated employment equity is the Federal Contractors Program. It applies to provincially regulated employers that have a workforce in Canada of 100 or more employees and that receive federal goods or services contracts.

Because of the limited progress made by people with disabilities under the *Employment Equity Act*, and in response to recommendations from the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, a workplace integration strategy was developed in 2003-04 to improve the situation. Its pilot stage is now nearing completion. Among other activities, regional officers are receiving training in the field, and disability audits are being pilot tested with employers. Funding is being sought for national implementation, which will include components such as training, education, development of tools, auditing and reporting. The aim is to help employers remove the barriers for persons with disabilities and increase their representation.

Human Resources and Skills Development Canada: Employment Insurance Act, Part II

Persons with disabilities may qualify for benefits under Part II of the *Employment Insurance Act.* This act requires the Government of Canada to maintain a national employment service to help workers find suitable employment and employers find suitable workers. As part of this service, Human Resources and Skills Development Canada has developed a number of self-help tools that job seekers and employers can use with minimal help from staff. These tools are available at Human Resource Centres of Canada (HRCCs), at self-serve kiosks, on the Internet and through partner agencies. The tools are available to everyone, regardless of attachment to the employment insurance (EI) account.

Part II of the act also provides for employment benefits and support measures designed to help unemployed individuals return to work.

Employment benefits are available only to insured participants and generally involve longer-term benefits. Some examples are targeted wage subsidies (to encourage employers to hire people they would not consider without a subsidy), self-employment benefits (financial help for individuals starting up their own businesses), job creation partnerships (opportunities to participate in projects that provide work experience) and skills development benefits (financial help for individuals to get their skills upgraded).

Support measures are available to all unemployed people, regardless of their attachment to the EI account. For example, employment assistance services fund organizations that offer services to the unemployed, such as labour market information, needs assessment, employment counselling and help with job searches and résumé writing. As well, labour market partnerships offer a mechanism to support human resource planning and labour force adjustments. Research and innovation measures support projects that examine better ways of helping people find and keep work, so that they become productive participants in the labour market.

Similar benefits and measures have also been established in regions where responsibilities have been transferred to provincial or territorial governments under labour market development agreements.

Unemployed people with disabilities who qualify for employment benefits can access the programs in that area. They may also qualify for financial help with personal supports and assistive devices and services related to their disability. In 2002-03, 4.7% of those participating in employment benefits and support measures were people with disabilities.

Human Resources and Skills Development Canada: Aboriginal Human Resources Development Strategy

Launched in April 1999, the Aboriginal Human Resources Development Strategy helps Aboriginal people, including those with disabilities, prepare for, find and keep employment. The strategy is pan-Aboriginal—available to Inuit, Métis and First Nation people, living on and off reserve. In 2004 funding for the strategy was renewed for another five years, for a total investment of $1.6 billion (some $320 million per year).

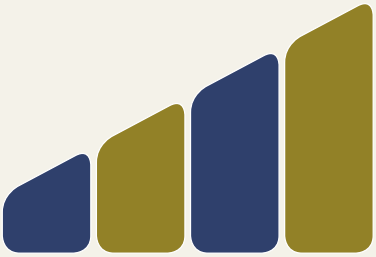
The Aboriginal Human Resources Development Strategy is administered by 79 holders of Aboriginal human resources development agreements in over 400 locations across Canada. It is administered in close partnership with key stakeholders and regional offices of Human Resources and Skills Development Canada. Services and programs under the strategy are designed and delivered by Aboriginal organizations to meet the unique needs of their communities. The programming, including for Aboriginal people with disabilities, varies under each agreement to ensure flexible decision making at the community level.

The strategy's disability component helps bring Aboriginal people with disabilities into the workforce. Under this component, $15 million has been allocated over five years for employment and training. Since 1999 the strategy has served over 5,000 Aboriginal clients with disabilities, with some 1,400 of them returning to work.

DEPARTMENTS AND AGENCIES CONTRIBUTING TO EMPLOYMENT

The departments and agencies listed below contribute directly to employment for persons with disabilities. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

- Agriculture and Agri-Food Canada
- Canadian Human Rights Commission
- Canadian International Development Agency
- Department of National Defence
- Environment Canada
- Human Resources and Skills Development Canada
- Public Service Commission of Canada
- Public Service Human Resources Management Agency of Canada
- Public Works and Government Services Canada
- Royal Canadian Mounted Police
- Social Development Canada
- Veterans Affairs Canada



Chapter 6

Income

To participate fully in society, people need adequate and secure income. But what constitutes "adequate" income is a matter of debate. For some, it is the ability to pay bills and to have enough money to meet basic needs for food, shelter, clothing, transportation and health. For others, it means being able to enjoy what life has to offer and pursuing one's goals and aspirations, from participating in recreational activities to attending college or university to supporting a family in the way one chooses. Seen this way, income is not just about dollars; it is also about opportunity and inclusion.

For many people with disabilities, securing adequate income, however we define it, is an elusive goal. Along with lone parents, recent immigrants, unattached individuals aged 45 to 64 and Aboriginal people, persons with disabilities have been identified as being at high risk of having a low income.

The income situation of people with disabilities is closely linked to all other issues they face. Individuals with disabilities are more likely to have a low level of education, to have a part-time job or no job at all, to experience health conditions that limit workforce participation and to face higher-than-average costs of living because of disability-related expenses. All of these factors affect whether people with disabilities can secure an adequate income. Conversely, having a low income can negatively affect health and make it more difficult to get schooling or search for better work.

Although most individuals with disabilities are likely to have their incomes affected by the barriers and extra costs associated with disability, securing an adequate income is even harder for some. Aboriginal people; low-income families of children with disabilities; those with severe disabilities; individuals with cyclical, episodic or progressive disabilities; and those living in small or rural communities face particular challenges. For example, residents of small or rural communities may find it hard to access support services located far away in urban centres. They may also have trouble getting jobs because of limited opportunities in their area.

The Government of Canada recognizes these challenges in various ways. One way is to administer the largest long-term disability insurance plan in Canada—the Canada Pension Plan disability program. Other ways include offering provisions in the tax system, supporting the programs of provincial and territorial governments and providing income programs for groups within its jurisdiction.

This chapter examines five indicators of income for Canadians with disabilities and looks at some factors that may influence income. The three indicators in *Advancing Inclusion*

2002—household income, persons living in low-income households and major source of personal income—are repeated here. Two new indicators have been added: food security and net worth.

The chapter also highlights income-related issues for Aboriginal persons with disabilities, and profiles some Government of Canada initiatives that help people with disabilities secure adequate income.

INDICATORS

BOX 6.1
Indicators of income

- Household income
- Persons living in low-income households
- Major source of personal income
- Food security
- Net worth

Household income

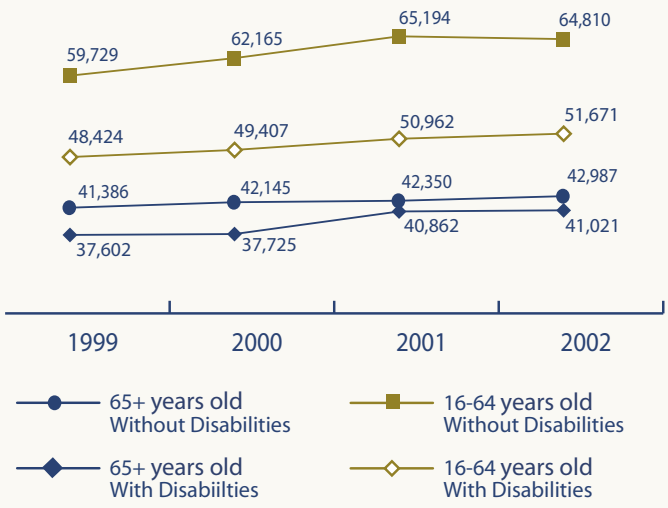
This indicator measures how the household income of people with disabilities compares to the income of others. The sources for this indicator are the Survey of Labour and Income Dynamics (SLID) 1999-2002 and PALS 2001.

According to SLID, the average annual household income of people with disabilities (after tax) rose by about 7% between 1999 and 2002. Yet through this period people with disabilities consistently had lower household income than people without disabilities. In 2002 the average after-tax household income of adults with disabilities was $51,671 just 79% of that of their peers without disabilities ($64,810).

The household income gap between people with and without disabilities is more striking at certain stages of life. PALS 2001 indicates that adults with disabilities aged 25 to 54 have household incomes 28% lower than those without disabilities.[82] The gap between youths with and without disabilities is 13% smaller but still considerable. In contrast, household income is nearly the same for seniors with and without disabilities. However, seniors overall—with and without disabilities—have lower household incomes than working-age adults.

Preschoolers with disabilities live in households that take in 83% of the pre-tax income of households without disabilities. School-age children (aged 5 to 14) with disabilities fare slightly better at 86%.

6.1 – After-tax household income ($)



SLID 1999-2002

Working-age women with disabilities have an average household income 6% lower than that of men with disabilities. This gap widens to 13% among seniors. For persons with disabilities aged 15 and over, household income is highest for those with mild disabilities and lowest for those with very severe disabilities.

Individuals with disabilities who live alone have the lowest household income—about two thirds of the income of those without disabilities who live alone. Among people with disabilities, those who live in two-spouse families have the highest household income—2.7 times the income of those living alone and 1.4 times the income of lone parents. Lone parents with and without disabilities have similar household incomes.

Persons living in low-income households

When does low household income constitute a state of poverty? This is a subject of ongoing debate, as Canada does not have a universal definition of poverty or an official poverty line.

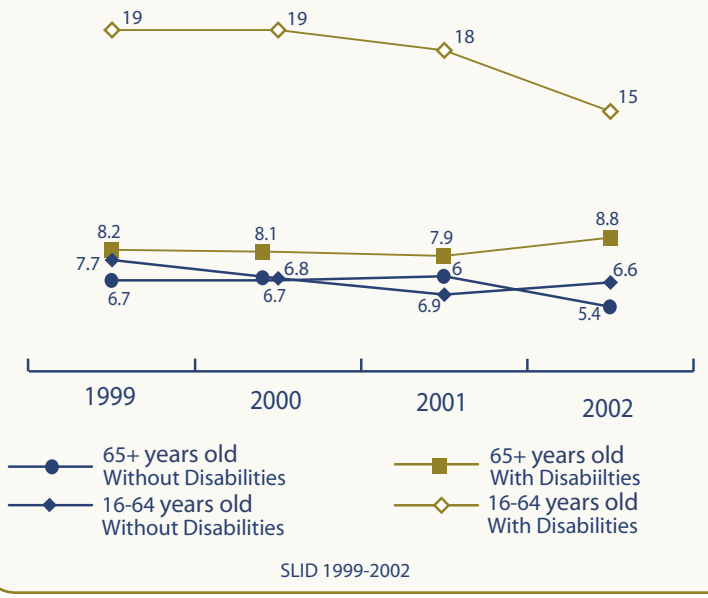
Several measures of low income are used in this country. This report calculates low income using Statistics Canada's low-income cutoff (LICO).[83] If a household spends 20% more of its income on food, shelter and clothing than an average family of the same size living in a community of the same size, then it falls beneath the LICO. The LICO is not to be considered a poverty line, according to Statistics Canada, which instead defines people with family incomes below the LICO as living in "straitened circumstances."

According to SLID, the percentage of adults with disabilities (aged 16 to 64) with household after-tax incomes[84] below the LICO decreased by 4% between 1999 and 2002.[85] Yet people with disabilities are still more likely to live in households with incomes below the LICO than their peers without disabilities. In 2002, 15% of adults with disabilities lived in low-income households—more than double the number of their peers without disabilities (6.6%).

In contrast to younger adults, the percentage of seniors with disabilities living in low-income households increased very slightly, by 0.4%, between 1999 and 2002. In 2002 seniors with disabilities were more likely to live in low-income households than seniors without disabilities (8.8% versus 5.4%). Overall, seniors live in low-income households less often than the working-age population.

Women, regardless of disability status, make up a disproportionate share of Canadians with low incomes. Among women with disabilities,

6.2 – Population below the after-tax low income cut off (%)



SLID 1999-2002

16% have after-tax household incomes below the LICO, compared to 13% of men with disabilities. The rate falls to 12% for senior women with disabilities, but they still fare worse than their male counterparts at 5%.

Children with disabilities are more likely to live in low-income households than children without. This is the case for both preschoolers (25% versus 20%) and school-age children (24% versus 18%). People with severe to very severe disabilities are more likely to live in low-income households than those with mild to moderate disabilities. Their low incomes are at least partly explained by their low workforce participation rate and perhaps by the extra costs associated with their disability.

Living with others is a way to pool income and share expenses. Adults with disabilities are more likely to live alone than those without disabilities, which increases their likelihood of living in a low-income household. About 48% of adults with disabilities who live alone are in a low-income household, compared to just 11% of their peers who live with a spouse.

The rate of low income is also related to the source of one's income (see the next indicator). Fully 70% of those getting income from social assistance live in low-income households, compared to under 20% of those getting income from employment insurance or workers' compensation, programs linked to labour force attachment.

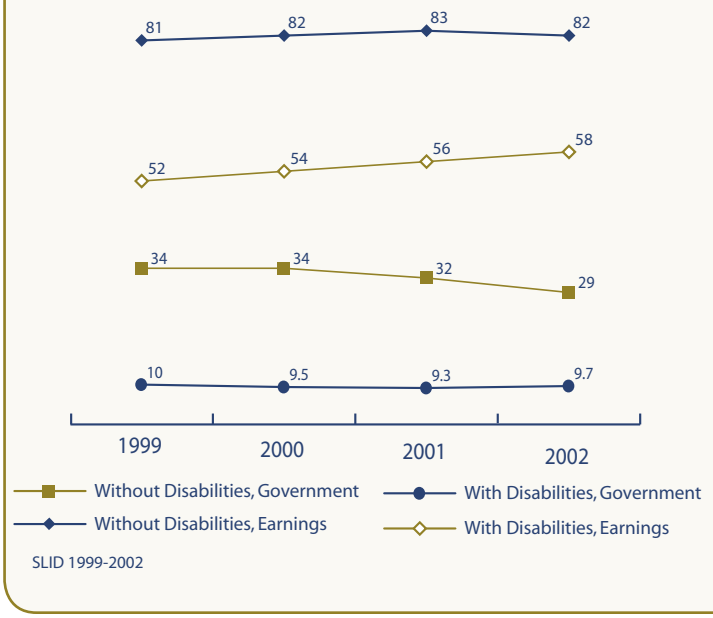
Major source of personal income

Canadians with disabilities get their income from various sources. Those who work earn income from their jobs; others have earnings from private investments. One in six working-age adults with disabilities receives disability benefits from the Canada Pension Plan or the Quebec Pension Plan and/or social assistance. Between 7% and 10% receive private disability insurance, other Canada Pension Plan benefits, employment insurance or workers' compensation.[86] As well, disability pensions may be awarded to individuals for disability or death which is related to military service.

Most working-age Canadians rely on jobs to meet their income needs.[87] Figure 6.3 shows that working-age adults with disabilities are much less likely than those without disabilities to have work-related earnings as their major source of personal income. In 2002 58% of working-age adults with disabilities had self-employment or employment earnings as their largest source of income, compared to 82% of those without disabilities.

Instead, in 2002 working-age adults with disabilities were three times more likely than those without disabilities to look to government

6.3 – Major source of personal income, persons aged 15 to 64 (%)



SLID 1999-2002

transfers as their major source of income (29% versus 9.7%),[88] and they were three to four times more likely to do so in the period from 1999 to 2002. However, the percentage of those with disabilities reporting government transfers as their main source of income did decrease from about 34% in 1999 to 29% in 2002.

Because of their age, seniors with disabilities are most likely to have government transfer payments, including Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement, as their primary source of income. Seniors with disabilities are less likely than those without to report private pensions as their main source.

From 1999 to 2002 men with disabilities (aged 16 to 64) were more likely than women to get the majority of their income from earnings every year. In contrast, women with disabilities were more likely than men to have government transfers as their primary source of income.

For people with disabilities, the main source of income affects their likelihood of having a low income. Working-age adults with disabilities who get at least half their income from government transfers are over six times more likely to live in low-income households than those who get at least half from employment.

One of the greatest income barriers for people with disabilities involves the risks and disincentives they face in changing their main source of income from government transfers to employment earnings. Attempting to work can be risky if people are not sure they can continue working over the medium or long term. Some income programs allow individuals to earn a fair amount of employment income before their income assistance and supports are affected, but other programs stop benefits more abruptly. This fact can discourage people from working beyond a certain limit or from even trying to work in the first place.

When making the transition to employment, people need a reliable base of income and disability supports so that they can establish themselves in the labour market without financial uncertainty or undue hardship because of the cost of supports. As well, if they cannot keep working, people with disabilities must be able to get income support quickly; hence, the importance of measures such as automatic reinstatement of CPP disability benefits, which provides for quickly re-starting payments when the recurrence of a disability makes it difficult to continue working.

These dynamics are illustrated in a 2001 study of social assistance.[89] The study found that clients with disabilities were much more likely than clients without to say that losing social assistance income was a barrier to employment (35% versus 6%). Those with disabilities were also much more likely to consider the loss of supplementary health coverage a barrier to employment (34% versus 16%).

Food security

Having enough income to buy the food we need for a safe, healthy, nutritious diet for ourselves and our families is key to our health, well-being, dignity and inclusion. Thus, an important indicator of income for persons with disabilities is the degree to which they experience food security.

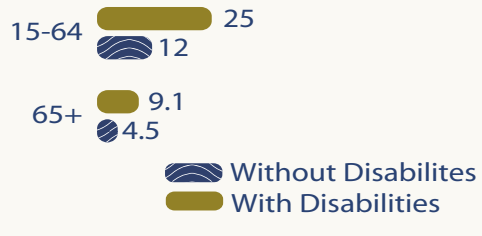
Food security exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for

an active and healthy life."[90] Food insecurity, on the other hand, can be understood as "the inability to acquire or consume an adequate diet of quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so."[91] Food insecurity involves going without food, eating less than needed or worrying about the ability to buy food, all because of a lack of money.

Anyone may be at risk of food insecurity at some point in life, but some groups are especially vulnerable, people with disabilities among them. The 2000-01 Canadian Community Health Survey found that people with disabilities aged 15 to 64 were twice as likely as those without disabilities to have faced food insecurity (25% versus 13%). The rates are lower for seniors, but again in this age group, those with disabilities are twice as likely as those without to face food insecurity (9.1% compared to 4.5%).

Women, regardless of disability status, are more likely to experience food insecurity than men. People with disabilities who also belong to other disadvantaged groups with a higher likelihood of food insecurity—single individuals, students, some immigrant and refugee groups, lone mothers—may be particularly at risk. More than one in three lone mothers with disabilities runs out of money for food at least once a year.[92] Children with disabilities may be at particular risk. There is also evidence that people with disabilities make up a significant part of the population using food banks.[93]

6.4 – Food insecurity among persons aged 15 and over (%)



CCHS 2000-2001

For people with disabilities, low rates of participation in the labour market, high rates of low income and the extra costs associated with disability may all contribute to food insecurity.[94] The food budget is one of the most flexible in a household and is often the first to be cut when there are competing expenses to meet.

Net worth

Economic well-being does not come solely from income but also from savings, investment and accumulation of assets. Assets can improve economic independence and stability, in the present and in the future.

This indicator examines assets (both financial assets such as savings and investments, and non-financial assets such as homes and other real estate), the amount of debt (mortgages and credit) and the net worth (the difference between assets and debts) of persons with disabilities compared to the general population. The data source for this indicator is the 1999 Survey of Financial Security, and all the data reported are for adults aged 18 to 64.

An individual's total assets are made up of non-pension financial assets, non-financial assets, business equity and pension assets such as registered retirement savings plans and registered retirement income funds. Single primary income earners with disabilities have much lower total assets than those without disabilities ($8,000 versus $25,400 in median amounts).

BOX 6.2
Importance of assets

"Families know intuitively that savings and assets are as important to their overall financial and economic security as income. Savings and assets, however modest, can be an important economic resource. Assets can cushion against sudden losses of income or financial risks such as starting a new business.

"Assets can enhance social capital, participation and inclusion. For example, homeowners appear to have higher levels of civic engagement and enjoy better marital stability, family health and well-being among children, in comparison to non-owners. Assets can build capacity that can be sustained beyond current consumption needs while complementing existing income supports.

"Most importantly for children, savings and assets can increase hope and a sense of ownership and mastery over one's life and future."

J. Robson-Haddow, "The Key to Tackling Child Poverty: Income Support for Immediate Needs and Assets for Their Future" (Ottawa: Caledon Institute, March 2004).

An individual's net assets are calculated by subtracting debts from total assets. Primary income earners with disabilities have a median net worth of $6,020, nearly three times lower than the net worth of those without disabilities, at $17,501. For single primary income earners, differences in net worth vary according to age. The most substantial gap in median net worth between those with and without disabilities emerges among older adults (aged 55 to 64) in the years prior to retirement.

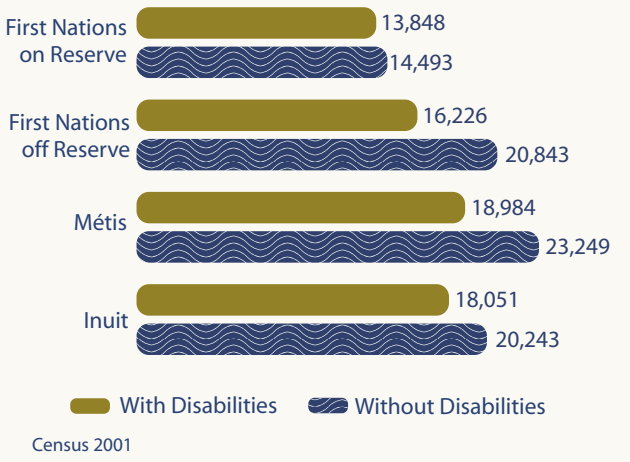
Higher levels of education are associated with much higher levels of net worth. In fact, education actually reverses the gap between people with and without disabilities. Among high-school graduates, median net worth is $8,050 for people with disabilities and $11,795 for people without. Among those with post-secondary education, net worth increases to $30,359 for those with disabilities and $27,593 for those without. These results suggest a need to further investigate the relationship between net worth and education for persons with disabilities.

INCOME AND ABORIGINAL PERSONS WITH DISABILITIES

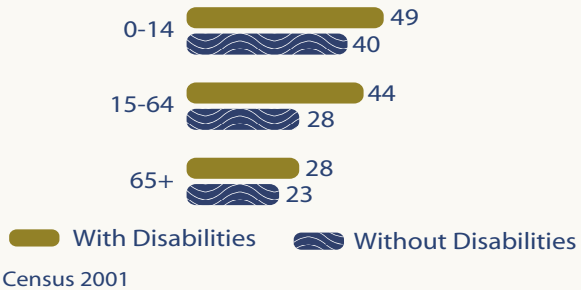
The average household income of Aboriginal persons with disabilities will only be available shortly after the publication of the present report. However, it is currently possible to gauge their household income by looking at individual incomes.[95]

The average individual income of Aboriginal people with disabilities is well below that of other Canadians. According to the 2001

6.5 – Individual income, working-age aboriginal adults ($)



6.6 – Aboriginal people living below the pre-tax low income cut off (%)



Census 2001

census, Aboriginal people with disabilities aged 15 and over have an average individual income of $16,766—75% of the individual income of all Canadians with disabilities ($22,228) and just 54% of the individual income of all Canadians without disabilities ($30,814). In addition, the average individual income of Aboriginal people with disabilities is only 85% of that of Aboriginal people without disabilities ($19,800).

As shown in Figure 6.5, the lowest individual incomes among Aboriginal people aged 15 and over occur among First Nation people with disabilities, both on and off reserve ($13,848 and $16,226 respectively). Among Aboriginal adults with disabilities, Métis people have the highest individual income ($18,984).

The individual income of Aboriginal seniors with disabilities is slightly above that of working-age Aboriginal adults overall ($17,068 versus $16,700). However, both figures are lower than those for Aboriginal seniors and working-age adults without disabilities ($18,794 and $19,834 respectively).

Aboriginal people with disabilities are more likely to live in households with income below the pre-tax LICO than are Aboriginal people without disabilities (42% versus 32%).[96] As shown in Figure 6.6, Aboriginal seniors are less likely than any other age group to live in low-income households, and Aboriginal children with disabilities are the most likely. In the latter group, 49% live in low-income households, a figure that decreases to 44% for those aged 15 to 64 and to 28% for seniors.

Among Aboriginal people, working-age Métis and Inuit adults with disabilities are almost equally likely to live in households with income below the pre-tax LICO (38% and 37% respectively). However, Métis children with disabilities (up to age 14) are much more likely to live in low-income households than Inuit children with disabilities (43% versus 28%).

GOVERNMENT ACTION

The Government of Canada recognizes the need for an income safety net that provides flexible supports for individual work efforts as much as possible, but that also provides income security if self-support is impossible or insufficient to meet basic needs.

For eligible persons with disabilities, the Government provides earnings replacement through the Canada Pension Plan disability program. Eligible Canadians with disabilities can also get earnings replacement through, for example, employment insurance sickness benefits and federal workers' compensation. Specific groups, such as veterans with disabilities, may get income support from other programs.

Social assistance is a "needs-tested" program. In other words, it provides financial help and other supports to families and individuals who, for various reasons (including disability),

cannot meet basic living costs after turning to all other sources of support. In Canada, the provincial and territorial governments are primarily responsible for social assistance for people with disabilities. The Government of Canada supports their programs through the Canada Social Transfer. On-reserve social assistance programs funded by the Government of Canada mirror those of provincial and territorial governments.

The Government has also built a number of measures into the income tax system so that people with disabilities and those who care for them are treated fairly. In particular, tax credits and deductions for persons with disabilities and their caregivers recognize that these individuals face extra disability-related expenses that reduce their ability to pay tax. This function of recognizing costs in the tax system helps to level the playing field for people with disabilities and their caregivers. However, it is distinct from the income support offered by the programs mentioned above.

The Government of Canada also provides certain benefits as part of the disability support system. Benefits such as home renovation grants, home-care services and student assistance contribute to income security for eligible individuals by relieving some of the financial pressure of having to pay for disability supports.

The following are profiles of some Government of Canada initiatives that help with income security and tax relief for persons with disabilities and those who care for them. Afterwards is a list of federal departments and agencies that contribute to income and tax measures.

Social Development Canada: Canada Pension Plan—Disability

The Canada Pension Plan (CPP) was established by an act of Parliament in 1965 and implemented in 1966. The Government of Canada and the provincial and territorial governments are joint stewards of CPP. It is administered by Social Development Canada in partnership with other federal departments and agencies, including the Canada Revenue Agency and Finance Canada. The program operates in all of Canada except Quebec, which operates a similar program, the Quebec Pension Plan (QPP).

The Canada Pension Plan, which is funded by mandatory contributions from employees, employers, and the self-employed, provides basic protection against the loss of earnings because of retirement, disability or death. Although over 80% of benefits paid are in the form of retirement pensions, CPP administers the largest long-term disability insurance plan in Canada—the CPP disability program (CPPD).

CPPD provides a monthly benefit to individuals who have made enough contributions to CPP and who have a severe and prolonged disability that prevents them from working regularly at any job.[97] The program also pays a monthly benefit to beneficiaries' children under 18 or between 18 and 25 and attending school full-time.

In 2003-04 about 290,000 people were receiving CPPD benefits, and 92,000 of their children were receiving a children's benefit for a total cost of approximately $3 billion. The same period saw about 60,700 new applications for CPPD. In 2004 the maximum a beneficiary could receive from

CPPD was $992 a month, and the average paid was $750 a month. The CPPD children's benefit in 2004 was $193 a month for each eligible child.

Another important role of CPPD is to help beneficiaries return to work if and when they are able. In recent times more efforts and resources have gone toward this role. Since the mid-1990s, CPPD beneficiaries have been able to volunteer or attend school full-time without risk to their benefits. A vocational rehabilitation program introduced in 1998 now helps about 450 clients a year carry out return-to-work plans. About one third of these clients return to regular employment.

Under CPPD, beneficiaries are allowed to work and earn a certain amount in a calendar year without reporting that amount. For 2004 the allowable amount was $4,000. For some clients, this provision can become the first step back to regular employment. For others, it makes it possible to work periodically, when their condition permits.

Benefits do not automatically cease once a client reaches the allowable earnings amount; in fact, there is no fixed dollar amount at which benefits automatically stop. Each client's situation is considered individually, since each person's condition and capacity to work are unique. CPPD looks at a client's medical information, work patterns, time worked and earnings before deciding whether to stop benefits. If it is determined that the client lacks the capacity for sustained work but is still able to earn over this level through sporadic work, the CPPD benefits continue.

In 2003 the Standing Committee on Human Resources Development and the Status of Persons with Disabilities began the first parliamentary review of CPPD since the 1980s. The committee's report, *Listening to Canadians: A First View of the Future of Canada Pension Plan Disability Program*, reviewed all aspects of the CPPD program and its relationship to other disability income programs. In November 2003 Social Development Canada tabled the government's response in Parliament.[98]

Among other things, the government's response pledged to amend the Canada Pension Plan to allow for the automatic reinstatement of CPPD benefits. This amendment was part of the 2004 budget bill passed by Parliament in May 2004. Once the provision comes into force, clients whose CPPD benefits stopped because they returned to work will have those benefits quickly reinstated if they cannot keep working because their disability has recurred. Clients can rely on automatic reinstatement for two years after their CPPD benefits stop; they will not have to requalify by meeting contributory requirements. Implementation is expected in early 2005, once the amendment receives the formal approval necessary from two-thirds of the provinces with two-thirds of the population, to allow it to come into force.

CPPD has introduced a number of initiatives recently to make potential applicants, clients and stakeholders more aware of the program. For example, all 290 000 CPPD beneficiaries get an annual newsletter containing information on such things as work incentives, tax measures and program changes. The CPPD website has been improved and tailored to user needs. As well, a physicians' guide on medical eligibility requirements for CPPD has been sent to 26 000 general practitioners and to specialists across Canada.

Another area of progress involves the relationship between CPPD and provincial and territorial income assistance programs for people with disabilities. In February 2004 senior representatives from CPPD and the provincial/territorial programs met to discuss how CPPD and social assistance policies affect mutual clients. They agreed to work together to make services more seamless and client-centred and to improve collaboration on employment supports for mutual clients. Work in these areas is ongoing.

Indian and Northern Affairs Canada: income assistance for on-reserve residents

Indian and Northern Affairs Canada (INAC) provides funding for First Nation communities to administer income assistance so that eligible individuals and families on reserve can meet basic needs for food, clothing and shelter. INAC adopts the rates and eligibility criteria of the host provincial or territorial income assistance program. Following these criteria, INAC may also fund special needs, such as dietary requirements, that may not be included in basic needs. By using the provincial and territorial rates and criteria, INAC endeavours to ensure that on-reserve residents get services and benefits comparable to those offered off reserve.

Canada Revenue Agency/Finance Canada: Child Disability Benefit

Families caring for children with severe disabilities need help to make sure their children do not fall behind because of costs related to their disability. As a result, the 2003 federal budget included $50 million a year for a new Child Disability Benefit (CDB). The new benefit is an important step toward ensuring that children with disabilities, like all Canadian children, have the best possible start in life.

The CDB, designed for low- and modest-income families, helps with the high costs associated with caring for children who have severe and prolonged impairments. CDB is a supplement to the Canada Child Tax Benefit (CCTB), paid for children who are eligible for the disability tax credit (DTC).

In March 2004 the Canada Revenue Agency issued the first CDB payments of up to $133.33 per month as a supplement to the regular CCTB to eligible families. The first payments included a retroactive lump sum of $1,050 on average to cover the period from July 2003, when the benefit came into effect, until March 2004.

The maximum benefit for the July 2004 to June 2005 benefit year is $1,653. The full benefit is provided for each eligible child to families that receive the national child benefit (NCB) supplement. Families with children who are eligible for the CDB and who do not receive the NCB supplement may be entitled to a reduced amount of the CDB based on net family income.

Review of tax measures for persons with disabilities

Fairness in taxation is one of the Government's broad objectives. Fairness requires that individuals in similar situations with similar incomes pay similar amounts of tax. The income tax system thus contains a number of measures to ensure that persons with disabilities and those who care for them are treated fairly.

One of these measures is the disability tax credit (DTC). The purpose of the DTC is to recognize that people with severe disabilities incur non-discretionary, non-itemizable costs that reduce their ability to pay tax. The DTC provides tax relief to individuals who, because of a severe and prolonged mental or physical impairment, are markedly restricted in their ability to perform a basic activity of daily living, or would be markedly restricted if not for extensive therapy to sustain a vital function.

In recent years, many concerns about the DTC have been raised by the disability community, medical professionals and parliamentarians. The Government of Canada has listened to these concerns and has decided that more must be done to ensure that the DTC meets its intended purpose.

Evaluation of the disability tax credit

In August 2002, responding to the seventh report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, the Government of Canada committed to conducting an evaluation of the DTC to determine whether the credit is achieving its policy purpose. The completed evaluation was published in the 2004 *Tax Expenditures and Evaluations* report.

The evaluation found that the DTC improves tax fairness for over 400,000 Canadians with severe and prolonged disabilities, as well as their supporting families. It also found that the DTC appears to be reaching its target population—Canadians with severe and prolonged disabilities and that the majority of DTC claimants are seniors. However, the evaluation noted that better information is needed to assess whether the DTC dollar amount is at the right level. It also noted that steps are being taken to develop better data on how much extra people with disabilities spend on everyday items.

Technical Advisory Committee on Tax Measures for Persons with Disabilities

In the 2003 budget, the Government of Canada announced the creation of the Technical Advisory Committee on Tax Measures for Persons with Disabilities. The committee, officially appointed in April 2003, consists of members of groups that represent persons with disabilities, health practitioners and private sector tax experts.[99] The committee's mandate is to advise the Government on how to improve tax fairness for persons with disabilities and those who care for them.

The 2003 budget also set aside $25 million in 2003-04[100] and $80 million a year thereafter to improve tax fairness for persons with disabilities, drawing on the DTC evaluation and the advice of the Technical Advisory Committee.

The Technical Advisory Committee, which submits its final report in December 2004, has focused on issues relating to the DTC, tax measures for caregivers and tax recognition of the costs people with disabilities incur to pursue employment or education. In this third area, the committee made an interim recommendation that the Government introduce a deduction to recognize the cost of disability supports bought for employment or education. The government responded by introducing the disability supports deduction in the 2004 budget.[101]

DEPARTMENTS AND AGENCIES CONTRIBUTING TO INCOME

The departments and agencies listed below contribute directly to income for persons with disabilities. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

Income measures

- Department of National Defence/ Canadian Forces
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada
- Social Development Canada
- Veterans Affairs Canada

Tax measures

- Canada Revenue Agency
- Finance Canada

Chapter 7

Capacity of the Disability Community

The Government of Canada recognizes how important voluntary organizations are for providing leadership, identifying needs, offering advice and support and delivering services to improve the quality of our lives. Through these organizations, Canadians have a chance to voice their needs and be part of a more inclusive and varied society.

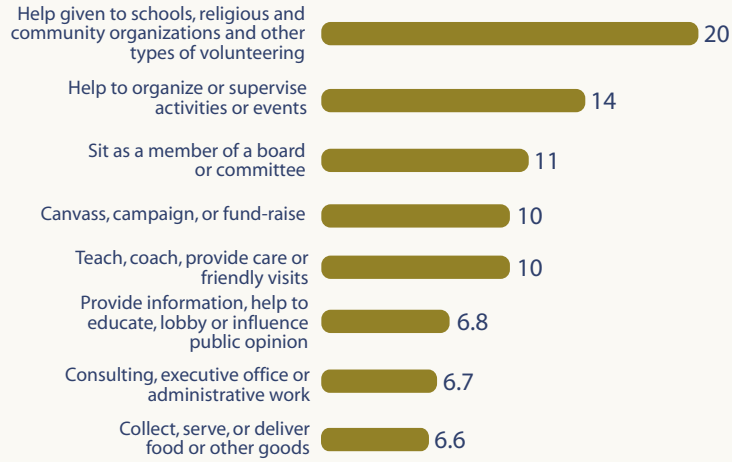
Non-profit and voluntary organizations are often seen as a third sector of our society, alongside the private and public sectors. This third sector contributes much to our economic development, employing more than 1.3 million people and supporting roughly 6.5 million volunteers across Canada, who dedicate more than a billion hours each year.[102]

Non-profit or voluntary disability organizations are one community of interest within this sector.[103] Disability organizations, like other voluntary groups, focus on a wide variety of areas, including sports, advocacy, religion, housing, education, fundraising, law, arts and culture, the environment, and business, professional and union activities. Despite this variety, most disability organizations (42%) focus on health and social services, an area covered by only 17% of non-disability organizations.

There are thousands of disability groups in Canada. The Canadian Abilities Foundation has gathered details about many of them on its website, in the Directory of Disability Organizations in Canada, a descriptive listing of over 5,000 groups.[104] This directory is just one tool helping to build the networking capacity of the disability community.

Building the capacity of the disability community, through support and resources, is crucial to advancing the inclusion of persons with disabilities. Overall, the disability community has seen trends in its capacity that parallel trends in the non-profit and voluntary sector in

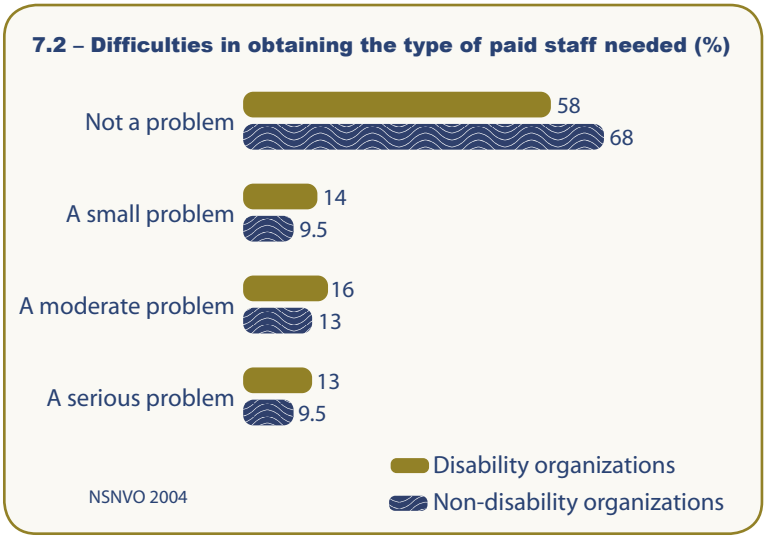
7.1 – Overall participation of persons with disabilities (aged 15 and up) in unpaid activities through an organization, by type of activity (%)



PALS 2001

Note: Persons with disabilities could report participation in more than one of the activities

general. According to the National Survey of Nonprofit and Voluntary Organizations, there are reports of slightly more difficulties in all capacity areas, and these difficulties seem to be following the same patterns.



Advancing Inclusion 2002 presented seven indicators of progress for this outcome area. The list was inspired by the findings of a research project that the Canadian Centre on Disability Studies conducted for the former Human Resources Development Canada. However, measuring community capacity is difficult because consensus on what the term means is still emerging, as is a long-term approach to gathering data. Based on current information, this year's report examines three restructured indicators, which cover the basic effectiveness and sustainability of disability organizations.

This chapter will also look at community capacity in relation to Aboriginal persons with disabilities and will highlight some Government of Canada initiatives that advance community capacity.

INDICATORS

BOX 7.1
Indicators of capacity of the disability community

- Human resource capacity
- Financial resource capacity
- Structural and systems capacity

Human resource capacity

Human resource capacity generally means the human capital that organizations possess. It includes the knowledge, expertise, abilities, attitudes and motivations of employees and volunteers alike. Human resource capacity has considerable value, as it determines an organization's ability to respond to challenges and opportunities. Building this capacity, and sustaining it, requires community leadership and the work of volunteers.

People with disabilities participate in community building in many ways, whether they get involved in the disability community in particular or other non-profit and charitable groups in general. People with disabilities are often viewed as just the recipients of volunteer work, rather than being recognized for volunteering their own abilities and talents to society.[105] Yet they volunteer for many of the same activities as people without disabilities.

Helping at schools and religious and community organizations is by far the most common volunteer activity among people with disabilities, especially for those aged 15 to 24. Seniors with disabilities also volunteer, accounting for 39% of those with disabilities who help organizations that collect, serve or deliver food or other goods. Adults aged 25 to 54 are the largest group of volunteers with disabilities to inform, educate, lobby or influence public opinion on an organization's behalf.[106]

BOX 7.2
Impact of volunteering

The Active Living Alliance for Canadians with a Disability is a national network of agencies, organizations and individuals that promote active living for people with disabilities. From the start, the Alliance has been directed, driven and sustained by volunteers who share its vision and want to work together to make active living a part of every Canadian's lifestyle. Volunteers work at the community or national level, providing time, expertise and support to ensure the programs and services of the Alliance reach those they are intended for.

With the support of the Government of Canada, the annual youth exchange is one example of the kind of action the Alliance takes to increase the active living, participation and physical activity of people with disabilities.

"I believe the exchange was life altering for everyone including the [volunteers]. This was truly an incredible experience for me."
Volunteer — Regina, Saskatchewan

Despite this participation, groups still report difficulties with both paid and volunteer staffing. There are signs of fatigue and a lack of training opportunities and capacity. As well, it can be hard for an organization to keep skilled workers if it is unable to offer competitive salaries. In the disability community in particular, organizations report that getting the staff they need is a challenge. Disability organizations raise this as a problem in 42% of cases, compared to 32% of cases for other non-profit and voluntary organizations.

According to a recent study on how non-profit organizations are affected by change, the rate of low earnings and temporary or part-time work is high in the non-profit and voluntary sector, especially compared to the private sector.[107] The lack of management capacity may also tax an organization's ability to meet its objectives.

Financial resource capacity

Financial resources such as capital, revenues and assets are essential for disability organizations. But beyond dollars and cents, financial resource capacity also includes the ability to navigate through the web of relationships with funding bodies, procedures and systems. Like other non-profit and voluntary groups, disability organizations can be seriously threatened by financial uncertainty. Ongoing fundraising demands a great deal of commitment, both from staff and from funders.

Public funding is the main source of revenue for the non-profit and voluntary sector in Canada. Although provincial, territorial and municipal funding is much more extensive, Government of Canada funding represents nearly 11% of public support to charitable groups.[108] Funding normally comes in the form of government grants and contributions to help with community and national initiatives.

7.3 – Lack of core funding (%)

Organizations report that funding is becoming more and more irregular, unstable and dependent on funders' shifting priorities.[109] Most important, there is a trend toward supporting specific projects rather than providing core funding, which supports an organization as a whole. While this approach may give the funding body more control over what the organization delivers, targeted funding can limit the organization's ability to predict its future and plan strategically.

Disability organizations face core funding challenges similar to those of other non-profit and voluntary groups. Lack of core funding in particular is cited as a problem by 70% of disability organizations and 63% of non-disability organizations.

Non-profit and voluntary groups report other financial challenges as well. Overreliance on project funding is cited as a problem by 63% of disability groups and 62% of other groups. The need to modify activities to get funding is a further obstacle, cited by 52% of disability groups and 48% of other groups. As well, some organizations perceive government funding as decreasing; this is reported as a serious problem by 41% of disability groups and 38% of other groups.

Organizations that get public funding, including those in the disability community, must be accountable for their spending. Organizations say that greater accountability requirements and reporting demands, though understandable, may undermine their ability to work on projects. In the National Survey of Nonprofit and Voluntary Organizations, 45% of disability groups and 44% of non-disability groups identified funders' reporting requirements as a problem.

Public funding often stipulates that groups be funded by a variety of sources. Organizations report being increasingly asked by funders to build partnerships and supply joint submissions. There are some financial advantages to collaboration, such as shared costs and expenses, but in such a competitive environment potential partners may not have the same interests or access to resources. There are also concerns that partnerships are fragile—the loss of one funding source or partner may cause an entire project to fail.

Structural and systems capacity

For disability organizations to manage in increasingly unstable and competitive circumstances, they need structural and systems capacity. This generally refers to the capacity of an organization's administrative and management systems to for planning, networking, advocating, accounting and communicating. It also refers to capacity in information technology, software and databases.

7.4 – Lack of capacity in areas such as administrative systems, information technology, software or databases (%)

Structural and systems capacity also includes an organization's ability to manage information and to have the resources it needs to use information technology. The disability community creates many information products, including research, best practice manuals and databases. Ensuring that disability information is reliable and accessible, for both organizations and individuals, is paramount.

There are obstacles limiting the disability community's effective use of systems and technology.[110] First and foremost, the cost of equipment and of keeping up with fast-paced technological change often creates barriers. Many groups need staff and volunteers who are trained in technology, which means investing more resources. One solution is to contract outside expertise, but the cost can be prohibitive. Some groups use their partnerships with other non-profit and voluntary organizations to share resources and adopt new technologies while staying within their means.[111]

Almost half of disability groups report a capacity problem in areas such as administrative systems, information technology, software and databases. The same problem affects other groups as well, but perhaps less acutely: about 34% of disability groups rate this capacity problem as moderate or serious, compared to only 24% of non-disability groups. Other difficulties reported by disability organizations include planning for the future (cited by 67%), adapting to change (51%) and participating in policy development (48%). A further barrier may lie within the culture of an organization. Some leaders may be uncomfortable with technology or even unaware of its advantages.[112]

BOX 7.3
Importance of organizational change

"Canada's non-profit sector has been experiencing many years of organizational change. Its responsibilities have grown…many non-profit organizations are responding to the need to adapt to changing circumstances."

Foreword by J. Maxwell in Coping with Change: Human Resource Management in Canada's Non-Profit Sector, by McMullen and Brisebois, Canadian Policy Research Networks, 2003.

Nevertheless, disability organizations generally strive to build their structural capacity. This capacity is important so that they can share their research and their projects, and provide better, higher-quality information for the disability community.

CAPACITY OF THE DISABILITY COMMUNITY AND ABORIGINAL PERSONS WITH DISABILITIES

Many service and voluntary organizations have little contact with Aboriginal persons. They have no Aboriginal staff and no Aboriginal members on their boards of directors. Some report having sought Aboriginal participation in the past, but with no success. One study found that even though organizations say they welcome everyone, they make little serious effort to include Aboriginal people as staff, volunteers or consumers of services.[113]

Staff turnover in disability organizations has a large impact on Aboriginal people with disabilities—for example, in the area of mental health. According to some researchers, "A key issue in the work of mental health therapists is the development of relationships of trust with the communities and clients. A major deterrent

in building trust was the experience of high turnover therapists. Although some degree of turnover is unavoidable and expected, steps to minimize turnover are important."[114]

Training volunteers is another concern for disability groups in Aboriginal communities. Any training must have a built-in cultural component that raises the awareness of staff and volunteers about traditional values and issues specific to Aboriginal people with disabilities.

Sharing resources and technology with other organizations can be particularly worthwhile for Aboriginal groups, especially those in remote communities that already face the barriers of isolation and accessibility. For these communities, the availability and quality of Aboriginal-specific information present a particularly large obstacle.

GOVERNMENT ACTION

To be part of effective policy and program development for people with disabilities, disability organizations must have the capacity to harness key resources such as time, money, expertise and effort. This capacity is particularly important in order to keep pace with Canada's aging population and rising demand for disability-related services.

From 1998 to 2003, the Government of Canada increased its spending on capacity building for the disability community by 151%, from $5 million to nearly $13 million a year.

Besides funding capacity building for the disability community in particular, the Government also renewed the Voluntary Sector Initiative (VSI) in the 2004 budget, giving the program $3 million a year.[115] The VSI, which focuses on the Canadian voluntary sector overall, aims to strengthen the sector's capacity to collaborate and innovate. It does this through specific projects, one of them entitled "Connecting People to Policy: A National Initiative to Build the Capacity of the Disability Community to Participate in and Contribute to the Policy Process." Now complete, this two-year project gave representatives from the disability community and the Government of Canada a better understanding of each other's views and needs.

What follows are profiles of other Government of Canada initiatives that contribute to developing and sustaining a strong disability community. Afterwards is a list of federal departments and agencies that work in the area of disability community capacity.

Social Development Canada: Social Development Partnerships Program—Disability Component

One way the Government of Canada supports the capacity of the voluntary sector is through the Social Development Partnerships Program (SDPP). This program was created in 1998 to fund national non-profit groups that work in the field of social development. It targets three groups: people with disabilities, children and their families, and other vulnerable or excluded groups.

The SDPP's disability component (SDPP-D) is administered by the federal Office for Disability Issues, with total funding of $13 million in 2004-05. SDPP-D has three distinct streams: grants, contributions and the Community Inclusion Initiative.

The grants stream provides funding to organizations, increasing their capacity by enabling them to respond to existing and emerging issues. With an annual budget of $5 million, the grants stream funds 18 national disability organizations, thus helping the non-profit and voluntary sector to better meet the needs of people with disabilities.

Through the contributions stream, SDPP-D supports specific projects and therefore reaches a wider audience. More than 400 projects have been funded across Canada since the program began. Among them are projects to raise public awareness, to develop networks and partnerships, to create databases, to develop knowledge and to disseminate information. With an annual budget of $3 million, the contributions stream increases communication and networking across sectors and promotes shared knowledge about social issues. Overall, it helps public policies and programs respond to the needs of target populations.

The third stream, the Community Inclusion Initiative, began as a follow-up to the 1996 report from the Federal Task Force on Disability Issues. This report observed that people with intellectual disabilities are among the most vulnerable members of society and have always faced social exclusion. The Community Inclusion Initiative develops strategies to help communities include all members by delivering concrete benefits to local individuals with disabilities and their families. Benefits include access to post-secondary education, parental support, employment help, and non-segregated sports and recreation programs. The Community Inclusion Initiative supports, for example, over 30 family-based training programs that deal with issues ranging from personal planning and daycare improvement to school programs and partnerships with professionals. The initiative's annual funding of $3 million is administered through both the Canadian Association for Community Living and People First of Canada.

Another example of the projects funded under SDPP-D is the Canadian Knowledge Networks for Inclusion. This project, sponsored by the Canadian Association for Community Living, brings together governments, the disability community and service sector, academics, employers and Canadians in general to develop more inclusive economies, societies and institutions. The project, with a budget of $375,200, has created four "knowledge networks" for inclusion: supporting families, employment, inclusive societal values and ethno-racial diversity. Each network gives people an opportunity to share information about creating policies and tools for community inclusion.

British Columbia Aboriginal Network on Disability Society—advocacy and referral service

Formed in 1991, the British Columbia Aboriginal Network on Disability Society (BCANDS) is an independent non-profit group whose mandate is to assist Aboriginal persons with disabilities through research, information sharing, programming and partnering with all levels of government. With a current membership of over 3500 people, it is well positioned to assist Aboriginal persons with disabilities in their advocacy needs.

In the fall of 2002, the Government of Canada and BCANDS agreed to establish a clearing house and toll-free information line for Aboriginal people with disabilities. This national service provides information and referrals to employment and training programs for all

Aboriginal people with disabilities, on and off reserve. Funding for the project was $125,000 annually for two years.[116]

DEPARTMENTS AND AGENCIES CONTRIBUTING TO CAPACITY OF THE DISABILITY COMMUNITY

The departments and agencies listed below contribute directly to building the capacity of the disability community. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

- Canadian International Development Agency
- Health Canada
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada
- Social Development Canada
- Veterans Affairs Canada

Chapter 8

Health and Well-being

The World Health Organization (WHO) defines health in a way that goes beyond the mere absence of disease. The definition recognizes that health depends on our mental, physical and social well-being and our ability to function at an optimal level in our environment.

Health Canada uses a population health framework to explore Canadians' health and the factors that influence it.[117] A population health approach focuses on improving the health of the entire population rather than just that of individuals. Under this approach, the first stage is to identify the determinants of health and to understand how they interact and affect the population's health and well-being.

In 1994 Canada's Federal, Provincial and Territorial Advisory Committee on Population Health identified a number of health determinants in a report entitled *Strategies for Population Health: Investing in the Health of Canadians*. The determinants are living and working conditions (the socio-economic environment), the physical environment, health services, early childhood development, social support, personal health practices and coping skills, and biology and genetic endowment.

The most obvious factor contributing to better health for the population at large is biomedical advancement. The biomedical approach to disability views disability as a personal condition, the direct result of a disease or injury. Treatment and rehabilitation are therefore seen as a solution. In contrast, the social approach views disability as a condition created by society. From this perspective, the social environment creates barriers to integration, and the solution is to develop strategies to remove the barriers.

The WHO's International Classification of Functioning, Disability and Health (ICF) reconciles both approaches, describing the consequences of diseases, disorders and injuries in multi-dimensional way.[118] It also discusses the main characteristics of health conditions at the level of the body, the individual and society. Under the ICF, *impairment* includes the dysfunction of body functions and body structures. *Activity limitations* refer to an individual's difficulty executing tasks. *Participation restrictions* refer to the difficulties an individual may face in the areas of life he or she is involved in. Finally, there are *environmental factors* that affect the three other areas. The ICF model makes the link between health, disability and quality of life.

Improving the health and well-being of people with disabilities, or reducing disability, is possible by reducing impairment, activity limitations or participation restrictions. For example, improving one's socio-economic conditions by becoming employed may improve health and in turn reduce disability when the latter is considered in terms of participation restriction.

Prevention is another way to improve health, and understanding how health determinants interact is a first step toward effective prevention. It is a step that can guide the policy and investment decisions of governments and other health decision makers.

In 1999 Health Canada reported on the health of the Canadian population, including people with disabilities, in *Toward a Healthy Future.*[119] Building on that earlier work, this chapter identifies some interrelated factors that can affect the health and well-being of people with disabilities as well as improve and reduce disability. Based on this approach to assessing health, the indicators from *Advancing Inclusion 2002* have been replaced with new ones (see Box 8.1).

The chapter also highlights issues affecting the health and well-being of Aboriginal persons with disabilities. And it looks at some Government of Canada initiatives that address different indicators of health and well-being.

Throughout the chapter, information is presented with respect for individuals with disabilities, whatever the cause of their disabilities.[120]

INDICATORS

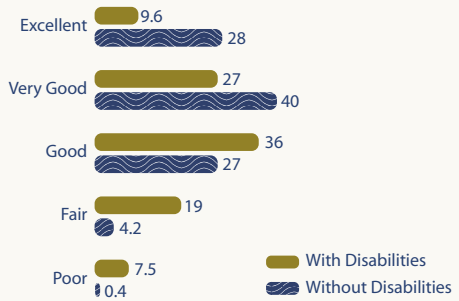
BOX 8.1
Indicators of health and well-being

- Health status
- Impact of chronic conditions
- Impact of mental conditions
- Impact of violence
- Impact of injuries
- Impact of individual behavioural factors
- Impact of environmental factors

Health status

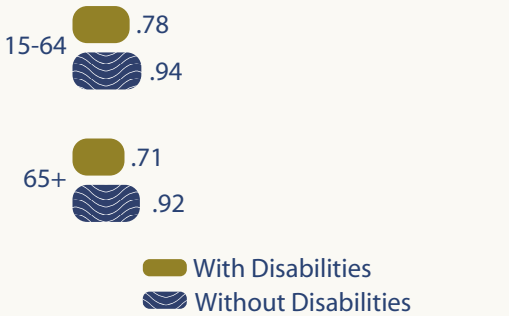
As a preface to the remaining indicators, which look at factors influencing the health and well-being of people with disabilities, this first indicator compares the general health status of Canadians with and without disabilities. The data for this indicator come from the 2002-03 Canadian Community Health Survey, which defines disabilities as activity limitations and/or participation restrictions. The indicator uses two measurements: self-rated health and the health utility index (HUI3).

8.1 – Self-rated health, person aged 15 and over (%)



CCHS 2002-03
Total for persons with disabilities is less than 100% due to rounding

8.2 – Health utility index*



CCHS 2002-03
* The Health Utility Index ranges from -.360 to 1.0 (perfect health)

Self-rated health is one of the simplest health measurements. People are asked to rate how healthy they believe they are compared to others of the same age, using a scale of excellent, very good, good, fair or poor. A person's own health rating can take into account early or active health problems, positive aspects of health, and social and mental functioning.

The HUI3 is a measure that synthesizes physical, mental and emotional aspects of health. The index ranges between -0.360 and 1.0. The higher the rating, the better the state of health.[121] A score of 0.8 to 1.0 indicates very good to perfect health, while a score below 0.8 indicates functional health problems ranging from moderate to severe.[122]

As Figure 8.1 shows, people with disabilities give their health lower ratings than people without disabilities. More than a quarter of people with disabilities rate their health as fair or poor, compared to less than 5% of those without disabilities. Conversely, only 10% of those with disabilities rate their health as excellent, compared to 28% of those without disabilities.

The HUI3 figures tell a similar story. According to this measure, the health of people with disabilities (aged 15 to 64) is poorer than that of people without disabilities (0.78 versus 0.94). Seniors with disabilities have the poorest state of health, at 0.71.

Many elements measured by the HUI3 index are also indicators of impairments and activity limitations, and many strongly resemble the characteristics used to pinpoint types of disability in PALS. As a result, it is not surprising that people with disabilities overall have lower HUI3 scores than those without (see Figure 8.2).

Impact of chronic conditions

A number of diseases and conditions can lead to long-term disabilities—that is, to activity limitations and participation restrictions. In fact, according to the 2000-01 Canadian Community Health Survey (CCHS), chronic conditions account for 87% of disabilities. Chronic conditions—which can affect both physical and mental health—are some of the most common health problems facing all Canadians. Yet many of these conditions can be prevented or delayed.

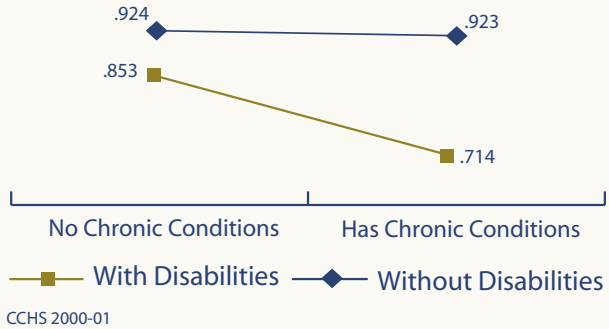
BOX 8.2
People with HIV/AIDS

"While impairments and limitations are not always reversible, innovative programs that help people living with HIV address these challenges may help to decrease the subsequent high rates of participatory restrictions experienced."

Melanie Rusch et al., "Impairments, Activity Limitations and Participation Restrictions: Prevalence and Associations Among Persons Living with HIV/AIDS in British Columbia," Health and Quality of Life Outcomes 2(1)(2004).

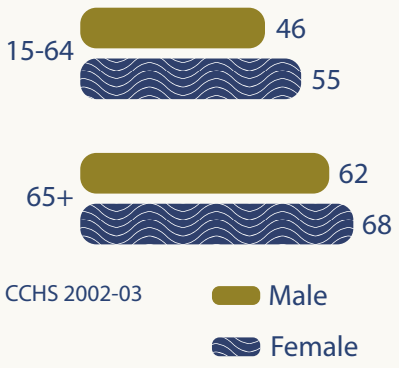
For people with disabilities, having a chronic condition tends to mean poorer health. People with disabilities who have a chronic condition average an HUI3 of 0.714; those with disabilities

8.3 – Chronic conditions and the health utility index



CCHS 2000-01

8.4 – Rate of disability in persons with diabetes (%)



who do not have such a condition score 0.853. The difference between these groups (0.139) is statistically significant. Furthermore, people with disabilities who have a chronic condition fare worse than people without disabilities who have a chronic condition. The latter average an HUI3 of 0.923, for a difference of 0.209. In short, those who have both disabilities and chronic conditions are most likely to be in poor health.

Diabetes is a chronic disease that affects about 2 million adult Canadians, one third of whom are not aware they have the disease.[123] According to the 2002-03 CCHS, 56% of people with diabetes say they are limited in their activities. This finding suggests a link between the disease and disability when the latter is seen in terms of activity limitations. Among those with diabetes, women are more likely than men to report activity limitations. This is the case for both seniors (68% versus 62%) and those aged 15 to 64 (55% versus 46%).

Many other chronic conditions, including HIV/AIDS, arthritis and rheumatoid disorders, can lead to disability. According to one study, over 90% of people living with HIV in British Columbia experience one or more impairments, with one third experiencing over ten. As well, approximately 80% experience activity limitations and over 90% experience restrictions in their ability to participate in roles such as work or community involvement. According to the 2002-03 CCHS, 86% of people with arthritis or rheumatoid disorders report being limited in their activities.

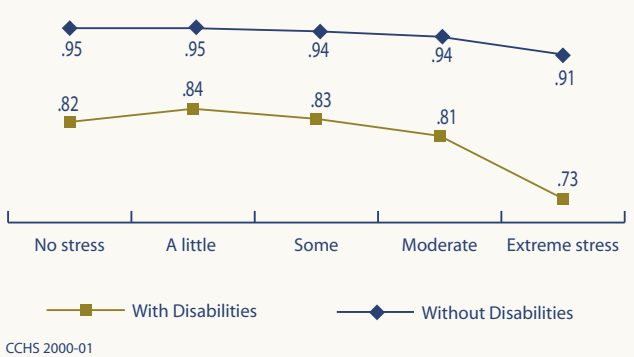
People with disabilities need more than just medical care to reduce or delay the secondary effects of chronic conditions. They also need support to improve their well-being and to help them participate in life's activities, social and economic alike. Because many chronic conditions can be prevented or delayed, raising public awareness of prevention is crucial.

Impact of mental conditions

Mental disabilities affect people of all ages, incomes, education levels and cultures.

According to the World Health Organization, mental illness is a leading cause of disability in the United States, Canada and western Europe, accounting for up to 25% of all disability.[124] Many complex, interrelated factors can lead to the development of mental disabilities. Specific risk factors include a family history of mental illness, age, gender, substance abuse and environmental factors such as stress related to the workplace and life events.

8.5 – Workplace stress and the health utility index



Recognizing mental illness early on and responding appropriately can help minimize the impact of the illness. Prevention measures include social support, meaningful work and social roles, adequate income and a healthy lifestyle.

According to the 2002-03 CCHS, women make up almost two thirds of the Canadian population affected by mental illness. The rate of psychiatric hospitalization is consistently higher for women, and women are more likely to experience depression and mental health disorders.[125] Emotional and mental problems cause 5% of disabilities among women, compared to 3% among men. Among those aged 15 to 64, this gap is even greater (6.6% for women, 3.7% for men). Seniors are the least likely group overall to identify emotional and mental problems as the origin of their disability, with only 0.8% citing them as a cause.

Workplace stress

Workplace stress is one cause of mental health problems that can lead to disability or worsen the health of people with disabilities. Researchers have pointed out that today's competitive global market and the changing nature of work are creating high levels of workplace stress, as well as health problems linked to long working hours, job insecurity, physical injuries such as repetitive strain, low worker participation and control, and problems balancing work and family.[126]

According to a 2001 mental health survey, 50% of Canadians find the workplace a major source of stress, up from 39% in a similar survey in 1997.[127] Figure 8.5 shows the relationship between workplace stress and the HUI3. Among people with disabilities, the highest level of workplace stress is linked to the poorest health. These findings also show that the interaction between disability and one factor (workplace stress) affects health.

Impact of violence

Violence can have a serious effect on the health of people with disabilities. It can also be the cause of some disabilities. Because there is no regular, comprehensive national collection of data concerning violence against people with disabilities, the rates reported here are from one-time or localized studies.

According to documents summarized by authors commissioned by Health Canada and published by the National Clearinghouse on Family Violence, children with disabilities may be at greater risk to experience physical or emotional violence. Research indicates that children with disabilities are 1.7 times more likely to experience violence than children without disabilities. Children with intellectual disabilities are 3.8 times more likely to experience physical and emotional abuse, and 4 times more likely to be sexually abused.[128] Detecting, preventing and getting treatment for such violence can be difficult because some social service agencies have narrow, fragmented mandates and some support workers are poorly trained.[129]

Women's groups have made violence against women a top priority in Canada. This issue has particular poignancy for women with disabilities. Evidence shows that they are more subject to violence—especially those with intellectual disabilities—than other women.[130]

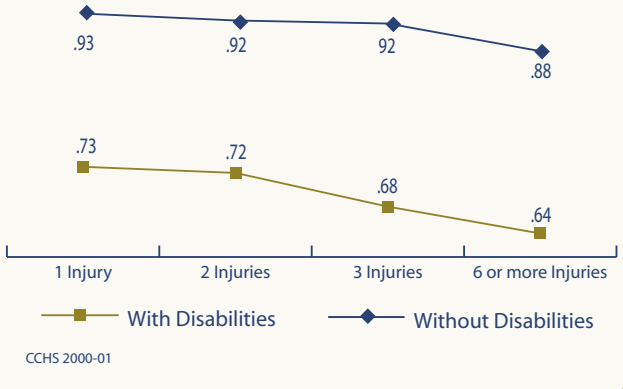
Research based on the 1999 General Social Survey found that about 7% of people aged 65 and over had experienced some form of emotional or financial abuse by an adult child, spouse or caregiver in the five years before the survey, with spouses responsible in the vast majority of cases.[131] Seniors with significant physical or cognitive disabilities may be more likely to experience violence because of their greater vulnerability and the strain their needs place on their relatives and family members.

Some researchers and analysts in the field believe that the number of seniors experiencing violence is underreported. Obstacles to reporting include and individual's cognitive impairment or disability, including dementia or Alzheimer's disease; physical frailty or disability; fear of losing caregiving support; and fear of being placed in an institution.[132]

Impact of injuries

Serious injuries are a leading cause of disability for younger age groups and a significant cause for seniors. As shown in Figure 8.6, injuries affect the health of people with and without disabilities. Among people with disabilities, those who experienced six injuries or more in the past year are in poorer health (HUI3 of 0.644) than those who had just one injury (HUI3 of 0.731). The resulting difference of 0.087 is statistically significant. Figure 8.6 also suggests that the interaction between disability and one factor (injuries) contributes to poorer health.

8.6 – Injuries and the health utility index



Injuries can occur in many ways, and many can be prevented. Car collisions, workplace injuries and falls are the most common causes of injury among youths, working-age adults and seniors respectively.

According to the National Trauma Registry 2003, motor vehicle collisions are the leading cause of serious injury, responsible for 47% of injury cases.[133] Over the years many preventable factors have been identified, including driving speed, alcohol and misuse of safety devices. Transport Canada suggests that in 2002 the percentage of serious injuries from collisions in which victims were not using seat belts was 13% for drivers and 19% for passengers.[134] As well, every year about 10,000 children under 12 are injured in collisions in Canada.[135] Many of these injuries could be prevented by following simple safety measures and using proper child restraints.

Injuries at work and falls are other leading causes of disability. According to the 2000-01 CCHS, 12% of men report injuries at work as a cause of their disability, compared to only 3.9% of women. Falls are also a major health concern, particularly for seniors. Among seniors falls account for 85% of injury-related hospital admissions.[136] Since 2000 Veterans Affairs Canada and Health Canada have worked together on an initiative to prevent falls among seniors and veterans.

Impact of individual behavioural factors

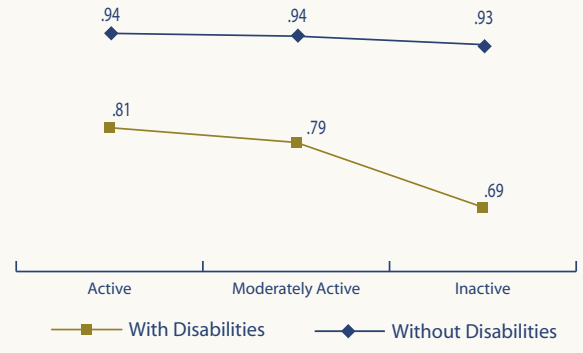
Some individual risk factors for medical conditions and illness cannot be changed, including age, gender and genetics. Behavioural risk factors, on the other hand, can be part of prevention initiatives. The *World Health Report 2002* defines behavioural risk factors as tobacco use, alcohol consumption, high blood pressure, physical inactivity, cholesterol level, obesity and unhealthy diet.

In a similar vein, a recent report by the Canadian Population Health Initiative gave a set of tips for living a long and healthy life: don't be poor; get a good start in life; finish high school; get a job; live in quality housing in a safe, cohesive community; and look after yourself by eating well, being active, not smoking and not abusing drugs or alcohol.[137]

Physical activity can improve the flexibility, strength and cardiovascular health of all Canadians, including those with disabilities. It may also be important in preventing or delaying the onset of disabling secondary conditions such as stroke, coronary artery disease or diabetes.[138] As Figure 8.7 shows, people with disabilities who are physically active are in better health than those who are inactive: their HUI3 is 0.113 higher than that of their inactive counterparts.

The 2000-01 CCHS shows that people with disabilities are less likely to be regularly involved in physical leisure activities than those without disabilities. On an encouraging note, physical activity among Canadians overall rose slightly between the 2000-01 survey and the 2002-03 survey.

8.7 – Physical activity and the Health Utility Index



CCHS 2000-01

Some people with disabilities face financial, social and environmental barriers to a more physically active lifestyle. PALS 2001 identified some of these barriers, including cost (cited by 15% of people with disabilities), inadequate or inaccessible transportation (cited by 6%), inaccessible or unavailable facilities (cited by 3%) and inaccessible or unavailable equipment or programs (cited by 4%). Given these barriers, people with disabilities may need more supports to fully benefit from increasing physical activity.

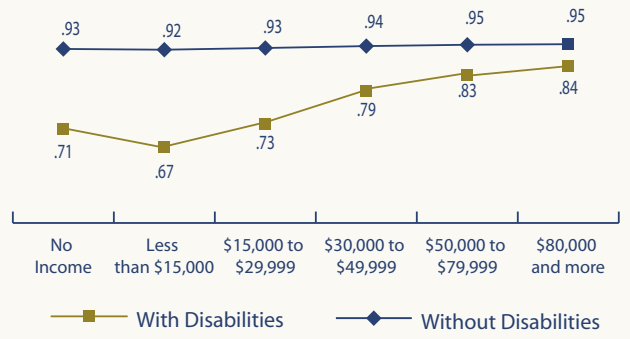
Impact of environmental factors

Environmental factors can create barriers that affect the health and well-being of people with disabilities. In fact, the International Classification of Functioning, Disability and Health defines barriers as "factors in the person's environment that, through their absence or presence, limit functioning and create disability." Environmental factors include economic conditions, employment status, education level and access to products and health services.

Income, employment and education

Research in the general population shows that on average, people with higher incomes enjoy better health.[139] Figure 8.8 shows a strong relationship between the income of people with disabilities and their health: those with higher incomes report better levels of health. Figure 8.9 shows that individuals who are employed all year have better health than those who work only part of the year or not at all. Finally, Figure 8.10 shows that among people with disabilities, higher education is linked to better health.

8.8 – Income and the Health Utility Index



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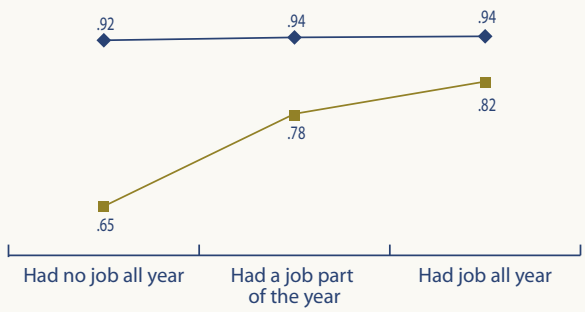
8.9 – Employment and the Health Utility Index



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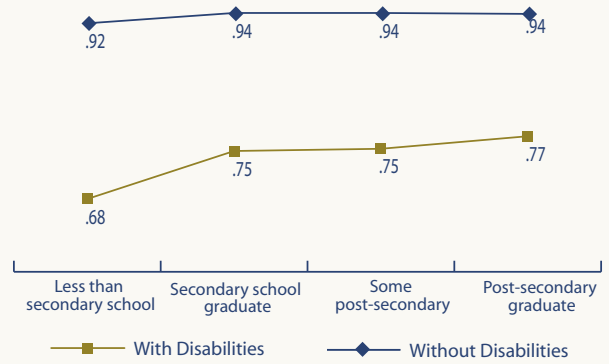
8.10 – Education and the Health Utility Index



CCHS 2000-01

Access to health care

People with disabilities may be more likely to visit a doctor or other medical professional than people without disabilities. Besides getting treatment for the kinds of health problems that affect everyone, people with disabilities often see health professionals about conditions related to their disability or to get rehabilitation or therapy. They may also need medical professionals to fill out forms required to determine their eligibility for disability benefits.

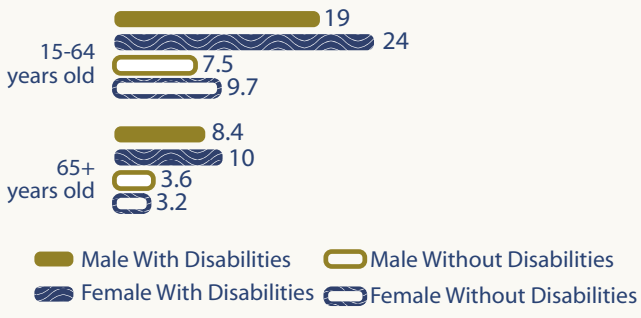
As Figure 8.11 shows, nearly 24% of working-age women with disabilities do not get the health care they need, compared to 10% of women without disabilities. The situation is similar for working-age men (19% of men with disabilities versus 7.5% of men without). These numbers also show a sizeable gap between women and men with disabilities in terms of getting their health care needs met.[140] Overall, seniors with disabilities are less likely to have unmet health care needs. Once again, however, senior women are more likely to report unmet needs than senior men (10% versus 8%).

People with disabilities give various reasons for why they do not get the care they need. The most common are that wait times are too long (35%), service is not available when needed (14%), service is not available in the area (12%) and they feel the care would be inadequate (11%).

Figures 8.12 and 8.13 show how access to needed health care affects the health of people with disabilities. However, the effect is statistically significant only for access to mental health care. People with disabilities who get the mental health care they need have better health (HUI3 of 0.661) than those who do not (HUI3 of 0.577).

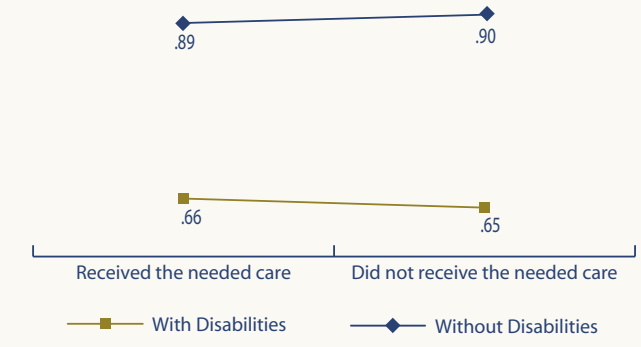
It is clear that certain environmental factors have a large impact on the health of people with disabilities. Indeed, as mentioned earlier in this chapter, new research tends to view health as the interaction of a number of factors and so approaches the matter from a holistic perspective. The health of people with disabilities is not exempt from this dynamic. Therefore, any health promotion or prevention strategy that targets environmental factors for the general population could also benefit people with disabilities.

8.11 – Did not receive needed health care (%)



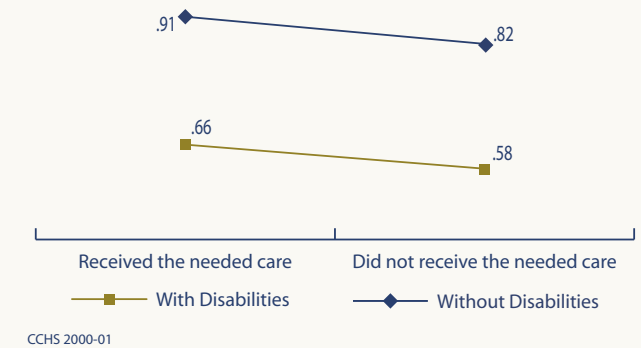
CCHS 2002-03

8.12 – Access to health care (physical) and the Health Utility Index



CCHS 2000-01

8.13 – Access to health care (mental) and the health utility index



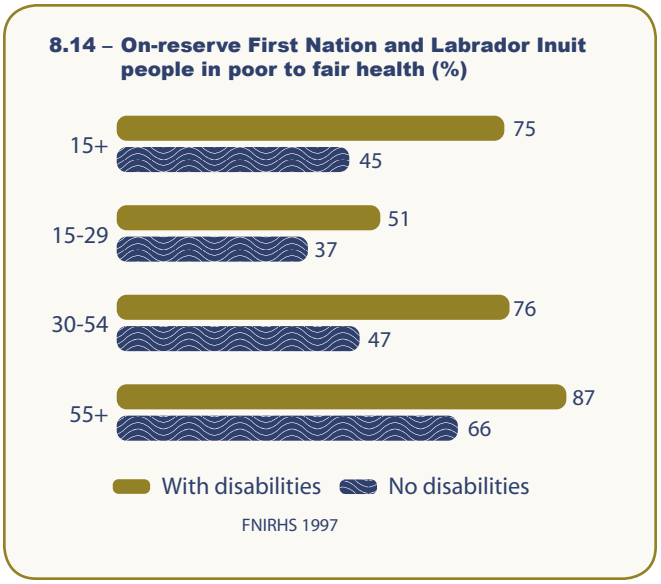
CCHS 2000-01

HEALTH AND WELL-BEING OF ABORIGINAL PERSONS WITH DISABILITIES [141]

There is little current information about the health of Aboriginal people with disabilities. Some data about First Nation people on reserve and Labrador Inuit people with disabilities are available from the 1997 First Nations and Inuit Regional Health Survey (FNIRHS).[142] The First Nations Regional Health Survey of 2003 will update information about on-reserve First Nation people with disabilities, but the results are not yet available. No comparable source exists for people with disabilities who are Métis, non-Labrador Inuit or off-reserve First Nation.

Self-rated health

Aboriginal people with disabilities who live off reserve, much like other people with disabilities, rate their own health lower than do their Aboriginal peers without disabilities. The 2002-03 CCHS (which surveyed only off-reserve Aboriginal people) found that 30% of Aboriginal people with disabilities rate



their health as fair or poor, compared to only 5% of their peers without disabilities. In this population, only 8% of those with disabilities and 22% without disabilities rate their health as excellent.

According to the 1997 FNIRHS, First Nation people on reserve and Labrador Inuit people, regardless of disability status, are much more likely to rate their health as poor or fair than members of the general population.

Chronic conditions

The 1997 FNIRHS shows higher rates of diabetes, cancer, heart disease, high blood pressure and arthritis/rheumatism among on-reserve First Nation and Labrador Inuit people than among Canadians in general.[143] In fact, nearly half of the adults surveyed (46%) reported having been diagnosed with one or more chronic conditions.[144]

Fifty years ago diabetes was virtually unknown in Aboriginal communities. Now it is a leading cause of disability and death. The rate of diabetes among First Nations is at least three times that of the Canadian population, and the rate among Métis people is twice the Canadian average. Rates for all three Aboriginal groups are increasing.[145] Because many individuals do not know they have diabetes, their treatment and lifestyle changes are delayed, thus increasing the rate of serious complications. One study among Mohawks found that over 60% of those with diabetes had at least one serious complication.[146]

Fetal alcohol spectrum disorder (FASD) includes a variety of mental, behavioural and developmental disabilities, ranging from mild to severe, that stem from maternal alcohol use during pregnancy. In many cases FASD is undiagnosed, so precise figures on its occurrence are not available. Even so, the rate among Aboriginal people is believed to be considerably higher than among Canadians in general. FASD may affect as many as one in five people in some Aboriginal communities.[147]

Aboriginal people are generally more at risk of exposure to health hazards that can lead to disabling conditions than Canadians as a whole. As a result, chronic disease prevention is a high priority in Aboriginal communities.

BOX 8.3
Children with FAS

"FAS children really struggle and those are disabled kids, (…) 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. (…) There is no question in my mind that this is a disability, a terrible disability."

—First Nation participant, Lethbridge

From the Government of Canada's 2004 survey on Canadian attitudes toward disability.

Mental conditions and injuries

Personal trauma, exposure to violence, cultural dislocation, the intergenerational effects of residential schools and high stress have all been clearly identified as contributing to mental health problems among Aboriginal people.

Injuries—especially those resulting from car accidents, falls, near drowning, violence and suicide attempts—account for some preventable disabilities among Aboriginal people. According to the 1997 FNIRHS, 4% of on-reserve First Nation and Labrador Inuit children at that time had sustained a serious head injury. And 10% of adults were injured seriously enough in the year before the survey to limit their normal activities.[148]

Behavioural factors

According to the 2002-03 CCHS, among Aboriginal people, those with disabilities are less likely to engage in active or moderate physical activities than those without disabilities (44% versus 56%).

For Aboriginal people with disabilities who live in remote and rural communities, overcoming isolation and participating in traditional activities contribute to well-being. For example, better access to land, fishing, hunting and camps has been identified as an important issue.[149] Among First Nation people on reserve and Labrador Inuit people, 81% of those with disabilities favour a return to traditional ways to promote community wellness.[150]

Environmental factors

Social and economic factors are among the environmental factors affecting the health of Aboriginal people with disabilities. As noted in earlier chapters, these individuals have some of the lowest levels of employment and income in Canada. As well, they are more likely than other Canadians to live in inadequate, overcrowded or unsafe housing. Family violence, child abuse and sexual violence are believed to occur at serious levels in Aboriginal communities.[151] Other research has suggested that the Residential School experience and cultural losses that it caused have contributed to negative health outcomes for Aboriginal people.[152]

Environmental contaminants have been identified as a major cause of disabling illnesses and conditions specific to Inuit people. According to the Canadian Institute for Health Information, Inuit communities may be exposed to dangerous levels of toxins in their diet. For example, Inuit mothers have significantly higher levels of mercury, polychlorinated biphenyls and various pesticides in their blood than mothers in other ethnic groups, including Caucasians. The impact of these contaminants on illnesses and disabling conditions, especially among children, is considerable.[153]

Access to health care

Some 30% of on-reserve First Nation and Labrador Inuit people with activity limitations live in isolated communities; 13% live in communities with no year-round road access.[154] The health resources and social services that people with disabilities need are often not available in small communities, especially not remote ones. Caregivers in these areas may not have the proper training to support people

with disabilities. Among First Nation people on reserve and Labrador Inuit people, 29% of those with activity limitations feel they get health care services comparable to those available to other Canadians, compared to 35% of those with no limitations.[155]

Culturally sensitive approaches to healing and wellness vary among Aboriginal groups. For example, the Métis National Council Reference Group on Ability Issues has developed a model for services called the "Red River Cartwheel/ Red River Healing Wheel."[156] In this model, the twelve spokes of the cartwheel symbolize the twelve values that should characterize any healing program developed for Métis people: trust-based, empowering, committed, culturally reinforcing, safe, respectful, dignified, accessible, peer-supportive, ethical, family-centred and confidential.

GOVERNMENT ACTION

The Government of Canada plays an important role in protecting and promoting the health and well-being of all Canadians, including those with disabilities. The Government continues to work with the provincial and territorial governments to make sure Canadians have timely access to the high-quality health care they need. The Government also provides leadership in areas such as funding medical research, protecting public health and safety, promoting health, and regulating and approving new pharmaceuticals.

This chapter has shown how multiple factors—from chronic conditions to individual behaviour to socio-economic conditions—can affect the health of people with disabilities. The Government, continuing with its population health approach, will examine all of these factors to decide on programming that promotes the health and well-being of people with disabilities.

In February 2004, the Government announced that it would establish the Public Health Agency of Canada and appoint a Chief Public Health Officer to strengthen its ability to protect the health and safety of Canadians. In the disability area, the Government of Canada currently contributes to health and well-being in a number of ways. It sponsors research that examines the links between health, illness and disability; promotes safety in sectors under its jurisdiction; supports health promotion and disease prevention programs; and funds programs that deliver supports and services to specific groups. The following are some examples of the Government's actions in these areas. Afterwards is a list of federal departments and agencies that work to improve the health and well-being of people with disabilities.

Veterans Affairs Canada/ Department of National Defence: mental health initiative

In recent years at Veterans Affairs Canada (VAC), mental health issues have assumed a higher profile in pension activities, health care assessment and service delivery. In July 2002 VAC teamed up with the Department of National Defence (DND) to launch a mental health initiative, which resulted in a strategy for assessing and treating post-traumatic stress disorder (PTSD) and other operational stress injuries (OSIs).[157]

The strategy focuses on five client groups: veterans, Canadian Armed Forces members, former Canadian Armed Forces members,

eligible RCMP personnel, and families of those with PTSD and other operational stress injuries resulting from military service. The strategy involves a partnership of psychological treatment networks, educational forums, joint research efforts, program and operational enhancements and enhanced training for health care professionals. Together these pieces contribute to consistent, high-quality care.

The treatment networks consist of providers that specialize in assessing and treating Canadian Armed Forces members and veterans who suffer from PTSD and other operational stress injuries. The networks include five Canadian Armed Forces operational trauma and stress support centres across the country. They also include the Ste. Anne's National OSI Centre (located at Ste. Anne's Hospital, the last VAC-operated hospital for veterans in Canada), which specializes in assessing and treating psychological injuries. Finally, the networks include specialized OSI clinics under contract to VAC as well as health care professionals in communities across Canada.

As it builds its assessment and treatment network, VAC provides educational forums, seminars, workshops and practicums to support the professional development of health care professionals and community care providers. Professional development will raise people's awareness and recognition of the psychological injuries experienced by veterans and service personnel, and awareness of the support provided by VAC and DND. Under contract, VAC has adapted a World Health Organization training product for primary care practitioners that will help them identify and manage trauma-related disorders and mental disorders of older adults. This product will be made available to all provinces and territories.

VAC is always seeking ways to improve its service network. For example, it has introduced a service protocol to regularly screen newly pensioned clients with psychiatric conditions to assess their need for services and benefits. VAC also conducts research into the effectiveness of assessment and treatment, and into the causes and impacts of psychological injuries.

Health Canada: support to the Active Living Alliance for Canadians with a Disability

The Public Health Agency of Canada (PHAC), formerly Health Canada, provides funding and support to the Active Living Alliance for Canadians with a Disability (ALACD). Established 15 years ago, ALACD is a non-profit organization that helps Canadians with disabilities lead active lives by providing nationally coordinated leadership, support, encouragement, promotion and information. ALACD, which helped Health Canada implement the physical activity component of the National Integration Strategy for Persons with Disabilities, is considered a model of collaboration within the voluntary sector.

ALACD has been involved in several initiatives to promote active living for people with disabilities. One is the Youth Ambassador Program, which offers young people (aged 14 to 17) the opportunity to become more independent. The program gives youths the tools and training to develop into community leaders who can promote inclusion in all areas of life.

With collaboration from Health Canada, ALACD has also worked on a provincial/territorial sustainability initiative. The goal is to assist provincial and territorial networks to deliver services and conduct training workshops for leaders.

Another project, co-hosted by ALACD and the Muscular Dystrophy Association of Canada, is called "Healthy Living with a Disability: A Summary of Current Research in Physical Activity, Environment, Nutrition and Socio-economics." This project provides information and examples of healthy living to people with disabilities or chronic illnesses.

ALACD took a more direct approach to promoting active living with the Awareness to Action social marketing campaign. This campaign aimed to change attitudes and behaviours among service providers and people with disabilities, as well as to raise their awareness of the health benefits of being more physically active.

Besides these programs and initiatives, ALACD is developing an interactive website that will give people information about physical activity programs designed for different disabilities and available in different locations.

Indian and Northern Affairs Canada: Assisted Living Program

Continuing care refers to a range of services, often beginning with social services in the home and progressing, according to the client group's needs, up to and including the more intensive levels of care normally associated with institutional care. The Government of Canada helps First Nation and Inuit people with disabilities access continuing care services through the Non-Insured Health Benefits Program (discussed in Chapter 3), through the First Nations and Inuit Home and Community Care Program (discussed in the next section) and through Indian and Northern Affairs Canada's (INAC) Assisted Living Program.

The Assisted Living Program provides non-medical social support, of a standard comparable to that of the province or territory of residence, that meets the special needs of people who are weak or have a chronic illness or disability. The program, available to First Nation people who normally live on reserve, focuses on social support for daily activities so that those who have lost some independence can remain at home and in their community whenever possible. The program is expected to alleviate hardship, to maintain functional independence on reserves (consistent with provincial standards) and to encourage greater self-sufficiency for First Nation individuals and communities.

The Assisted Living Program has three main components: in-home care, foster care and institutional care. The in-home care component provides for non-medical personal care, such as meal preparation, attendant care, short-term respite care, light housekeeping and laundry services, minor home maintenance and so on. The foster care component provides supervision and care, in a family setting, to those who cannot live on their own because of physical or psychological limitations, but who do not need constant medical attention. The institutional care component is limited to non-medical care in institutions that operate according to provincial or territorial laws and standards, both on and off reserve.

Health Canada: First Nations and Inuit Home and Community Care Program

The need for home-care services among First Nations and Inuit communities was first identified 15 years ago, based on these findings:

- The disability and injury rates in Aboriginal communities are much higher than in the general population.
- The Aboriginal population is expected to double over the next two decades, and growing numbers of elderly First Nation people are returning to their home communities.

The First Nations and Inuit Home and Community Care Program, administered by Health Canada, provides basic home and community care services that meet the unique health and social needs of First Nation and Inuit people. The program's coordinated services allow people with disabilities, people with chronic or acute illnesses and the elderly to receive care in their own home or community. The program's guiding principles include respecting First Nation and Inuit approaches to healing and wellness. They also include community-focused planning, as well as supportive family and community involvement.

The support services offered depend on the availability of resources to respond to the needs identified in the planning phase. For communities that already have certain services, the program offers to augment them by building on existing investments in health and community-based services. Funding for the program was $90 million in both 2003-04 and 2004-2005.

The First Nations and Inuit Home and Community Care Program has forged links with other Health Canada programs, other federal programs, other programs at different levels of government and other organizations, both government-funded and non-government. The program was also designed and launched collaboratively, with national, regional and community input from Health Canada, INAC, and First Nation and Inuit people. Cooperation from First Nation and Inuit communities is vital to the program—to its performance measurement strategy, to its ongoing running and to its policy development activities, which strive to address gaps in care. Performance reporting and accountability for results occurs through the parliamentary reporting process, using the departmental performance report and the *Report on Plans and Priorities*.

DEPARTMENTS AND AGENCIES CONTRIBUTING TO HEALTH AND WELL-BEING

The departments and agencies listed below contribute directly to the health and well-being of persons with disabilities. For more details on their disability-related programs, benefits and services, consult www.sdc.gc.ca/en/hip/odi/documents/inventory/index.shtml or the departmental websites.

- Agriculture and Agri-Food Canada
- Canadian Centre for Occupational and Health Safety
- Canadian Institutes of Health Research
- Correctional Service Canada
- Canadian Armed Forces
- Department of National Defence
- Health Canada
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada
- Public Health Agency of Canada
- Royal Canadian Mounted Police
- Status of Women Canada
- Veterans Affairs Canada

Chapter 9

Resources and Future Reporting

Chapters 3 through 8 of this report have focused on six outcome areas that encompass key dimensions of inclusion for Canadians with disabilities. Each chapter has examined the experience of people with disabilities using different kinds of information and has highlighted Government of Canada actions that contribute to inclusion. The report has also shared evaluations of the results of initiatives, wherever they are available.

This final chapter looks at the amount of money the Government of Canada spends on disability benefits, services and tax measures. Having an overall picture of spending to place alongside the earlier chapters gives a more complete view of the Government's actions to advance the inclusion of persons with disabilities.

The chapter also makes some concluding comments about future directions for accountability and reporting.

GOVERNMENT OF CANADA SPENDING ON DISABILITY BENEFITS, SERVICES AND TAX MEASURES

How much does the Government spend to assist persons with disabilities? The federal government is often asked to answer this simple question. In the past, however, attempts to provide a single number have been met with criticism, partly based on disagreements about which expenditures to include. The following paragraphs explain the various elements of the Government's disability spending and show how this spending has evolved over the past few years.

As shown in Box 9.1, the Government's expenditures can be grouped into three categories, according to whether they are designed to assist people with disabilities.

The first category includes measures that are specifically designed to address disability-related issues and that focus entirely on these issues. Persons with disabilities and their families are the intended beneficiaries of such measures, so their entire cost can be counted in the Government's disability spending.

The second category includes measures that do not focus entirely on disability but that do have a significant disability-related component. Such measures might target the general population or specific groups like veterans or First Nations. Many programs and benefits related to health care fall in this second category. For example, the Non-Insured Health Benefits Program helps First Nation and Inuit people with disabilities get a variety of disability supports. It also provides health care benefits not linked to disability to all eligible First Nation and Inuit people. The Medical Expense Tax Credit is another example of a measure where it is difficult to determine the amount that is disability-related.

Some program costs in this second category could be included in the Government's total disability spending. However, it is difficult to determine the precise amount, and reliable current estimates are usually not available. For these reasons, this report includes from the second category only the costs of programs identified in the cost analysis in *Advancing Inclusion 2002*. Including these programs gives a basis for comparison while not artificially inflating overall spending estimates.[158]

The third category includes all measures the Government of Canada has developed to benefit the general population, regardless of disability status. A key issue here is that these programs ensure that people with disabilities have the same access to them as other Canadians. But because these programs do not specifically address disability needs, this report continues the practice of 2002 by excluding their costs from total spending.

The analysis that follows, then, includes spending for all targeted and a few partially targeted programs. It excludes spending on programs and benefits for the general population. The analysis includes tax expenditures and measures that are funded by consolidated revenue from taxes, or by individual and employer contributions.[159]

In 2003-04 the Government of Canada's disability-related spending totalled about $7.5 billion. Of this, the majority went to income support (75%), followed by tax measures (17%) and other programs (8%).[160] The 2003-04 spending is up from the $6.5 billion noted in the 2002 report. The difference is due primarily to increased spending on income measures, followed by changes in tax expenditures and spending on other measures.

Historically, significant spending on income support measures has been a key element of the Government of Canada's support for persons with disabilities. For the past four decades the Government has administered Canada's largest earnings replacement program—Canada Pension Plan disability (CPPD). Also, recognizing its unique responsibility toward veterans with disabilities, the Government of Canada has historically contributed to income support for this group.

In recent years, the Government has introduced or improved tax relief and benefits to recognize that people with disabilities and those who care for them face extra disability-related expenses. Examples of tax relief and benefits delivered through the tax system include the disability tax credit (DTC), the DTC supplement for children,

BOX 9.1
Types of Expenditure

TYPES OF EXPENDITURE	EXAMPLES
1. Measures exclusively targeted to persons with disabilities and their families	• Canada Pension Plan disability benefits • Residential Rehabilitation Assistance for Persons with Disabilities
2. Measures that have a significant disability-related component	• Medical expense tax credit • Non-Insured Health Benefits Program
3. Measures for the general population	• Employment insurance • Registered education savings plans

the caregiver credit, the infirm dependant credit, the Child Disability Benefit, the medical expense tax credit, the refundable medical expense supplement,[161] and the disability supports deduction.

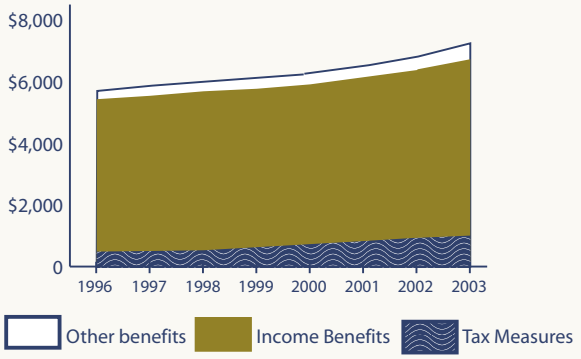
Other non-income programs have become spending priorities as well. Programs that encourage skills development, such as those under the Multilateral Framework for Labour Market Agreements for Persons with Disabilities, and programs related to disability supports, such as the Veterans Independence Program and the Canada Mortgage and Housing Corporation's programs (RRAP-D and HASI), also contribute to a better quality of life for Canadians with disabilities. Appendix A provides a more detailed breakdown of 2003-04 spending on major disability benefits and programs.

To better understand how the Government of Canada's investment in the disability field has evolved, it is helpful to look at overall disability expenditures in the past few years.

As Figure 9.1 shows, from 1996 to 2003 there was an overall increase in disability-related expenditures. The cost of living climbed by 16% over this period, but the government's support for disability programs and policies rose by 35%. Annual spending on income support benefits rose by over $1.1 billion, a 23% increase, including an increase in the Veterans Disability Pension Program from $1.3 billion in 2001-2002 to over $1.5 billion in 2003-2004.

Annual spending on other disability programs also increased by 35% from 1996 to 2003. Most of this increase involved programs for veterans and First Nation and Inuit people.

9.1 – Disability benefits, services and tax measures, 1996-2003 ($millions)



On the tax front, the amount of tax relief and benefits provided by the Government of Canada has more than doubled since 1996. As noted in Chapter 6, the Technical Advisory Committee on Tax Measures for Persons with Disabilities was established by the 2003 budget to advise the Minister of Finance and the Minister of National Revenue on how to improve tax fairness for persons with disabilities and their caregivers. In response to an early recommendation by that committee, the 2004 budget introduced the disability supports deduction.

In addition to proposing tax changes to better recognize caregiver expenses and creating the disability supports deduction, the 2004 budget continued the pattern of allocating funds to both tax expenditures and program expenditures by boosting program spending in post-secondary education, lifelong learning and employability. As discussed in this report, broad access to learning is vital for all Canadians to participate in a progressive and democratic society. Similarly, getting and keeping a job is a major step toward economic security and full inclusion.

The 2004 budget recognized that Canadians depend on a wide range of community-based and non-profit organizations for their own well-being and that of their families. Some disability organizations may benefit from the budget's improved tax rules for charities and continued funding to the Voluntary Sector Initiative for two more years.

Placing spending on disability benefits and services in the context of total Government of Canada program spending gives another view of how much is being allocated to disability. When total disability income and program expenditures, as shown in Figure 9.1, are compared to total Government program expenditures over the same period, it appears that disability has remained a relatively stable spending priority since 1996. The Government's total program expenditures increased at about the same rate as disability expenditures over this period.

Looking ahead, the federal government's overall program expenditures are projected to increase by 3.1% in 2004-05 and by 5.6% in 2005-06. The 2004 budget announced additional tax relief for caregivers and disability program spending totalling $50.5 million in 2004-05 and $57.9 million in 2005-06.

To make sure its overall program spending is in line with Canadians' priorities, the Government is currently reviewing all of its expenditures. The results of this review will affect future decisions on disability program expenditures.

The amount of disability spending, as well as the trends and management affecting spending, is important. But the Government recognizes that the results of its initiatives matter more. Earlier chapters of this report presented some of the available evidence to show how well the Government's programs are delivering their intended benefits. By better understanding what works, and by continuing to monitor the issues facing Canadians with disabilities, the Government of Canada will be well guided in any future changes to the amount or nature of its disability-related spending.

FUTURE REPORTING

As Canadians discuss the meaning of inclusion and identify its most important aspects, the framework presented in this report will continue to change. New and improved data sources, innovative disability research and continued evaluation of the results of policies and programs will shape the evolution of federal reporting on disability.

The Government of Canada is also involved in an ongoing dialogue with its partners—including the provincial and territorial governments, the disability community and Aboriginal communities and organizations—about accountability and reporting. A number of ideas came forward during the development of *Advancing Inclusion 2004* but were considered unfeasible at this time. Here are some examples.

- Developing a **single index of inclusion** by statistically combining selected measures. Those in favour of a single index feel that, unlike a larger set of individual indicators, it may focus more attention on progress while serving as a comprehensive measure of the multi-dimensional, interdependent aspects of disability.[162] A single index might also incorporate barriers and accommodations. For example, in the workplace these might include employer perceptions; the need for modified, different or reduced duties and work hours; and accessibility of work-related training courses and their design, with an emphasis on equality.

- Incorporating **gender-equality considerations** directly into all indicators.
- Incorporating information about disability-related issues specific to **ethnic groups and visible minorities**.
- Improving **survey data collection** about people with disabilities, especially about Aboriginal people.
- Providing a forum in this report for **independent analysis** by non-government experts or representatives from disability organizations.
- Including analysis of how **changes in laws or court decisions** affect the rights and responsibilities of persons with disabilities.

Advancing the Inclusion of Persons with Disabilities 2004 is the second stage in the Government of Canada's reporting on disability information. Both this report and its predecessor covered all key aspects of disability. Future reports may take a more thematic approach. Different parts of the accountability framework may be featured in turn over a period of years. That way, each indicator of inclusion, along with the Government's related policies and programs, could be explored in more detail over a series of reports, with the accountability framework still guiding the reporting process in the long term.

The different options for future reports will continue to be debated. But whatever the outcome, federal reports on disability will strive to provide more comprehensive, more accessible and higher-quality analyses of how we are advancing the inclusion of persons with disabilities in Canada.

APPENDIX A

Government of Canada — Principal Disability-Related Benefits and Programs

PROGRAM/INITIATIVE	AMOUNT ($M/year, 2003-04)
DISABILITY SUPPORTS	
CMHC programs (HASI, RRAP-D) [1]	16.8
Veterans Independence Program	201.0
Total	**217.8**
LEARNING AND EMPLOYMENT	
Opportunities Fund	23.8
Employability Assistance for People with Disabilities [2]	192
Canada Study Grants for Students with Permanent Disabilities [3]	13.0
Aboriginal Human Resources Development Strategy—disability component	3.0
First Nations Special Education Program	95.1
Office of Learning Technologies (disability-specific projects)	0.7
Canada Pension Plan disability, vocational rehabilitation program	5.7
Total	**333.3**
INCOME SUPPORT BENEFITS	
Canada Pension Plan disability (except vocational rehabilitation)	3,094.3
Federal workers' compensation benefits	121.0
Employment insurance sickness benefits	750.0
Veterans Disability Pension Program	1,533.3
Total	**5,498.6**
CAPACITY OF THE DISABILITY COMMUNITY	
Social Development Partnerships Program—Disability	16.3
INAC Assisted Living Program—disability initiative	1.0
Total	**17.3**
HEALTH AND WELL-BEING	
Sport Canada funding for athletes with disabilities	9.3
Veterans Affairs Canada mental health initiative [4]	2.0
Population Health Fund Grants and Contributions	9.4
Support for Active Living Alliance for Canadians with a Disability	0.3
Falls Prevention Initiative [5]	2.5
FAS/FAE Strategic Project Fund	5.0
Canadian Diabetes Strategy	30.0
Total	**58.5**
TOTAL PROGRAM EXPENDITURES	**6,125.5**

PROGRAM/INITIATIVE	AMOUNT ($M/year, 2003-04)
TAX MEASURES [6]	
Disability Tax Credit (including supplements)	375.0
Medical Expense Tax Credit	765.0
Disability Supports Deduction [7]	15.0
Caregiver Tax Credit	65.0
Infirm Dependant Tax Credit	5.0
Child Disability Benefit	50.0
Medical Expense Supplement for Earners	70.0
TOTAL TAX MEASURES	**1,345.0**
TOTAL	**7,470.5**

PARTIALLY TARGETED PROGRAMS (Excluded from total spending analysis)	
Health Canada's Non-Insured Health Benefits Program	668.1
Health Canada's First Nations and Inuit Home and Community Care Program	90.0
Veterans treatment benefits program	272.5

Notes:

(1) Amounts for RRAP-D and HASI are for 2003 calendar year

(2) Employability Assistance for People with Disabilities was replaced by the Multilateral Framework for Labour Market Agreements for Persons with Disabilities in 2004-05, at a funding level of $223 million.

(3) Canada Study Grants for 2002-03 (preliminary data).

(4) Pilot project including the Ste. Anne's National OSI Centre

(5) Over a four year period ending March 2004, VAC provided $10 million to Health Canada—this funding was distributed through Health Canada's Population Health Fund.

(6) Tax measures for the 2004 tax year rather than the fiscal year 2003-04.

(7) Replaces the attendant care deduction.

APPENDIX B
Building a National Database of Disability Survey Information

For about the past 20 years, Canada has followed a two-part strategy to create a national inventory of disability survey information. Reports such as this one draw on the full inventory of surveys to develop a profile of Canadians with disabilities.

The main element of the strategy is a series of national disability surveys focusing in detail on disability issues. The Health and Activity Limitation Survey followed the censuses of 1986 and 1991, while the Participation and Activity Limitation Survey (PALS) was first conducted in 2001 and will be repeated in 2006.

The second element of the strategy consists of incorporating disability "filter questions" into other major national surveys. These questions are designed to allow survey participants to identify whether they have a disability. Analysts can then compare the survey results for persons with and without disabilities. This practice has been followed with the Survey of Labour and Income Dynamics (since 1993), the National Population Health Survey (since 1994), the Aboriginal Peoples Survey (1991, 2001) and many others.

This strategy has worked well. However, the second element introduces some difficulties when it comes to combining the information from multiple surveys to form a composite profile. The main problem stems from the fact that all surveys rely on participants to self-identify as having a disability by answering one or more questions. Unfortunately, no one has been able to develop a "perfect" question that can reliably distinguish between those who have a disability and those who do not. For example, some people might be reluctant to identify themselves because of a social stigma. Some with intermittent conditions may be unsure whether their condition qualifies as a disability, and some with either temporary or intermittent conditions might self-identify at one point but not a few months later. Surveys that use different filter questions or different sampling methods may therefore yield different rates of disability. The overall survey context also makes a difference: participants seem more likely to identify their disabilities on a health survey than on an employment survey.

Using research intended to improve this situation, Statistics Canada developed two basic disability filter questions, which have been used in most national surveys since 1999.[163] This has improved the comparability of surveys conducted since that time. However, there are still significant variations among the disability rates detected by different surveys, for a variety of reasons. Statistics Canada and other researchers are continuing to address the problem.

In light of these concerns, *Advancing the Inclusion of Persons with Disabilities 2004* relies on PALS 2001 as its main source for basic disability rates and for detailed analyses of how characteristics of disability affect areas such as education, income and employment. The report uses other surveys mostly to compare persons with disabilities to persons without disabilities in the general population.

This report also uses surveys according to their primary purpose. In other words, health-related data based on disability status are compared using the Canadian Community Health Survey, while income and employment results are compared using the Survey of Labour and Income Dynamics. By doing this, *Advancing Inclusion 2004* lets readers situate the information reported alongside other published work using the same survey.

APPENDIX C Key acronyms

AHRDS	Aboriginal Human Resources Development Strategy
BCANDS	British Columbia Aboriginal Network on Disability Society
CCHS	Canadian Community Health Survey
CCSD	Canadian Council on Social Development
CDB	Child Disability Benefit
CMHC	Canada Mortgage and Housing Corporation
CPPD	Canada Pension Plan, disability component
CRA	Canada Revenue Agency
CRTC	Canadian Radio-television and Telecommunications Commission
CSG	Canada Study Grant
CSLP	Canada Student Loans Program
DTC	Disability Tax Credit
DVS	Descriptive video service
EAPD	Employability Assistance for People with Disabilities
ECD	Early childhood development
FASD	Fetal alcohol spectrum disorder
FNIRHS	First Nations and Inuit Regional Health Survey
HASI	Home Adaptations for Seniors' Independence Program
HRDC	(former) Human Resources Development Canada
HRSDC	Human Resources and Skills Development Canada
IALSS	International Adult Literacy Skills Survey
ICF	International Classification of Functioning, Disability and Health
INAC	Indian and Northern Affairs Canada
LMAPD	Labour Market Agreements for Persons with Disabilities
METC	Medical Expense Tax Credit
NEADS	National Educational Association of Disabled Students
ODI	Office for Disability Issues
OECD	Organisation for Economic Co-operation and Development
OF	Opportunities Fund program
PALS	Participation and Activity Limitation Survey
RRAP-D	Residential Rehabilitation Assistance Program for Persons with Disabilities
SDC	Social Development Canada
SDPP	Social Development Partnerships Program
SDPP-D	Social Development Partnerships Program, disability component
VAC	Veterans Affairs Canada
VIP	Veterans Independence Program
VSI	Voluntary Sector Initiative
WHO	World Health Organization

Endnotes

Chapter 1

[1] *Obstacles* is available on the Office for Disability Issues website: www.sdc.gc.ca/asp/gateway.asp?hr=/en/hip/odi/documents/obstacles/00_toc.shtml&hs=pyp.
[2] *In Unison* is available on the Social Union website: socialunion.gc.ca/pwd/unison/unison_e.html.
[3] *Future Directions* is available on the Office for Disability Issues website: www11.sdc.gc.ca/en/cs/sp/socpol/publications/reports/1999-000046/page00.shtml.
[4] The Subcommittee on the Status of Persons with Disabilities and its predecessors have studied many aspects of disability over the past several years. The Subcommittee's mandate is to propose, promote, monitor and assess initiatives aimed at the integration and equality of persons with disabilities in all sectors of Canadian society. For more information, visit the Subcommittee's website: www.parl.gc.ca/disability/Home/index_e.asp?Language=E.
[5] The concept of *citizenship* is central to disability issues. In this report we use *citizenship* and *citizens* in a social rather than a legal sense. Citizenship refers to the inclusion of people with disabilities in all aspects of Canadian society, and their ability to be actively involved with their community.
[6] *Advancing the Inclusion of Persons with Disabilities 2002* is available on the Office for Disability Issues website: www.sdc.gc.ca/en/gateways/topics/pyp-pup.shtml.
[7] *Advancing the Inclusion of Persons with Disabilities: A Critical Analysis and Recommendations,* 2003, is available on the Council of Canadians with Disabilities website: www.ccdonline.ca/law-reform/analysis/advancing.htm.
[8] While the Quebec government subscribes to the general principles of the Multilateral Framework, it did not participate in its elaboration. However, it does contribute by sharing information and best practices. The Quebec government intends to continue treating this question with the federal government in a bilateral way. All references to joint positions of the federal, provincial and territorial governments in the Multilateral Framework do not include the Quebec government. The Northwest Territories, Nunavut and the Yukon have confirmed their support for the principles and direction of the Multilateral Framework. They will continue to provide labour market programs for people with disabilities and will participate in the Multilateral Framework in the future if outstanding fiscal issues are resolved.
[9] More information on the Government of Canada and its programs, services, initiatives and products is available by calling 1 800 O-Canada or by visiting the Canada Site online: canada.gc.ca. The Canada Site provides a link to Persons with Disabilities Online, which provides a full range of information on disability-related programs and services in Canada: www.pwd-online.ca.

[10] Many important disability-related research projects are funded by the Social Sciences and Humanities Research Council of Canada, the Canadian Institute for Health Information, the Canadian Institutes for Health Research and the Natural Science and Engineering Research Council of Canada.
[11] The 2004 budget provided funding to conduct another PALS following the 2006 census. PALS 2006 will provide the information needed to compare results with the 2001 survey so that we can monitor progress on disability issues.
[12] Unless otherwise stated, information in this section is based on PALS 2001. It is important to note that the survey excluded people living in institutions and people residing in Yukon, in the Northwest Territories, in Nunavut and on First Nation reserves. For a more detailed summary of PALS 2001 results, see *Disability in Canada: A 2001 Profile*, available at the Office for Disability Issues website: www.sdc.gc.ca/en/gateways/topics/pyp-pup.shtml.
[13] It is often difficult to precisely identify types of disability for children. Disability can often be described simply as a delay in development. For this reason, PALS identifies only five types of disability for children aged 0 to 4 (hearing, vision, chronic health conditions, developmental delay and disability of an unknown nature). In contrast, it specifies ten types of disability for children aged 5 to 14 and eleven types for those aged 15 and over, as developmental delay is replaced by more specific types of disability, such as limitations related to learning, speech, mobility and dexterity.
[14] Canada's Aboriginal peoples are the descendants of the original inhabitants of North America. The *Constitution Act, 1982* recognizes three Aboriginal peoples: Indians, Métis and Inuit. They are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. The term "First Nations peoples" is now generally used to refer to the Indian people in Canada including status, non-status and treaty Indians. Inuit are an Aboriginal people in northern Canada. Métis are people of mixed First Nation and European ancestry with a unique culture drawing on their diverse ancestral origins, which include Scottish, French, Ojibway and Cree. See www.ainc-inac.gc.ca/pr/pub/wf/index_e.html for a more detailed discussion.
[15] Statistics Canada, 2004, unpublished calculation based on the 2001 census.
[16] For PALS 2001, a severity scale was constructed based on answers to the survey questions. Severity was determined according to the intensity and frequency of the activity limitations reported by the respondent. The severity scale was equally weighted for all types of disability. Different scales were constructed for children under 5, for children aged 5 to 14 and for adults aged 15 and over.
[17] For more details on the use of surveys to create a profile of disability in Canada, see Appendix B.
[18] Available online at the Office for Disability Issues website: www.sdc.gc.ca/en/gateways/topics/pyp-pup.shtml.
[19] Results for the full sample in Phase I of the study are accurate to within plus or minus 2.3% (at the 95% confidence level) and plus or minus 4.3% for the subsample of persons with disabilities.
[20] Participants in Phase II of the study were, for the most part, people who did not identify themselves as people with disabilities.
[21] For the full results, see the final reports on Phase I and Phase II, *Canadian Attitudes Towards Disability Issues*, available at www.sdc.gc.ca/en/hip/odi/documents/attitudesPoll/index.shtml

[22] Unless otherwise stated, information in this section is based on the Participation and Activity Limitation Survey (PALS) 2001. It is important to note that the survey excluded people living in institutions and people residing in Yukon, in the Northwest Territories, in Nunavut and on First Nation reserves. For a more detailed summary of PALS 2001 results, see *Disability in Canada: A 2001 Profile*, available at the Office for Disability Issues website: www.sdc.gc.ca/en/gateways/topics/pyp-pup.shtml.
[23] Identifying and understanding the nature and extent of disabilities among young children can be challenging, and defining their need for supports can be difficult, as these children are developing rapidly.
[24] To better understand the costs of a range of disability supports, the government of Canada funded the Price Survey of Assistive Devices for Persons with Disabilities, conducted by Statistics Canada and published in 2004.
[25] This study was conducted under Health Canada and Veterans Affairs Canada's Falls Prevention Initiative.
[26] Some of the analysis of PALS 2001 presented in this chapter is based on *Supports and Services for Adults and Children with Disabilities in Canada: An Analysis of Data on Needs and Gaps*, a 2004 study by the Canadian Council on Social Development.
Available at http://socialunion.gc.ca/menu_e.html
[27] J. Keefe, *Care of Elderly Persons: Overview, Issues and Policies* (Available from the Canadian Association for Community Living www.cacl.ca, 2003).
[28] *Finding a Way In: Parents on Social Assistance Caring for Children with Disabilities* (Toronto: The Roeher Institute, 2000).
[29] A.E. Scharlach and K.I. Friedricksen, "Elder Care Versus Adult Care: Does Care Recipients' Age Make a Difference?" *Research on Aging* 16(1)(1994): 43-68.
[30] Keefe, *Care of Elderly Persons*.
[31] *Moving In Unison into Action: Towards a Policy Strategy for Improving Access to Disability Supports,* (Toronto: The Roeher Institute, 2002).
[32] *Beyond the Limits: Mothers Caring for Children with Disabilities*, (Toronto: The Roeher Institute, 2000).
[33] Ibid.
[34] Other barriers suggested include accessibility of washroom facilities, signs or notices, verbal announcements, the lack of transportation to and from terminals, issues of transporting wheelchairs or other specialized aids, as well as unsupportive staff.
[35] *Fulfilling the Promise*: *Report of the Task Force on Access to Information for Print-Disabled Canadians*, 2000, updated in 2004. Available at www.collectionscanada.ca/accessinfo/s36-200-e.html.
[36] Access to Academic Materials for Print-Disabled Post-Secondary Students, National Educational Association of Disabled Students (NEADS), 2004. For more information on this project, see www.collectionscanada.ca/accessinfo/s36-311-e.html.
[37] *Experience with and Access to Technology for Persons with Disabilities*, CCSD Information Sheet #6, 2002. Available at www.ccsd.ca/drip/research/dis6.
[38] Douglas Durst and Mary Bluechardt, in *Urban Aboriginal Persons with Disabilities: Triple Jeopardy!*, define the ping-pong effect as "the lack of coordination among government departments with different responsibilities for different groups result[ing] in fragmentation, inconsistency in service, and 'buck passing' and 'sorry that is not my department' attitudes." (Regina: University of Regina, 2001), p. 56.

[39] *One Voice: The Perspective of Aboriginal People with Disabilities,* Aboriginal Reference Group on Disability Issues, 1997; *In Unison: A Canadian Approach to Disability Issues,* Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998 and 2000.
[40] Métis National Council, *Empowerment: The Key to Better Living for Métis People with Disabilities* (Ottawa: MNC, 2000). Rose-Alma McDonald, *A First Nations Continuing Care Policy Framework: An Intergenerational Perspective* (Ottawa: Assembly of First Nations 2002)
[41] *One Voice*.
[42] Dianne Kinnon, *Advancing the Inclusion of First Nations, Inuit and Métis Persons with Disabilities: A Discussion Paper*, National Aboriginal Health Organization (for Social Development Canada), 2004.
[43] Durst and Bluechardt, *Urban Aboriginal Persons with Disabilities*.
[44] Ibid.
[45] Kinnon, *Advancing the Inclusion of First Nations, Inuit and Métis*.
[46] This Government of Canada report is available online at www.ainc-inac.gc.ca/gs/index_e.html.
[47] Some of these areas are also under provincial jurisdiction—for example, GO Transit and BC Ferries.
[48] The AMICUS national catalogue provides bibliographic information about books, periodicals, music, video and other published materials in Library and Archives Canada's collections as well as in major library collections across the country.
[49] The amount does not include on-reserve funding.
[50] An important part of the Government of Canada's work on accessible transportation for persons with disabilities is also done at Transport Canada. The department's Accessible Transportation Unit is responsible for developing and promoting strategies and policies to improve the accessibility of the national transportation network. It provides this lead role through consultation, liaison and facilitation with the public, governments and the transportation industry, as well as through research and development.
[51] To learn more about the medical supplies and medical equipment benefits, as well as other eligible benefits, check the Health Canada website at www.hc-sc.gc.ca/fnihb-dgspni/fnihb/index.htm

Chapter 4

[52] Unless otherwise stated, information in this section is based on the Participation and Activity Limitation Survey (PALS) 2001. It is important to note that the survey excluded people living in institutions and people residing in Yukon, in the Northwest Territories, in Nunavut and on First Nations reserves. For a more detailed summary of PALS 2001 results, see *Disability in Canada: A 2001 Profile*, available at www.sdc.gc.ca/en/gateways/topics/pyp-pup.shtml.
[53] Outcomes in early childhood for children with disabilities aged 0-5 are reported separately. See the Government of Canada's *Early Childhood Development Activities and Expenditures Report*, 2001-02, available at publications.gc.ca/control/publicationInformation?searchAction=2&publicationId=237004. This report fulfills the commitment to report annually on the Government of Canada's progress in enhancing early childhood development (ECD) programs and services since the ECD Agreement was put in place. It also includes the Government of Canada's baseline report on all early learning and child-care programs and services as defined in the Multilateral Framework on Early Learning and Child Care.

[54] *Knowledge Matters: Skills and Learning for Canadians*, (former) Human Resources Development Canada, 2002. Available at the new Social Development Canada website, www11.sdc.gc.ca/sl-ca/doc/toc.shtml.
[55] Organisation for Economic Co-operation and Development and Statistics Canada, *Literacy Skills for the Knowledge Society: Further Results of the International Adult Literacy Survey* (Paris and Ottawa: OECD, 1997), p. 14.
[56] The survey measured the literacy levels of people in 12 countries, including Canada. Data collection with a new version of the survey, the International Adult Literacy and Skills Survey (IALSS), began in 2003.
[57] Organisation for Economic Co-operation and Development, *Literacy in the Information Age: Final Report of the International Adult Literacy Survey* (Paris: OECD, 2000).
[58] Analysis in this section is based on the work of C. Kapsalis, *The Effect of Disability on Literacy Skills* (Nepean, Ont.: Data Probe Economic Consulting, 1999); M. Rioux et al., *Atlas of Literacy and Disability in Canada* (Toronto: Canadian Abilities Foundation, 2003); and J. Macht, *Literacy and Disability,* a report prepared for the Persons with Disabilities Advisory Committee (2000). *Literacy and Disability* provides a listing and description of several resources on literacy and disability in Canada; it is available online at www.nald.ca/fulltext/litdis/cover.htm. *Literacy Is for Life!*, a 2004 fact sheet on literacy and disability developed by Bow Valley College and the Neil Squire Foundation, is also available online, at www.literacy.ca/litand/3.htm.
[59] The IALS definition of disability is quite broad. Individuals are identified as disabled if they ever had a disability, regardless of whether the disability continues to exist and whether it continues to restrict the individual's daily activities. According to Kapsalis, *The Effect of Disability on Literacy Skills*, this broad range may result in an understatement of the impact of disability on literacy skills.
[60] Data for people with physical disabilities in this section excludes those with eye disabilities.
[61] See, for example, Brenda Elias and Doreen Demas, *First Nations People with a Disability Needs Assessment Survey Findings: A Profile of Manitoba First Nations People with a Disability,* report prepared for the Assembly of Manitoba Chiefs, 2001; Métis National Council, *Empowerment: The Key to Better Living for Métis People with Disabilities*; R.A. Malatest & Associates, *Aboriginal Peoples and Post-Secondary Education: What Educators Have Learned* (Montreal: Canada Millennium Scholarship Foundation, 2004).
[62] Jeremy Hull, *Aboriginal Post-Secondary Education and Labour Market Outcomes Canada, 1966* (Winnipeg: Prologica Research, 2000).
[63] Assembly of First Nations, *First Nations Post-Secondary Education Review* (Ottawa: Assembly of First Nations, 2000).
[64] These are preliminary data.

Chapter 5

[65] See Appendix B for a more general discussion of combining survey results.
[66] Office for Disability Issues, "Development of an Indicator for Potentially Employable Persons with Disabilities," *Disability Research Bulletin* 3(1)(2004), available at www.sdc.gc.ca/en/hip/odi/documents/researchBulletin04/toc.shtml.
[67] Roeher Institute, *Improving the Odds: Employment, Disability and Public Programs in Canada* (Toronto: Roeher Institute, 2004)

[68] The median is thought of as the midpoint. By definition, half of the population under study will have a composite hourly wage above the median, and half will have an hourly wage below the median.
[69] This section is based on research findings of the Canadian Council on Social Development (CCSD), which used data from the 2001 Workplace and Employee Survey. In this analysis, CCSD separated the range of wages from highest to lowest into four equal groups or "quartiles." See CCSD Information Sheet #15, available at www.ccsd.ca/drip/research/drip15.
[70] Angus Reid/Royal Bank Disabilities in the Workplace survey, conducted between 9 and 16 March 2000. The poll was based on a randomly selected sample of 1,500 adult Canadians.
[71] Unless otherwise stated, all data in this section are based on the *Employment Equity in the Public Service 2002-2003* report, available online at www.tbs-sct.gc.ca/report/empequi/2003/ee00_e.asp. It is important to note that this report includes data only for departments and agencies whose employer is the Treasury Board. Thus, over 70 departments and agencies are included, but 28 others are excluded. The source also does not include data for employees who are hired for less than a three-month term.
[72] This percentage is based on the 1991 Health and Activity Limitation Survey. *Workforce availability* refers to the distribution of persons with disabilities as a percentage of the total Canadian workforce. For federal public service purposes, it is based only on Canadian citizens in those occupations in the Canadian workforce that correspond to occupational groups in the federal public service.
[73] The *Employment Equity in the Public Service 2002-2003* report provides representation data on the former Human Resources Development Canada (HRDC). Future representation data will reflect the new departmental structure.
[74] Government of Canada Public Service Employee Survey, 2002. Results for persons with disabilities are available online at www.survey-sondage.gc.ca/2002/results-resultats/00/disabl-e.htm.
[75] All data in this section are from the Canadian Human Rights Commission's *Annual Report, 2003* (Ottawa: Minister of Public Works and Government Services, 2004), available online at www.chrc-ccdp.ca/publications/annual_report_2003_rapport_annuel/ar_2003_ra-en.asp.
[76] Unpublished data, Human Resources and Skills Development Canada, 2004.
[77] The promotion might have occurred at any time while the individual was working for the current employer. There is no way of knowing if the person got promotions while working for previous employers, or if the move to the current employer might have been considered a "move up."
[78] While the Quebec government subscribes to the general principles of the LMAPD, it did not participate in its elaboration. However, it does contribute by sharing information and best practices. The Quebec government intends to continue treating this question with the federal government in a bilateral way. All references to joint positions of the federal, provincial and territorial governments in the LMAPD do not include the Quebec government. The Northwest Territories, Nunavut and the Yukon have confirmed their support for the principles and direction of the LMAPD. They will continue to provide labour market programs for people with disabilities and will participate in the LMAPD in the future if outstanding fiscal issues are resolved.
[79] *Advancing the Inclusion of Persons with Disabilities 2004* meets the Government of Canada's reporting commitments. Publication of the provincial baseline reports on the International Day of Disabled Persons, 3 December 2004, coincides with publication of this report.

[80] The evaluation is available online at www.sdc.gc.ca/asp/gateway.asp?hr=en/cs/sp/edd/reports/2001-000459/page00.shtml&hs=pyp
[81] Under the act, *persons with disabilities* refers to persons who "have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who (*a*) consider themselves to be disadvantaged in employment by reason of that impairment, or (*b*) believe that a [*sic*] employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment." It "includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace."

Chapter 6

[82] Unlike SLID, which measures post-tax household income, PALS measures pre-tax household income.
[83] Statistics Canada's LICO is one of the most widely used indicators of low income in Canada. LICOs may be used to examine trends relating to the low-income population, including the incidence and depth of low income and sources of income.
[84] LICOs can be reported on a before-tax or an after-tax basis. After-tax or post-tax LICOs are based on total income after the deduction of income taxes, whereas pre-tax LICOs are based on total income before the deduction of income taxes. By focusing on after-tax income, we can examine the actual income, including government transfers, available to households to meet their needs.
[85] This figure excludes full-time students.
[86] Unpublished data, Social Development Canada, 2004.
[87] Refer to Chapter 5 for a discussion of employment and inclusion.
[88] The main government transfers include workers' compensation, CPP disability, provincial/territorial social assistance and veterans' pension benefits.
[89] *Disability and Labour Force Attachment: Assessing and Responding to the Needs of Saskatchewan Social Assistance Clients,* Employment and Income Assistance Division, Saskatchewan Community Resources and Employment, 2003. Available online at envision.ca/pdf/w2w/Papers/ScottPaper.pdf. Other jurisdictions face issues similar to those reported by Saskatchewan.
[90] Ibid.
[91] The Canadian Association of Food Banks, Hunger Count 2003, October 2003, annual poll conducted by Totum Research Inc.
[92] Gail Fawcett, *Bringing Down the Barriers: The Labour Market and Women with Disabilities in Ontario* (Ottawa: Canadian Council on Social Development, 2000).
[93] This is a finding of the Canadian Association of Food Banks' Hunger Count 2003 survey.
[94] Experiences of food shortages are more common among those who do not have full-time, secure work. However, even full-time work in many of the jobs held by people with disabilities may not protect against food insecurity, particularly among women. For a detailed discussion, see Fawcett, *Bringing Down the Barriers,* Section 2, available online at www.ccsd.ca/pubs/2000/wd/section2.htm.
[95] Data in this section comes from the 2001 census.
[96] These data refer to the off-reserve Aboriginal population only because LICO is not calculated on reserve.

[97] Beneficiaries must have a severe and prolonged mental or physical disability as defined by CPP legislation. *Severe* means that the condition prevents the person from working regularly at any type of paid work, and *prolonged* means the condition is long-term or may result in death.
[98] The response can be found at www.sdc.gc.ca/en/isp/pub/cpp/disability/5threport/5thpg5.shtml.
[99] More information on the Technical Advisory Committee on Tax Measures for Persons with Disabilities is available on the committee's website at www.disabilitytax.ca.
[100] The $25 million set aside for 2003-04 has been carried over and spread out over future years.
[101] For more information on the disability supports deduction, see Chapter 3.

Chapter 7

[102] More information on the non-profit and voluntary sector is available at the Voluntary Sector Initiative website: www.vsi-isbc.ca.
[103] The indicators in this chapter and, unless otherwise indicated, the information presented are based on data from the National Survey of Nonprofit and Voluntary Organizations, conducted by Statistics Canada and published in 2004. In this survey, *disability organizations* are identified as those organizations providing services to persons with disabilities. For more information on this survey, visit www. www.vsi-isbc.ca.
[104] The directory is available online at www.enablelink.org.
[105] Manitoba League of Persons with Disabilities, *Two Hundred and Forty-Four Voices: Manitobans with Disabilities Share Their Views on Income Assistance and Employment* (Winnipeg: Manitoba League of Persons with Disabilities, 1999).
[106] Participation and Activity Limitation Survey, 2001.
[107] Kathryn McMullen and Richard Brisebois, *Coping with Change: Human Resource Management in Canada's Non-Profit Sector* (Canadian Policy Research Networks, 2003). This discrepancy is also mentioned in *Disability Community Capacity: A Framework for Preliminary Assessment*, Canadian Centre on Disability Studies, 2002.
[108] "Guide to Improving Funding Practices Between the Government of Canada and the Voluntary Sector," Treasury Board Secretariat—Voluntary Sector Project Office, 31 January 2002. Available at www.vsi-isbc.ca/eng/funding/pdf/guide_eng.pdf.
[109] These are among the findings of the 2003 CCSD study *Funding Matters: The Impact of Canada's New Funding Regime on Nonprofit and Voluntary Organizations,* by Katherine Scott (www.ccsd.ca/pubs/2003/fm).
[110] "Strengthening Voluntary Sector Capacity Through Technology," Report of the Joint Table on Information Management/Information Technology of the Voluntary Sector Initiative, September 2002. Available at www.vsi-isbc.ca/eng/imit/pdf/reports_technology.pdf.
[111] IM/IT Environmental Scan, by the IM/IT Joint Table of the Voluntary Sector Initiative, 31 March 2001.
[112] Ibid.
[113] Douglas Durst and Mary Bluechardt, *Aboriginal People with Disabilities: A Vacuum in Public Policy*, Saskatchewan Institute of Public Policy, Issue 6, 2004. Available online at www.uregina.ca/sipp/documents/pdf/BN6_Aboriginal Persons with Disabilities.pdf.

[114] Javier Mignone, Janet Longclaws, Cameron Mustard and John O'Neil, "Social Capital in First Nations Communities: Conceptual Development and Instrument Validation" (Winnipeg: Centre for Aboriginal Health Research, University of Manitoba, 2003).
[115] The Government of Canada launched the VSI in 2000 at the urging of the Voluntary Sector Roundtable, a group dedicated to bringing difficulties in the sector to the Government's attention. The objective of the VSI is to strengthen the capacity of voluntary organizations (those that work with federal departments on key policy goals) to collaborate more effectively, by strengthening their organizational capacity in selected areas of need.
[116] SDPP-D is committed to providing BCANDS with bridging funding for 2004-05.

Chapter 8

[117] For more information, see Health Canada's website: www.hc-sc.gc.ca/hppb/phdd.
[118] The ICF is available on the World Health Organization's website: www3.who.int/icf/icftemplate.cfm.
[119] Available at www.hc-sc.gc.ca/hppb/phdd/report/toward/report.html.
[120] Within its focus on prevention, the Government acknowledges concerns expressed by the disability community that such efforts should not devalue the lives, experience and contributions of those who already have disabilities.
[121] The index, developed at McMaster University's Centre for Health Economics and Policy Analysis, is based on the Comprehensive Health Status Measurement System. It describes an individual's overall functional health based on eight attributes: vision, hearing, speech, mobility (ability to get around), dexterity (use of hands and fingers), cognition (memory and thinking), emotion (feelings), and pain and discomfort. It has been shown that the HUI3 responds to changes in health status over time. A difference of 0.03 or more from the average is very significant, while a difference as small as 0.01 can be significant in certain contexts. "Derived Variable (DV) Specifications," Canadian Community Health Survey (CCHS), Cycle 1.1 2001, Statistics Canada.

[122] "Functional health status, by sex, household population aged 12 years and over, Canada, provinces and territories, 2003," Statistics Canada. Available at www.statcan.ca/english/freepub/82-221-XIE/00604/tables/html/1318_03.htm.

[123] For more information about diabetes, see the Canadian Diabetes Strategy website: www.hc-sc.gc.ca/english/media/releases/1999/99135ebk3.htm.

[124] The World Health Report 2001**,** *Mental Health: New Understanding, New Hope***,** is available at www.who.int/whr/2001/en.

[125] Women's Health Strategy, Women's Health Bureau, Health Canada. The policy framework, re**l**eased in 1999, is available at www.hc-sc.gc.ca/english/women/womenstrat.htm.
[126] Andrew Jackson, *The Unhealthy Canadian Workplace*; Michael Polanyi, *Employment and Working Condition: A Response*. Papers presented at the Social Determinants of Health Across the Life-Span Conference, Toronto, November 2002.
[127] ACSM/COMPAS, Canadian Mental Health Survey, 2002. Cited on the Mental Illness Foundation website: www.fmm-mif.ca/en/activites/autres/statistiques.
[128] Ibid.
[129] Sally M. Rogow, "Abuse and Neglect of Children with Disabilities," BC Institute Against Family Violence, 2003. Available at www.bcifv.org/resources/newsletter/2003/spring/child.shtml.

[130] Elizabeth Stimpson and Margaret Best, *Courage Above All: Sexual Assault Against Women with Disabilities* (Toronto: DisAbled Women's Network [DAWN], 1991), cited in "Family Violence and People with Intellectual Disabilities."
[131] "Abuse of Older Adults: A Fact Sheet from the Department of Justice Canada." Available at canada.justice.gc.ca/en/ps/fm/adultsfs.html.
[132] Ibid.
[133] *2003 National Trauma Registry Major Injury in Canada*, Canadian Institute for Health Information, 2003. Available at dsp-psd.pwgsc.gc.ca/Collection/H115-4-2002E.pdf.
[134] *Canadian Motor Vehicle Traffic Collision Statistics: 2002*, Transport Canada, Road Safety and Motor Vehicle Regulation. Collected in cooperation with the Canadian Council of Motor Transport Administrators, March 2004. Note that *serious* injuries refers to victims admitted to hospital for treatment or observation. The percentage of serious injuries involving victims who were not using seat belts does not reflect data for British Columbia.
[135] "Keep Kids Safe: Car Time 1-2-3-4," Transport Canada information sheet, www.tc.gc.ca/roadsafety/tp/tp13511/en/intro.htm.
[136] For more information, see www.hc-sc.gc.ca/english/for_you/seniors.html.
[137] *Improving the Health of Canadians*, Canadian Institute for Health Information, 2004.
[138] Donna L. Goodwin and Scott G. Compton, "Physical Activity Experiences of Women Aging with Disabilities," *Adapted Physical Activity Quarterly* 21(2004): 122-38.
[139] *Improving the Health of Canadians.*
[140] The CCHS asks respondents whether they received the health care they believe they needed. The relationship between these beliefs and the need for care as judged by a health care professional is not known.
[141] Parts of this discussion of the health and well-being of Aboriginal persons with disabilities are adapted from Kinnon, *Advancing the Inclusion of First Nations, Inuit and Métis*.
[142] The FNIRHS identification of activity limitation focuses on the impact of impairments on self-care and mobility. This somewhat narrow, pragmatic view of disability was taken in order to meet community needs for relevant information.
[143] T. Kue Young, John O'Neil, Brenda Elias et al., "Chronic Diseases: Literature Review and Analysis of the First Nations and Inuit Regional Health Survey National Core Data," Chapter 3 in *First Nations and Inuit Regional Health Survey—National Report,* National Steering Committee, First Nations and Inuit (Labrador) Regional Health Survey, 1999.
[144] First Nations Centre, National Aboriginal Health Organization*, First Nations and Inuit Regional Health Surveys, 1997: A Synthesis of the National and Regional Reports*, 2004. Prepared on behalf of the First Nations Information Governance Committee.
[145] *Diabetes Among Aboriginal (First Nations, Inuit and Métis) People in Canada: The Evidence,* Aboriginal Diabetes Initiative, Health Canada, 2000.
[146] Young et al., ibid."
[147] *It Takes a Community: Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative*, FAS/FAE Technical Working Group, Health Canada, 2001.
[148] Harriet MacMillan, Christine Walsh, Ellen Jamieson et al., *Children's Health*, First Nations and Inuit Regional Health Survey Report, 1999.
[149] Rose Alma McDonald, "Federal Report on Disability 2004: Aboriginal Specific Issues Paper," unpublished paper prepared for Social Development Canada, 2004.
[150] Elias and Demas, *First Nations People with a Disability Needs Assessment Survey Findings.*
[151] First Nations Centre, *First Nations and Inuit Regional Health Surveys, 1997*.
[152] Kinnon, *Advancing the Inclusion of First Nations.*

[153] *Improving the Health of Canadians.*
[154] Brenda Elias, Joe Kaufert, Jeff Reading et al., "Activity Limitation and the Need for Continuing Care," Chapter 5 in *First Nations and Inuit Regional Health Survey—National Report,* 1999.
[155] Elias*, First Nations People with a Disability.*
[156] The Métis National Council Office of Ability Issues and the MNC Reference Group on Ability Issues, *Empowerment: Métis People with Disabilities and the Capacity to Heal* (Ottawa: Métis National Council, 2001). Available at www.metisnation.ca/MNC/PDFs/empowerment.pdf.
[157] The Subcommittee on Veterans Affairs of the Standing Senate Committee on National Security and Defence (SCONSAD) released a report in June 2003, entitled "Occupational [*sic*] Stress Injuries: The Need for Understanding." There were eight recommendations outlined in the report, which DND and VAC are working together to address.

Chapter 9

[158] The Government will explore the feasibility, for future reports, of developing estimates of disability-related spending for major initiatives in this partially targeted category. A table of some major initiatives in this category is provided in Appendix A.
[159] Some readers of *Advancing Inclusion 2002* argued that CPP disability should not be included in the Government's spending analysis because it is funded by individual and employer contributions rather than from general tax revenues. While acknowledging this distinction, the Government believes that its significant role and responsibilities with respect to CPP Disability warrant inclusion of this program within an analysis of its overall disability spending profile.
[160] The 2003-04 numbers on Government of Canada expenditures are the most recent available information. Tax expenditures are for the 2004 taxation year. A detailed table of all initiatives is provided in Appendix A.
[161] Both the medical expense tax credit and the refundable medical expense supplement may also benefit persons without disabilities. For example, the amount of tax relief provided under the METC is projected to be $765 million in 2004, though it is not possible to determine how much of this relief is disability-related.
[162] Harry Beatty and Adele Furrie, *The Social Model of Disability and Key Indicators: Background and Discussion Questions*, 2004; Deborah Stienstra and Michelle Owen, *Advancing the Inclusion of Persons with Disabilities: Gender, Qualitative and Global Indicator,* 2004; Michael Prince, "Advancing the Inclusion by Enhancing Accountability: Macro-Policy Strategies," 2004.

Appendix B

[163] The two questions are as follows: (1) Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities? (2) Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do (a) at home; (b) at work or at school; (c) in other activities, for example, transportation or leisure?

Contributing Departments and Agencies

As this report has shown, many Government of Canada departments and agencies have programs and services for persons with disabilities. The departments and agencies listed below directly contributed information to this report and assisted with reviews and comments. Their participation is gratefully acknowledged.

- Agriculture and Agri-Food Canada
- Canada Mortgage and Housing Corporation
- Canada Revenue Agency
- Canadian Heritage
- Canadian Human Rights Commission
- Canadian Institute for Health Information
- Canadian International Development Agency
- Canadian Transportation Agency
- Citizenship and Immigration Canada
- Correctional Service Canada
- Department of National Defence/Canadian Forces
- Elections Canada
- Environment Canada
- Finance Canada
- Health Canada
- Human Resources and Skills Development Canada
- Indian and Northern Affairs Canada
- Industry Canada
- Justice Canada
- Library and Archives Canada
- Privy Council Office
- Public Health Agency of Canada
- Public Service Commission of Canada
- Public Service Human Resources Management Agency of Canada
- Public Works and Government Services Canada
- Social Development Canada
- Social Sciences and Humanities Research Council of Canada
- Statistics Canada
- Status of Women Canada
- Transport Canada
- Treasury Board of Canada Secretariat
- Veterans Affairs Canada